Form 5500	•	rt of Employee Benefit Plan		OMB Nos. 12	10-0110 10-0089
Department of the Treasury Internal Revenue Service	Department of the Treasury and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and				
Department of Labor Employee Benefits Security Administration		entries in accordance with ons to the Form 5500.		2010	
Pension Benefit Guaranty Corporation			This	Form is Open to Pu Inspection	blic
	ntification Information				
For calendar plan year 2019 or fiscal	plan year beginning 01/01/2019	and ending 12/31/20	019		
A This return/report is for:	X a multiemployer plan	a multiple-employer plan (Filers checking t participating employer information in accor			ns.)
	a single-employer plan	a DFE (specify)			
B This return/report is:	the first return/report	the final return/report			
	an amended return/report	a short plan year return/report (less than 12 months)			
C If the plan is a collectively-bargair	ned plan, check here			▶ 🗙	
		_			
D Check box if filing under:	Form 5558	automatic extension		e DFVC program	
	special extension (enter description)				
	ation—enter all requested information	n			
1a Name of plan THE RAILROAD EMPLOYEES NAT	TIONAL HEALTH & WELFARE PLAN		1b	Three-digit plan number (PN) ►	501
			1c	Effective date of pla 03/01/1955	an
City or town, state or province, c	if for a single-employer plan) apt., suite no. and street, or P.O. Box) ountry, and ZIP or foreign postal code	(if foreign, see instructions)	2b	Employer Identifica Number (EIN) 80-0616625	tion
JOINT PLAN COMMITTEE			2c	Plan Sponsor's tele number 571-336-7600	phone
251 - 18TH STREET SOUTH SUITE ARLINGTON, VA 22202		STREET, SOUTH, SUITE 750 N, VA 22202	2d	Business code (see instructions) 482110	9

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.	10/09/2020	DENNIS PIERCE
HEILE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/09/2020	BRENDAN M. BRANON
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
		Dale	
SIGN			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019) v. 190130

	Form 5500 (2019)	Page 2	
3a	Plan administrator's name and address 🛛 Same as Plan Sponsor	3b Administ	rator's EIN
		3c Administ number	rator's telephone
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the las	st return/report filed for this plan, 4b EIN	
-	enter the plan sponsor's name, EIN, the plan name and the plan number from the last r	return/report:	
a c	Sponsor's name Plan Name	4d PN	
5	Total number of participants at the beginning of the plan year	5	267954
6	Number of participants as of the end of the plan year unless otherwise stated (welfare 6a(2) , 6b , 6c , and 6d).	plans complete only lines 6a(1),	
a(1) Total number of active participants at the beginning of the plan year	6a(1)	94514
a(2) Total number of active participants at the end of the plan year	<u>6a(2)</u>	89274
b	Retired or separated participants receiving benefits	6b	159237
С	Other retired or separated participants entitled to future benefits	<u>6c</u>	
d	Subtotal. Add lines 6a(2), 6b, and 6c	6d	248511
е	Deceased participants whose beneficiaries are receiving or are entitled to receive bene	fits	
f	Total. Add lines 6d and 6e	<u>6f</u>	
g	Number of participants with account balances as of the end of the plan year (only defin complete this item)		
h	Number of participants who terminated employment during the plan year with accrued less than 100% vested		
7	Enter the total number of employers obligated to contribute to the plan (only multiemplo		41

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 4B 4Q

9a	Plan fun	ding	arrangement (check all that apply)	9b	Plan ber	nefit	t arrangement (check all that apply)
	(1)	X	Insurance		(1)	X	Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)	X	Trust		(3)	X	Trust
	(4)		General assets of the sponsor		(4)		General assets of the sponsor
10	10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)						e indicated, enter the number attached. (See instructions)
а	Pensior	n Scł	nedules	b	Genera	l Sc	chedules
	(1)		R (Retirement Plan Information)		(1)	X	H (Financial Information)
	(0)		MD (Multianalouse Defined Denefit Dian and Cartain Manau		(2)		I (Financial Information – Small Plan)
	(2)		MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan		(3)	X	<u> </u>
			actuary		(4)	X	C (Service Provider Information)
	(3)	Π	SB (Single-Employer Defined Benefit Plan Actuarial		(5)		D (DFE/Participating Plan Information)
			Information) - signed by the plan actuary		(6)		G (Financial Transaction Schedules)

Page 3

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.) 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.)				
11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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_____

(Form 5500)						OM	IB No. 1210-0110
Internal Revenue Ser	vice		ired to be filed under section 104 of the three to be filed under section 1974 (ERISA).				2019
Department of Labor File as an a Employee Benefits Security Administration			ttachment to Form 55	00.			
Pension Benefit Guaranty C	Corporation	 Insurance companies a pursuant to E 	re required to provide tl RISA section 103(a)(2)		ion	This For	rm is Open to Public Inspection
For calendar plan year 20	019 or fiscal plar	year beginning 01/01/2019		and en	ding 12/3	31/2019	
A Name of plan THE RAILROAD EMPLC	YEES NATION	AL HEALTH & WELFARE PLAN		B Thre plan	e-digit number (P	N) 🕨	501
C Plan sponsor's name JOINT PLAN COMMITTE	E			80-	0616625	cation Number	
		ning Insurance Contract . Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance can METROPOLITAN LIFE IN			(e) Approximate nu	imber of		Policy or c	ontract year
(b) EIN	b) EIN (c) NAIC (d) Contract or persons cove		persons covered a policy or contract	d at end of		From (g) To	
13-5581829	65978	1023000	248511		01/01/201	9	12/31/2019
2 Insurance fee and con descending order of th		ation. Enter the total fees and tota	al commissions paid. Li	ist in line 3	the agents,	brokers, and c	other persons in
(a) Total	amount of comr			(b) To	otal amount	of fees paid	
		0					0
3 Persons receiving con	nmissions and fe	ees. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker,	or other person to whor	m commiss	ions or fees	s were paid	
(b) Amount of sales a	ind base	Fee	s and other commissior				
commissions paid		(c) Amount	(d) Purpose		e		(e) Organization code
	(a) Name a	nd address of the agent, broker,	or other person to whor	m commiss	ions or fees	were paid	

(b) Amount of sales and base	F			
commissions paid	(c) Amount	(d) Purpose		(e) Organization code
For Denominants Deduction Act Nations, and the Instructions for Form FEOD				Lula A (Earma EE00) 2010

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

Т

Page **2 –** 1

(a) Name and address of the agent, broker, 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

(a) Name and address of the agent, broker, 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
			l

(a) Name and address of the agent, broker, 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

(a) Name and address of the agent, broker, 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

(a) Name and address of the agent, broker, 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

adula A (Farm FEOO) 2010 0.1

		Schedule A (Form 5500) 2019	Page	9 3		
_	1	I Investment and Annuity Contract Information				
P	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	vidual contra	acts with each carrier ma	w he treated	l as a unit for nurnoses of
		this report.				
4	Curi	rent value of plan's interest under this contract in the general account at year	end		4	
5	Curi	rent value of plan's interest under this contract in separate accounts at year e	end		5	
6	Con	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 co			6d	
		retention of the contract or policy, enter amount.				
		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,	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	aintained in	separate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participa	ation guarantee		
		(3) guaranteed investment (4) dther	•			
	b	Balance at the end of the previous year			. 7b	
	C	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7.(0)			
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6)).				
		Deductions:				
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier				
		(3) Transferred to separate account				
		(4) Other (specify below)	- (1)			
		•				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)				
	-					

Dogo 3

Ρ	art I	III Welfare Benefit Contract Informa If more than one contract covers the same the information may be combined for report employees, the entire group of such individu	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a uni	t. Where conti	racts cover individual
8	Ben	efit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	b Dental	С	Vision	d	X Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabilit	ty g	Supplemental unem	ployment h	Prescription drug
	i [Stop loss (large deductible)	j 🗌 HMO contract	k	PPO contract	I	Indemnity contract
	m	Other (specify) ACCIDENTAL DEATH & DIS	SMEMBERMENT				
9	Expe	erience-rated contracts:					
	a	Premiums: (1) Amount received		9a(1)		12892233	
		(2) Increase (decrease) in amount due but unpaid	۶	9a(2)			
		(3) Increase (decrease) in unearned premium res	erve	9a(3)			
		(4) Earned ((1) + (2) - (3))				. 9a(4)	12892233
	b	Benefit charges (1) Claims paid		9b(1)		8690936	
		(2) Increase (decrease) in claim reserves		9b(2)		-93265	
		(3) Incurred claims (add (1) and (2))				. 9b(3)	8597671
		(4) Claims charged				. 9b(4)	8597671
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)				
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses		9c(1)(D)		846728	
		(E) Taxes		9c(1)(E)		298783	
		(F) Charges for risks or other contingencies				100266	
		(G) Other retention charges		9c(1)(G)		3048785	
		(H) Total retention				. 9c(1)(H)	4294562
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement		
		(2) Claim reserves				. 9d(2)	4386844
		(3) Other reserves				. 9d(3)	19863288
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)	.)	. 9e	
10	No	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to c	arrier			. 10a	
	b	If the carrier, service, or other organization incurr retention of the contract or policy, other than repo				. 10b	
		teres and contract of policy, caller than repe		s, open and	•••••••••••••••••••••••••••••••••••••••		

Pa	art IV	Provision of Information			
11	Did the	nsurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	
4.0					

12 If the answer to line 11 is "Yes," specify the information not provided.

Specify nature of costs.

SCHEDULE C	Service Provider Information			OMB No. 1210-0110	
(Form 5500)				2019	
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under Retirement Income Security A		2019		
Department of Labor Employee Benefits Security Administration	File as an attachmen	t to Form 5500.	This F	orm is Open to Public Inspection.	
Pension Benefit Guaranty Corporation For calendar plan year 2019 or fisca	l plan year beginning 01/01/2019	and ending 12/3	1/2019		
A Name of plan		U	1/2019		
•	TIONAL HEALTH & WELFARE PLAN	B Three-digit plan number (PN)	•	501	
C Plan sponsor's name as shown of JOINT PLAN COMMITTEE	n line 2a of Form 5500	D Employer Identification 80-0616625	on Number ((EIN)	
Part I Service Provider	Information (see instructions)				
or more in total compensation (i.e plan during the plan year. If a pe	ccordance with the instructions, to report the info , money or anything else of monetary value) in c rson received only eligible indirect compensation I to include that person when completing the remain the remain of the	connection with services rendered to n for which the plan received the requ	the plan or	the person's position with the	
a Check "Yes" or "No" to indicate w	Receiving Only Eligible Indirect Com hether you are excluding a person from the rema he plan received the required disclosures (see ins	ainder of this Part because they recei			
 a Check "Yes" or "No" to indicate w indirect compensation for which th b If you answered line 1a "Yes," e received only eligible indirect com 	hether you are excluding a person from the rema ne plan received the required disclosures (see ins inter the name and EIN or address of each persor ipensation. Complete as many entries as needed	inder of this Part because they recei structions for definitions and conditio n providing the required disclosures f d (see instructions).	ns)	ce providers who	
 a Check "Yes" or "No" to indicate w indirect compensation for which th b If you answered line 1a "Yes," e received only eligible indirect com (b) Enter 	hether you are excluding a person from the rema ne plan received the required disclosures (see ins inter the name and EIN or address of each persor ipensation. Complete as many entries as needed name and EIN or address of person who provide	inder of this Part because they receis structions for definitions and conditio n providing the required disclosures t d (see instructions).	ns)	ce providers who	
 a Check "Yes" or "No" to indicate w indirect compensation for which th b If you answered line 1a "Yes," e received only eligible indirect com 	hether you are excluding a person from the rema ne plan received the required disclosures (see ins inter the name and EIN or address of each persor ipensation. Complete as many entries as needed	inder of this Part because they receis structions for definitions and conditio n providing the required disclosures f d (see instructions). ed you disclosures on eligible indirec	ns)	ce providers who	
 a Check "Yes" or "No" to indicate w indirect compensation for which th b If you answered line 1a "Yes," e received only eligible indirect com (b) Enter 	hether you are excluding a person from the remain the plan received the required disclosures (see inst inter the name and EIN or address of each person pensation. Complete as many entries as needed name and EIN or address of person who provide 185 ASYLUM STRE	inder of this Part because they receis structions for definitions and conditio n providing the required disclosures f d (see instructions). ed you disclosures on eligible indirec	ns)	ce providers who	
 a Check "Yes" or "No" to indicate w indirect compensation for which the b If you answered line 1a "Yes," e received only eligible indirect com (b) Enter UNITEDHEALTHCARE 36-2739571 	hether you are excluding a person from the remain the plan received the required disclosures (see inst inter the name and EIN or address of each person pensation. Complete as many entries as needed name and EIN or address of person who provide 185 ASYLUM STRE	inder of this Part because they receis structions for definitions and condition n providing the required disclosures f d (see instructions). ed you disclosures on eligible indirect EET 5103	ns)	ce providers who	
 a Check "Yes" or "No" to indicate w indirect compensation for which the b If you answered line 1a "Yes," e received only eligible indirect com (b) Enter UNITEDHEALTHCARE 36-2739571 	hether you are excluding a person from the remain the plan received the required disclosures (see institute the name and EIN or address of each person pensation. Complete as many entries as needed name and EIN or address of person who provide 185 ASYLUM STRE HARTFORD, CT 06	inder of this Part because they receis structions for definitions and conditio n providing the required disclosures f d (see instructions). ed you disclosures on eligible indirect EET 5103 ed you disclosures on eligible indirect	ns)	ce providers who	
a Check "Yes" or "No" to indicate w indirect compensation for which th b If you answered line 1a "Yes," er received only eligible indirect com (b) Enter UNITEDHEALTHCARE 36-2739571 (b) Enter	hether you are excluding a person from the remainee plan received the required disclosures (see institute the name and EIN or address of each person opensation. Complete as many entries as needed name and EIN or address of person who provide 185 ASYLUM STRE HARTFORD, CT 06	inder of this Part because they receis structions for definitions and conditio n providing the required disclosures f d (see instructions). ed you disclosures on eligible indirect EET 5103 ed you disclosures on eligible indirect	ns)	ce providers who	
a Check "Yes" or "No" to indicate w indirect compensation for which th b If you answered line 1a "Yes," e received only eligible indirect com (b) Enter UNITEDHEALTHCARE 36-2739571 (b) Enter HIGHMARK 56-2526063	hether you are excluding a person from the remainee plan received the required disclosures (see institute the name and EIN or address of each person opensation. Complete as many entries as needed name and EIN or address of person who provide 185 ASYLUM STRE HARTFORD, CT 06	inder of this Part because they receis structions for definitions and conditio n providing the required disclosures f d (see instructions). ed you disclosures on eligible indirec EET 3103 ed you disclosures on eligible indirec 15222	ns)	tion	
a Check "Yes" or "No" to indicate w indirect compensation for which th b If you answered line 1a "Yes," e received only eligible indirect com (b) Enter UNITEDHEALTHCARE 36-2739571 (b) Enter HIGHMARK 56-2526063	hether you are excluding a person from the remain the plan received the required disclosures (see institute the name and EIN or address of each person appensation. Complete as many entries as needed name and EIN or address of person who provide 185 ASYLUM STRE HARTFORD, CT 06 name and EIN or address of person who provide 120 FIFTH AVE PITTSBURGH, PA	inder of this Part because they receistructions for definitions and condition n providing the required disclosures for descent to the second s	ns)	tion	
a Check "Yes" or "No" to indicate w indirect compensation for which the b If you answered line 1a "Yes," e received only eligible indirect com (b) Enter UNITEDHEALTHCARE 36-2739571 (b) Enter HIGHMARK 56-2526063 (b) Enter	hether you are excluding a person from the remained plan received the required disclosures (see institute the name and EIN or address of each person upensation. Complete as many entries as needed in the name and EIN or address of person who provide 185 ASYLUM STRE HARTFORD, CT 06 name and EIN or address of person who provide 120 FIFTH AVE PITTSBURGH, PA for the name and EIN or address of person who provide 120 FIFTH AVE PITTSBURGH, PA for the name and EIN or address of person who provide 120 FIFTH AVE PITTSBURGH, PA for the name and EIN or address of person who provide 120 FIFTH AVE PITTSBURGH, PA for the name and EIN or address of person who provide 120 FIFTH AVE PITTSBURGH, PA for the name and EIN or address of person who provide 151 FARMINGTON	inder of this Part because they receistructions for definitions and condition n providing the required disclosures for descent to the second s	ns)	tion	
a Check "Yes" or "No" to indicate w indirect compensation for which the b If you answered line 1a "Yes," e received only eligible indirect com (b) Enter UNITEDHEALTHCARE 36-2739571 (b) Enter HIGHMARK 56-2526063 (b) Enter AETNA US HEALTHCARE 06-6033492	hether you are excluding a person from the remained plan received the required disclosures (see institute the name and EIN or address of each person upensation. Complete as many entries as needed in the name and EIN or address of person who provide 185 ASYLUM STRE HARTFORD, CT 06 name and EIN or address of person who provide 120 FIFTH AVE PITTSBURGH, PA for the name and EIN or address of person who provide 120 FIFTH AVE PITTSBURGH, PA for the name and EIN or address of person who provide 120 FIFTH AVE PITTSBURGH, PA for the name and EIN or address of person who provide 120 FIFTH AVE PITTSBURGH, PA for the name and EIN or address of person who provide 120 FIFTH AVE PITTSBURGH, PA for the name and EIN or address of person who provide 151 FARMINGTON	inder of this Part because they receistructions for definitions and condition n providing the required disclosures for descent of the second disclosures on eligible indirected you disclosures on eligible you disclos	ns) for the servic t compensa t compensa t compensa	tion	

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

Page 2- 1

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

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

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

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

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

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

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

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

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

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

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	by the plan. If none,		(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	56518889	Yes 🗌 No 🛛	Yes 🗌 No 🗌		Yes 🗌 No 🗌			
	(a) Enter name and EIN or address (see instructions)								

HIGHMARK

120 FIFTH AVE PITTSBURGH, PA 15222

56-2526063

(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(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	formula instead of an amount or estimated amount?
12 13	NONE	13206952	Yes 🛛 No 🗌	Yes 🛛 No 🗌	0	Yes 🗌 No 🗌

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

AETNA

151 FARMINGTON AVENUE HARTFORD, CT 06186

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a
Code(S)			compensation? (sources	compensation, for which the	service provider excluding	formula instead of
	person known to be	enter -0	other than plan or plan	plan received the required	eligible indirect	an amount or
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	
					(f). If none, enter -0	
12 13	NONE	8072513				
			Yes No X	Yes No		Yes No

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)

EXPRESS SCRIPTS, INC.

400 PARSONS POND DRIVE FRANKLIN LAKES, NJ 07417

22-3461740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(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 99	NONE	4730998	Yes 🗌 No 🗙	Yes 🗌 No 🗌		Yes 🗌 No 🗌			
	(a) Enter name and EIN or address (see instructions)								

TELADOC HEALTH INC.

1945 LAKEPOINTE DR, SUITE 100 LEWISVILLE, TX 75057

04-3705970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(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?
99	NONE	1702561	Yes 🗌 No 🗙	Yes No		Yes 🗌 No 🗍

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

WEST HEALTH ADVOCATE SOLUTIONS

11808 MIRACLE HILLS DRIVE OMAHA, NE 68154-4403

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	701632	Yes 🗌 No 🛛	Yes 🗌 No 🗌		Yes 📔 No 🗌

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)

TMDG, LLC

500 E PRATT STREET SUITE 525 BALTIMORE, MD 21202

03-0583064

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,		(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	407535	Yes 🗌 No 🗙	Yes 🗌 No 🗌		Yes 🗌 No 🗍
		(a) Enter name and EIN or	address (see instructions)		

MCMC, LLC

300 CROWN COLONY DRIVE SUITE 203 QUINCY, MA 02169

14-1847542

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(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	
16	NONE	183266	Yes 🗌 No 🗙	Yes No		Yes No

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

SUNTRUST BANKS, INC.

303 PEACHTREE STREET NE SUITE 3200

ATLANTA, GA 30308

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
21	NONE	120550	Yes 🗌 No 🔀	Yes 🗌 No 🗌		Yes 🗌 No 🗌

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)

WILLIS TOWERS WATSON US, LLC

555 17TH STREET SUITE 2050 DENVER, CO 80202

53-0181291

(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none, compensation? (sources e enter -0 other than plan or plan		(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	
11	NONE	120127	Yes 🗌 No 🗙	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		

VITAL DECISIONS, LLC

379 THORNALL ST EDISON, NJ 08837

90-0480858

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(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?
99	NONE	37700	Yes 🗌 No 🗙	Yes 🗌 No 🗌		Yes 🗌 No 🗌

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

WEAVER BROTHERS, INSURANCE

7315 WISCONSIN AVE SUITE 900 EAST BETHESDA, MD 20814

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	formula instead of an amount or estimated amount?
19	NONE	22638	Yes 🗌 No 🛛	Yes 🗌 No 🗌		Yes 🗌 No 🗌

Page **4 -** 1

Part I Service Provider Information (continued)					
3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation or provides contract administrator, consulting, custodial, investment advisory, investment manage questions for (a) each source from whom the service provider received \$1,000 or more in indirect provider gave you a formula used to determine the indirect compensation instead of an amount of many entries as needed to report the required information for each source.	gement, broker, or recordkeeping ct compensation and (b) each so	g services, answer the following burce for whom the service			
(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	formula used to determine	compensation, including any the service provider's eligibility 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.				

Pa	art II Serv	rice Providers Who Fail or Refuse to	Provide Infor	mation
4	Provide, to th this Schedule		ch service provide	er who failed or refused to provide the information necessary to complete
		e 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 nam	e 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 nam	e 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 nam	e 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 nam	e 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 nam	e 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

Page **6 -** 1

Pa	Termination Information on Accountants (complete as many entries as needed)	and Enrolled Actuaries (see instructions)
а	Name:	b EIN:
C	Position:	
d	Address:	e Telephone:
Ex	planation:	
а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:
Ev	planation:	
L.	planauon.	
а	Name:	b EIN:
C	Position:	
d	Address:	e Telephone:
-		
Ex	planation:	
а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

а	Name:	b EIN:
С	Position:	
d	Address:	e Telephone:

Explanation:

SCHEDULE H Fina	ncial Information		OMB No. 1210-0110			
(Form 5500)						
This schedule is required	This schedule is required to be filed under section 104 of the Employee					
Internal Revenue Service Retirement Income Security	Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).					
Department of Labor	an attachment to Form 5500.		This Form	n is Open to Public		
Pension Benefit Guaranty Corporation			l	nspection		
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019	a	nd ending 12/31/2				
A Name of plan THE RAILROAD EMPLOYEES NATIONAL HEALTH & WELFARE P	LAN	B Three-dig plan num	5	▶ 501		
		pian num				
		_				
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT PLAN COMMITTEE			Identification N	Jumber (EIN)		
JOINT FLAN COMMITTEE		80-06	616625			
Part I Asset and Liability Statement						
1 Current value of plan assets and liabilities at the beginning and er	d of the plan year. Combine the v	alue of plan assets	held in more t	han one trust. Report		
the value of the plan's interest in a commingled fund containing the lines $4r(0)$ there is $4r(0)$ the value of the transfer						
lines 1c(9) through 1c(14). Do not enter the value of that portion o benefit at a future date. Round off amounts to the nearest dolla						
and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1	d and 1e. See instructions.					
Assets	(a) Beginning of Yea		(b) End of Year		
a Total noninterest-bearing cash	1a	3000	000	3000000		
b Receivables (less allowance for doubtful accounts):						
(1) Employer contributions		220130		178277236		
(2) Participant contributions		19143		17920327		
(3) Other	1b(3)	50192	938	41477046		
C General investments:	lificatos					
(1) Interest-bearing cash (include money market accounts & cer of deposit)		90501	96793401			
(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)					
(A) Preferred(B) Common	1 o(4)(B)					
	1c(4)(B)					
(B) Common	1c(4)(B) 1c(5)					
(B) Common(5) Partnership/joint venture interests	1c(4)(B) 1c(5) 1c(6)					
(B) Common	1c(4)(B) 1c(5) 1c(6) 1c(7)					
 (B) Common	1c(4)(B) 1c(5) 1c(6) 1c(7) 1c(8)					
 (B) Common	1c(4)(B) 1c(5) 1c(6) 1c(7) 1c(8) 1c(9) 1c(10)					
 (B) Common	1c(4)(B) 1c(5) 1c(6) 1c(7) 1c(8) 1c(9) 1c(10) 1c(11)					
 (B) Common	1c(4)(B) 1c(5) 1c(6) 1c(7) 1c(8) 1c(9) 1c(10) 1c(11) 1c(12)					
 (B) Common	1c(4)(B) 1c(5) 1c(6) 1c(7) 1c(8) 1c(9) 1c(11) 1c(12) utual					
 (B) Common	1c(4)(B) 1c(5) 1c(6) 1c(7) 1c(8) 1c(10) 1c(11) 1c(12) utual 1c(13) unallocated					

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

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	399365579	357331299
	Liabilities			
g	Benefit claims payable	1g	176902536	172623187
h	Operating payables	1h	2465037	2446833
i	Acquisition indebtedness			
j	Other liabilities		154635	144542
k	Total liabilities (add all amounts in lines 1g through1j)	1k	179522208	175214562
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	219843371	182116737
Pa	t II Income and Expense Statement			
2	Plan income, expenses, and changes in net assets for the year. Include all in fund(s) and any payments/receipts to/from insurance carriers. Round off amo complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.			

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1343742113	
(B) Participants	2a(1)(B)	224736339	
(C) Others (including rollovers)	2a(1)(C)	287174	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1568765626
b Earnings on investments:			
(1) Interest:			
 (A) Interest-bearing cash (including money market accounts and certificates of deposit) 	2b(1)(A)	1624558	
(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)		1624558
(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	a) Amo	ount			(b) ⊺	otal
	(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)							
С	Other income	. 2c							
d	Total income. Add all income amounts in column (b) and enter total	2d							1570390184
	Expenses								
е	Benefit payment and payments to provide benefits:						7		
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		1	51428	0139	4		
	(2) To insurance carriers for the provision of benefits	. 2e(2)			990	8408			
	(3) Other	2e(3)							
	(4) Total benefit payments. Add lines 2e(1) through (3)	. 2e(4)							1524188547
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)			317	5460			
	(2) Contract administrator fees	2i(2)			8017	3115	1		
	(3) Investment advisory and management fees	2i(3)			12	0550	1		
	(4) Other	2i(4)			45	9146			
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)							83928271
j	Total expenses. Add all expense amounts in column (b) and enter total								1608116818
	Net Income and Reconciliation								
k	Net income (loss). Subtract line 2j from line 2d	2k							-37726634
I	Transfers of assets:								
	(1) To this plan	. 2l(1)							
	(2) From this plan	2I(2)							
Pa	rt III Accountant's Opinion								
3	Complete lines 3a through 3c if the opinion of an independent qualified public attached.	accountant is	s attached to	o this F	Form 5	500. Co	mplete lin	e 3d if a	n opinion is not
	The attached opinion of an independent qualified public accountant for this pla	an is (see ins	tructions):						
		Adverse							
b	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10)3-8 and/or 1)3-12(d)?				XY	es	No
	Enter the name and EIN of the accountant (or accounting firm) below:						· <u> </u>		
	(1) Name: TMDG, LLC		(2) EIN:	03-05	583064				
ď	The opinion of an independent qualified public accountant is not attached be (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be atta		ext Form 55	500 pu	rsuant	to 29 C	FR 2520.1	04-50.	
Pa	rt IV Compliance Questions								
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete		e lines 4a, 4e	e, 4f, 4	g, 4h, -	4k, 4m,	4n, or 5.		
	During the plan year:			[Yes	No		Amo	ount
а	Was there a failure to transmit to the plan any participant contributions with								
	period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction			4a		х			
b	Were any loans by the plan or fixed income obligations due the plan in defa close of the plan year or classified during the year as uncollectible? Disregation		t loans						
	secured by participant's account balance. (Attach Schedule G (Form 5500) checked.)	Part I if "Yes	" is	4b		x			

Page	4 -	
гаус	; -	

			Yes	No	Amo	unt
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		×		
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		
е	Was this plan covered by a fidelity bond?	4e	Х			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			7360961
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	Х			
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		
Ι	Has the plan failed to provide any benefit when due under the plan?	41		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				
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?	s 🗙	No			
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide transferred. (See instructions.)	entify t	he plan	(s) to w	hich assets or liabi	lities were
	5b(1) Name of plan(s)				5b(2) EIN(s)	5b(3) PN(s)
	the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section		21.)?	🗌 Y		lot determined
ľ	"Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan y	year_			(Se	e instructions.)



INDEPENDENT AUDITOR'S REPORT

To the Joint Plan Committee with respect to The Railroad Employees National Health and Welfare Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Railroad Employees National Health and Welfare Plan (the Plan), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2019 and 2018, the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the year ended December 31, 2019, 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, 2019 and 2018 and for the year ended December 31, 2019, 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 assets (held at end of year) and schedule of reportable transactions as of or for the year ended December 31, 2019, 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. The supplemental schedules are the responsibility of the Plan Administrator. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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

TMDGue

Baltimore, Maryland October 9, 2020

SCHEDULE OF ASSETS (HELD AT END OF YEAR) December 31, 2019

Schedule H, Form 5500 Part IV, Line 4i – Schedule of Assets (Held at End of Year) EIN: 80-0616625 Plan No. 501

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
	Cash and cash equivalents			
	SunTrust Bank Account 70-04-102-7036734	Money Market Fund Federated Trsy Obligs MM-I #68 FFS	\$ 96,793,401	\$ 96,793,401
	Insurance contract			
	Metropolitan Life Insurance Co. Account 123764-T-6	Funding Agreement, 6 month Treasury Bill + 0.25%	7,360,961	7,360,961
			\$ 104,154,362	\$104,154,362

* Known party-in-interest to the Plan

THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE PLAN EIN: 80-0616625 STATEMENT ATTACHED TO AND MADE PART OF FORM 5500 FOR THE YEAR ENDED DECEMBER 31, 2019

PART II, 2a Sponsor's Name and Address

The Plan Sponsor is the Joint Plan Committee, consisting of:

National Carriers' Conference Committee 251 – 18th Street, South Suite 750 Arlington, VA 22202

and

Health and Welfare Committee Cooperating Railway Labor Organizations 7061 East Pleasant Valley Road Independence, Ohio 44131

FINANCIAL REPORT (Together with Report of Independent Public Accountants)

DECEMBER 31, 2019 and 2018



TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT ON THE FINANCIAL STATEMENTS	1 – 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Statements of Plan Benefit Obligations	5
Statement of Changes in Plan Benefit Obligations	6
Notes to Financial Statements	7 – 20
SUPPLEMENTARY INFORMATION	
Schedule of Assets (Held at End of Year)	21
Schedule of Reportable Transactions	22 - 37



INDEPENDENT AUDITOR'S REPORT

To the Joint Plan Committee with respect to The Railroad Employees National Health and Welfare Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Railroad Employees National Health and Welfare Plan (the Plan), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2019 and 2018, the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the year ended December 31, 2019, 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, 2019 and 2018 and for the year ended December 31, 2019, 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 assets (held at end of year) and schedule of reportable transactions as of or for the year ended December 31, 2019, 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. The supplemental schedules are the responsibility of the Plan Administrator. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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

TMDGue

Baltimore, Maryland October 9, 2020

FINANCIAL STATEMENTS

	2019	2018
ASSETS		
Investments, at fair value:	\$ 104,154,362	\$ 97,694,839
Receivables:		
Participating railroads' contributions	178,277,236	220,130,873
Participants' contributions	17,920,327	19,143,400
Formulary rebates	31,780,306	49,526,894
Federal government subsidy	204,346	189,568
Other	410,963	476,476
	228,593,178	289,467,211
Insurance premium stabilization reserve	12,502,328	9,203,529
Cash	3,000,000	3,000,000
Amounts due from participating railroads	9,081,431	-
Total assets	357,331,299	399,365,579
LIABILITIES		
Accounts payable and accrued expenses	2,446,833	2,465,037
Prepaid participants' COBRA contributions	144,542	154,635
Total liabilities	2,591,375	2,619,672
NET ASSETS AVAILABLE FOR BENEFITS	\$ 354,739,924	\$ 396,745,907

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS December 31, 2019 and 2018

ADDITIONS	
Investment income:	
Interest income	\$ 1,624,558
Less investment expenses	(120,550)
	1,504,008
Participating railroads' contributions	1,343,742,113
Participants' contributions	222,428,447
Participants' COBRA contributions	2,307,892
Federal government subsidy	204,346
Other	82,828
	1,568,765,626
Total additions	1,570,269,634
DEDUCTIONS	
Benefits paid to or for participants, beneficiaries, and dependents:	
Health claims	1,264,885,133
Prescription drug claims	253,669,122
Insurance premiums	9,913,641
	1,528,467,896
Administrative expenses	83,807,721
Total deductions	1,612,275,617
Net decrease	(42,005,983)
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	396,745,907
End of year	\$ 354,739,924

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS Year Ended December 31, 2019

STATEMENTS OF PLAN BENEFIT OBLIGATIONS (As Determined by UnitedHealthcare and the Plan's Consulting Actuary) December 31, 2019 and 2018

	2019	2018
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Claims payable Insurance premiums payable	\$ 60,378,147 5,130	\$ 61,758,943 10,363
	 60,383,277	61,769,306
OTHER OBLIGATIONS FOR CURRENT BENEFITS COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims incurred but not reported Accumulated eligibility credit and extended benefit coverage	 112,239,910 182,116,737	115,133,230 183,149,477
	 294,356,647	298,282,707
Total obligations other than post-retirement benefit obligations	 354,739,924	360,052,013
POST-RETIREMENT BENEFIT OBLIGATIONS		
Current retirees Other participants fully eligible for benefits Other participants not yet fully eligible for benefits	 103,796,963 3,980,079 20,179,570	96,224,521 3,253,655 16,496,495
	 127,956,612	115,974,671
PLAN'S TOTAL BENEFIT OBLIGATION	\$ 482,696,536	\$ 476,026,684

STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS (As Determined by UnitedHealthcare and the Plan's Consulting Actuary) Year Ended December 31, 2019

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

Claims payable: Balance at beginning of year Claims reported and approved for payment Claims paid (including disability)	\$ 61,758,943 1,517,173,459 (1,518,554,255)
Balance at end of year	60,378,147
Insurance premiums payable: Balance at beginning of year Premiums due Premiums paid	10,363 9,908,408 (9,913,641)
Balance at end of year	5,130
OTHER OBLIGATIONS FOR CURRENT BENEFITS COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS	
Balance at beginning of year Net change during the year: Other	298,282,707 (3,926,060)
Balance at end of year	294,356,647
Total obligations other than post-retirement benefit obligations	354,739,924
POST-RETIREMENT BENEFIT OBLIGATIONS	
Balance at beginning of year Increase (decrease) during the year attributed to:	115,974,671
Benefits earned and other changes	5,848,869
Benefits expected to be paid	(12,178,485)
Interest	4,672,823
Changes in actuarial assumptions	13,638,734
Balance at end of year	127,956,612
PLAN'S TOTAL BENEFIT OBLIGATION	\$ 482,696,536

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

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

General: The Plan was established in 1955 pursuant to collective-bargaining and currently provides health and other related benefits to eligible employees and retirees of participating railroads and their beneficiaries. The Plan is administered by the Joint Plan Committee, which consists of the Health and Welfare Committee, Cooperating Railway Labor Organizations and 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 benefits are provided on a self-insured basis, except for life insurance and accidental death and dismemberment insurance, which are provided by Metropolitan Life Insurance Company through an experience-rated insurance contract. Health claims are administered by several third party administrators (Aetna, Highmark, UnitedHealthcare, and United Behavioral Health), pursuant to Administrative Service Only contracts. Prescription drug claims are administered by Express Scripts, pursuant to a Master Services Agreement.

Eligibility: Upon satisfying the eligibility and coverage requirements, as outlined in the Plan's Summary Plan Description, employees of the participating railroads and their dependents are entitled to receive the benefits provided by the Plan. Additional extended benefit coverage provisions may be available for participants who become disabled (including pregnancy), furloughed, suspended, or dismissed. (See Note 9 regarding the liability recognized for financial statement reporting purposes for extended benefit coverage.)

Funding: The participating railroads' and participants' obligation to provide contributions to the Plan arises pursuant to the terms and conditions of the collective-bargaining agreements, Plan document, and related practices. Contributions to the Plan are remitted by the participating railroads on a monthly basis in the amount determined after discussions with UnitedHealthcare. The railroads fund the obligations of the Plan as they become due and payable during the year. Additionally, the Plan is required to maintain a \$25 million cash reserve in the Trust. Should the cash reserve fall below \$25 million, contributions to the Plan will be increased to fund the reserve by the end of the following calendar year.

UnitedHealthcare monitors the activity of the Trust and the Plan's maintenance of the \$25 million cash reserve. As of December 31, 2019 and 2018, the cash reserve met the required reserve.

Tax status: The Trust established under the Plan to hold the Plan's assets received an exemption letter from the Internal Revenue Service (IRS) stating that the Trust is tax-exempt under the provisions of Section 501(c)9 of the Internal Revenue Code (IRC). 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 in 2019 for unrelated business taxable income.

In addition, the Plan and the Trust are required to operate in conformity with the IRC to maintain the taxexempt status of the Trust. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related Trust is tax-exempt.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (Continued)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

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.

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 the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Valuation of investments and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 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.

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

Participants' contributions and contributions receivable: Employees of the participating railroads provide monthly contributions to the Plan pursuant to the terms and conditions of the collective-bargaining agreements. Participant contributions are recognized as revenue in the period in which the compensated service giving rise to the contribution is rendered.

There is no contribution requirement for eligible retirees of participating railroads.

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (Continued)

Participants' COBRA contributions: Participants and beneficiaries, who experience a qualifying event, as defined by Federal Consolidated Omnibus Budget Reconciliation Act (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.

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

Premiums paid by the Plan are recorded as premium payments in the accompanying statement of changes in net assets available for benefits. Premiums expense incurred but not paid by the Plan as of December 31st are reported within the accompanying statements of plan benefit obligations.

Formulary rebates and formulary rebates receivable: Formulary rebates are recorded by the Plan when earned. Formulary rebates totaling \$103,186,221 have been earned by the Plan and were netted against prescription drug claims in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2019.

Terminated and withdrawing railroads' withdrawal liability receivable: Upon termination or withdrawal from the Plan in whole or in part, a railroad is assessed a withdrawal liability, as provided for pursuant to the Plan document, which approximates the individual railroad's claim run-out liability. This run-out liability is due and payable 10 days subsequent to the railroad's receipt of a bill for such payment. As of December 31, 2019 and 2018, there were outstanding amounts receivable of \$41,114 from terminated or withdrawn railroads as it relates to the withdrawal liability.

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.

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

Subsequent events: The Plan Administrator has evaluated subsequent events through October 9, 2020, the date the financial statements were available to be issued. See Note 16 for additional information.

NOTES TO FINANCIAL STATEMENTS

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.

	 2019	2018
Money Market Fund*:		
Investments	\$ 96,793,401	\$ 90,501,593
Accrued interest	59,849	125,362
Interest income	1,206,830	N/A

* Investments held as of December 31, 2019 and 2018 were in Federated Treasury Obligations MM-I #68 FFS.

The investment activity reported on the schedule of assets (held at end of year) and schedule of reportable transactions was also certified by the trustee, SunTrust Bank, 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. Funding Agreement

In 2007, the Plan entered into a Funding Agreement (Agreement) with Metropolitan Life Insurance Company (MetLife). Under the Agreement, an initial deposit was made from the Plan's premium stabilization reserve to MetLife. These funds were invested in the fixed component of the Agreement, which had a one-year term and earned interest at a set rate that was credited to the account upon maturity.

The Agreement contains an automatic renewal clause: upon expiration of the fixed-term component of the Agreement, and without further action from the Plan, the funds convert to a short-term component of the Agreement. Since inception, additional deposits have been made from the Plan's premium stabilization reserve to MetLife and funds invested in the Agreement have moved between the fixed-term and short-term component several times.

These funds are held in the general assets of MetLife and are subject to the financial strength and claimpaying ability of MetLife. The Agreement is recognized in the Plan's financial statements at cost, which approximates fair value, principal plus accrued interest, as reported to the Plan by MetLife.

On January 27, 2013, the funds were invested in the short-term component of the Agreement and earned interest based on the discount rate on the six month Treasury Bills set at the first weekly auction in the month plus 0.25%. The funds remained in the short-term component through the end of the 2019 calendar year. The balances of the Agreement as of December 31, 2019 and 2018, principal plus accrued interest, were \$7,360,961 and \$7,193,246, respectively.

NOTES TO FINANCIAL STATEMENTS

Note 5. Premium Stabilization Reserve

The Plan has funds held in a premium stabilization reserve with MetLife in connection with its experience-rated life insurance and accidental death and dismemberment insurance contract. The funds may be withdrawn at any time and earn interest based on the discount rate on the six month Treasury Bills set at the first weekly auction in the month plus 0.25%. The premium stabilization reserve has been included as an asset of the Plan until such amounts are used to pay premiums or are withdrawn by the Plan. The reserve is nonforfeitable should the insurance contract terminate.

Note 6. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides the framework for measuring fair value. 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 under FASB ASC 820 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 observable inputs and minimize the use of unobservable inputs.

NOTES TO FINANCIAL STATEMENTS

Note 6. Fair Value Measurements (Continued)

The valuation methodology used for assets measured at fair value as of December 31, 2019 and 2018 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.

Funding agreement with MetLife: The Plan's funding agreement with MetLife is recognized on the financial statement at cost, which approximates fair value, principal plus accrued interest. Funds held with MetLife earn interest at an agreed upon interest rate for a specific term with interest earnings paid at maturity (See Note 4).

The following tables present by level, within the fair value hierarchy, the Plan's assets measured at fair value as of December 31, 2019 and 2018:

	Assets at Fair Value as of December 31, 2019						
		Level 1		Level 2		Level 3	Total
Assets:							
Money market funds	\$	96,793,401	\$		-	\$ -	\$ 96,793,401
Funding agreement (see Note 4)		-			-	7,360,961	7,360,961
Total assets at fair value	\$	96,793,401	\$		-	\$ 7,360,961	\$ 104,154,362

	Assets at Fair Value as of December 31, 2018						
		Level 1		Level 2		Level 3	Total
Assets: Money market funds Funding agreement (see Note 4)	\$	90,501,593	\$		-	\$ - 7,193,246	\$ 90,501,593 7,193,246
Total assets at fair value	\$	90,501,593	\$		-	\$ 7,193,246	\$ 97,694,839

NOTES TO FINANCIAL STATEMENTS

Note 6. Fair Value Measurements (Continued)

Level 3 Gains and Losses

The following table presents a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2019.

Level 3 Assets Year Ended December 31, 2019					
Balance, beginning of year Interest credited during the year	\$	7,193,246 167,715			
Balance, end of year	<u> </u> \$	7,360,961			

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2019 and 2018, and the significant unobservable inputs:

			Principle			
			Valuation		Unobservable	Significant
	Instrument	Fair Value	Technique	Term	Input	Input Value
	Funding		Cost plus			
December 31, 2019	Agreement	\$ 7,360,961	accrued interest	N/A*	Interest rate	2.33%**
	Funding		Cost plus			
December 31, 2018	Agreement	\$ 7,193,246	accrued interest	N/A*	Interest rate	2.31%**

*As of December 31, 2019 and 2018, all funds were invested in the short-term component of the Funding Agreement (see Note 4). Pursuant to the Funding Agreement, the short-term component does not expire. Amounts will remain invested in the short-term component until further direction is given by the Plan Administrator.

**Represents the discount rate on the six month Treasury Bills set at the first weekly auction in December 2019 and 2018 plus 0.25%.

In determining the reasonableness of the valuation methodology of this investment, the Plan Administrator evaluates a variety of factors including review of methods and assumptions used by external sources, economic conditions, financial strength and claim-paying ability of MetLife, and the non-marketable nature of the investment.

NOTES TO FINANCIAL STATEMENTS

Note 7. Plan Contributions

The participating railroads do not differentiate their monthly contributions to the Plan between that which is paid on behalf of the participating railroad and that which is paid on behalf of the Plan participant. Therefore, the Plan Administrator estimates participants' contributions receivable and participants' contributions by applying blended employee cost sharing contribution rates to the respective payment employee counts. The resulting amounts are reclassified from the total participating railroads' contributions receivable and participating railroads' annual contributions and reported as participant contributions receivable and participant contributions, respectively. This methodology was utilized in both 2019 and 2018.

Note 8. Post-Retirement Benefits

The post-retirement benefits provided by the Plan to eligible retirees of participating railroads are limited to the fully insured life insurance and accidental death and dismemberment insurance benefits provided by MetLife.

The post-retirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31st. Post-retirement benefits include future benefits expected to be paid to or for: (1) currently retired employees (eligible retirees) and (2) active employees after retirement from service with the participating railroads. Prior to an active employee's full eligibility date, the post-retirement benefit obligation for these employees is the portion of the expected post-retirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected post-retirement benefit obligation is determined by the Plan's consulting actuary, Willis Towers Watson, and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of appropriate decrements) between the valuation date and the expected date of payment.

Because the post-retirement benefits provided by the Plan are limited to fully insured life insurance and accidental death and dismemberment insurance benefits, the health care cost trend rate assumption is not applicable to the post-retirement benefit calculation.

The cost of providing Plan benefits depends on demographic factors such as retirement, mortality, turnover, and plan participation. The United States Railroad Retirement Board performs a valuation of Railroad Retirement Benefits every three years, which includes analysis and development of current demographic assumptions. The Plan's consulting actuary relied upon this analysis as representative of the experience of the covered population under this Plan. If the actual claim experience of the Plan is more favorable than assumed, future costs will be lower. Alternatively, if the actual claim experience of the Plan is less favorable than assumed, future costs will be higher.

NOTES TO FINANCIAL STATEMENTS

Note 8. Post-Retirement Benefits (Continued)

The Plan participant data was not available at the level of detail that is typically used in valuations of this type. Therefore, the Plan's consulting actuary used reasonable and appropriate extrapolation techniques pursuant to Actuarial Standards of Practice (ASOP No. 23) on Data Quality to develop the data that was needed for valuation purposes. These techniques included an additional data quality check analysis to determine if a liability offset was necessary to account for the effect of any potential missing retiree data. As a result of this analysis, the retiree portion of this liability was not increased. Further, headcounts by age were not provided for inactive participants and sufficient data was not available for newly eligible retirees age 65 and over, so a load of 1.1% was added to the retiree obligation and the expected disbursements for retirees in the roll-forward calculation. The Plan's consulting actuary does not believe the use of this data creates a material bias in the calculation.

Other significant assumptions used in the actuarial valuation are as follows:

		2019	2018
Weighted Average D	iscount Rate	3.35%	4.25%
Mortality Assumption			
Healthy:			
Active	2012 RRB Active Service M	ortality Table S-4	
Retired	2013 RRB Annuitants Morta	lity Table S-1	
Disabled	2013 RRB Disabled Mortalit	y Table S-2	
Termination Assumpt	ion		
RRB Table S-13 - 3	0 Year Select and Ultimate Table		
Disability Assumption	1		

RRB Table S-12 - Rates varying by age and service

Retirement Assumption

RRB Table S-11 - Rates varying by age and service

Note: The demographic assumptions shown above were developed by the United States Railroad Retirement Board (RRB), Bureau of the Actuary, for use in the December 31, 2016 valuation of Railroad Retirement Benefits published in September of 2018. This is the most recent valuation available to the Plan's consulting actuary. The table numbers referenced above correspond to the assumption section of that valuation.

NOTES TO FINANCIAL STATEMENTS

Note 8. Post-Retirement Benefits (Continued)

The Plan's deficiency of net assets over benefit obligations as of December 31, 2019 and 2018 related primarily to the post-retirement benefit obligation, which will be funded on an annual basis, as it becomes due and payable, by participating railroads' contributions.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the post-retirement obligation.

Note 9. Other Plan Benefit Obligations

Plan benefit obligations as of December 31st for health claims payable, current insurance premiums payable, health claims incurred by participants but not reported as of that date, accumulated eligibility of participants, and extended benefit coverage available to Plan participants are estimated by UnitedHealthcare. Such estimated amounts are reported in the accompanying statement of Plan Benefit Obligations at present value. Based on the current nature of the obligation, generally within three months of year end, discounting the obligation was not necessary.

The obligation relating to health claims payable and health claims incurred by participants but not reported as of that date is determined by UnitedHealthcare by applying the following assumptions to historical claim-cost data:

	2019	2018
Run-out factor:		
Health claims:		
On-duty injury claims	3.30	3.10
Other than on-duty injury claims	1.30	1.40
Prescription drug claims	0.5	0.5
Administrative load:		
On-duty injury claims	5.0%	5.1%
Other than on-duty injury claims	5.0%	5.1%
Bank float	5.3%	4.5%

The obligation relating to accumulated eligibility of participants and extended benefit coverage available to Plan participants is determined by UnitedHealthcare by applying the contract rate or its equivalent to the total estimated number of months of future Plan coverage that is attributable to employee service rendered to December 31st. If the actual claims experience of these employees is more favorable than that provided by the contract rate or its equivalent, actual future costs will be lower. Alternatively, if the actual claims experience of the Plan is less favorable than that provided by the contract rate or its equivalent, actual future costs will be lower.

NOTES TO FINANCIAL STATEMENTS

Note 9. Other Plan Benefit Obligations (Continued)

Upon termination of a Plan participant's coverage, the Plan may provide limited coverage of benefits for injuries that occurred, and sicknesses or pregnancies that commenced before or while the participant was covered by the Plan. The availability and length of coverage provided by this provision of the Plan varies depending on the Plan participant's benefit election, relationship to the covered employee, and condition upon termination of coverage. An obligation for this contingent liability has not been recognized in the Plan's financial statements because the amount expected to be paid as a result of this obligation cannot be reasonably estimated.

The Plan Administrator is of the opinion, based on all available known facts, that the amount expected to be paid with respect to this contingent liability would not have a material effect on the financial position or results of operations of the Plan.

Note 10. Concentration of Participating Railroads

There are approximately 41 railroads participating in the Plan, of which 4 Class I railroads comprised approximately 86% of the total Plan activity as of December 31, 2019 and 2018. This activity includes, but is not limited to, participating railroads' contributions receivable and amounts due from participating railroads as of December 31, 2019 and 2018, and participating railroads' contributions for the year ended December 31, 2019 as follows:

	Percentage of	Percentage of
	Total Plan	Total Plan
	Activity	Activity
	2019	2018
Railroad:		
А	29.5%	28.1%
В	25.0%	26.2%
С	16.5%	16.6%
D	15.2%	15.5%

Note 11. Contingencies

See Note 9 regarding the Other Plan Benefit Obligations contingency.

The Plan is subject to lawsuits arising out of the ordinary course of business. The Plan Sponsors are of the opinion, based on available known facts, that the ultimate disposition of asserted claims would not have a material effect on the financial position or results of operations of the Plan.

NOTES TO FINANCIAL STATEMENTS

Note 12. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2019 and 2018 financial statements to the Form 5500:

	 2019	2018
Net assets available for benefits as reported within the financial statements Benefit obligations currently payable Insurance premiums payable	\$ 354,739,924 (172,618,057) (5,130)	\$ 396,745,907 (176,892,173) (10,363)
Net assets available for benefits as reported within the Form 5500	\$ 182,116,737 \$	219,843,371

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the year ended December 31, 2019:

		2019
Benefits paid to or for participants as	.	
reported within the financial statements	\$	1,518,554,255
Add: Amounts payable at end of year		172,618,057
Less: Amounts payable at beginning of year		(176,892,173)
Benefits paid to or for participants as reported within		
the Form 5500	\$	1,514,280,139

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

The following is a reconciliation of premiums paid for participants per the financial statements to the Form 5500 for the year ended December 31, 2019.

	 2019
Insurance premiums paid for participants as reported within the financial statements Add: Amounts payable as of the end of year Less: Amounts payable as beginning of year	\$ 9,913,641 5,130 (10,363)
Insurance premiums paid for participants as reported within the Form 5500	\$ 9,908,408

NOTES TO FINANCIAL STATEMENTS

Note 13. 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 14. Risks and Uncertainties

The Plan's investments consist of funds held in money market funds with SunTrust Bank. This investment, along with the premium stabilization reserve with MetLife, is 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.

The Plan maintains its cash balances in bank deposit accounts, which, at times, may exceed federally insured limits. The Plan has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk as to cash.

The total obligations other than post-retirement obligations (health claims payable, claims incurred but not reported, accumulated eligibility credit, and extended benefit coverage obligations), as calculated and reported to the Plan by UnitedHealthcare and post-retirement benefits, as calculated and reported to the Plan by the Plan's consulting actuary, are based on certain assumptions pertaining to claim run-out factors, administrative load, bank float, contract rates and its equivalent, estimated number of months of future Plan coverage that is attributable to employee service rendered to December 31st, participant data, interest rates, health care inflation, average retirement age, and other employee demographics, all of which are subject to change or may not be reflective of actual experience. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 15. Collective Bargaining Agreements

New collective Bargaining Agreements (Agreements) were reached between the participating labor organizations and National Carrier's Conference Committee at various times during the period December 1, 2017 through September 20, 2018.

Article II, Part B, Section 2 of the Agreements, which became effective at various times during the period January 1, 2018 through January 1, 2019 establishes Plan design changes which have been summarized as follows:

- The Plan's Managed Medical Care Program ("MMCP") was modified as follows:
 - The Annual Deductible for In-Network Services for which a fixed-dollar co-payment does not apply shall be \$325 per individual and \$650 per family, respectively, in 2018 and \$350 and \$700, respectively, in 2019 and thereafter.

NOTES TO FINANCIAL STATEMENTS

Note 15. Collective Bargaining Agreements (Continued)

- The Individual and Family In-Network Out-of-Pocket Maximums shall be \$1,800 and \$3,600, respectively, in 2018 and \$2,000 and \$4,000, respectively, in 2019 and thereafter.
- Eligible Expenses for In-Network Services, other than ACA Preventive Health Services, shall be paid at 90% after any deductible is satisfied and at 100% following payment of an applicable fixed-dollar co-payment or after the In-Network Out-of-Pocket Maximum is met.
- The Annual Deductible for Out-of-Network Services shall be \$650 per individual and \$1,300 per family, respectively, in 2018, and \$700 per individual and \$1,400 per family, respectively, in 2019 and thereafter.
- The Individual and Family Out-of-Network Out-of-Pocket Maximums shall be \$3,600 and \$7,200, respectively, in 2018 and \$4,000 and \$8,000, respectively, in 2019 and thereafter.
- Eligible Expenses for Out-of-Network Services shall be paid at 70% after any applicable deductible is satisfied and at 100% after the Out-of-Pocket Maximum is met, in each case subject to a 20% reduction in benefits for failure to give any notice required by the Plan or if the company administering the member's benefits determines that the service or supply is not Medically Appropriate.
- The Plan's Comprehensive Health Care Benefit ("CHCB") was modified as follows:
 - The Annual Deductible shall be \$325 per individual and \$650 per family, respectively, in 2018 and \$350 and \$700, respectively, in 2019 and thereafter.
 - The Individual and Family In-Network Out-of-Pocket Maximums shall be \$2,800 and \$5,600, respectively, in 2018 and \$3,000 and \$6,000, respectively, in 2019 and thereafter.
 - Eligible Expenses for Out-of-Network Services shall be paid at 80% after any applicable deductible is satisfied and at 100% after the Out-of-Pocket Maximum is met, in each case subject to a 20% reduction in benefits for failure to give any notice required by the Plan or if the company administering the member's benefits determines that the service is not Medically Appropriate.

Because of the nature and complexity of these changes, the Plan Administrator is not able to evaluate the economic impact of the Plan.

Note 16. Subsequent Event

Subsequent to year-end, on January 30, 2020, the World Health Organization declared the coronavirus outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. The pandemic in the United States and throughout the world has resulted in substantial volatility in financial markets. This has had a significant adverse impact on investment portfolios. While financial markets are showing signs of recovery, the duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

SUPPLEMENTARY INFORMATION

SCHEDULE OF ASSETS (HELD AT END OF YEAR) December 31, 2019

Schedule H, Form 5500 Part IV, Line 4i – Schedule of Assets (Held at End of Year) EIN: 80-0616625 Plan No. 501

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
	Cash and cash equivalents			
	SunTrust Bank Account 70-04-102-7036734	Money Market Fund Federated Trsy Obligs MM-I #68 FFS	\$ 96,793,401	\$ 96,793,401
	Insurance contract			
	Metropolitan Life Insurance Co. Account 123764-T-6	Funding Agreement, 6 month Treasury Bill + 0.25%	7,360,961	7,360,961
			\$ 104,154,362	\$104,154,362

* Known party-in-interest to the Plan

SCHEDULE OF REPORTABLE TRANSACTIONS Year Ended December 31, 2019

Schedule H, Form 5500 Part IV, Line 4j – Schedule of Reportable Transactions EIN: 80-0616625 Plan No. 501

(a)	(b)	(c)	(d)	(g)	(h)
	Description of	Purchase			Current
Identity of Party Involved	Assets	Price	Selling Price	Asset Cost	Value

SunTrust Bank

Account 70-04-102-7036734

(See attached schedule as prepared and reported by SunTrust Bank)



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 136

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT Price	EXPENSE	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
		COMPARATIV	MARKET VALUE E VALUE (5%)	90,626,955.63 4,531,347.78		

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

ISSUE:	60934N500	- FEDERATED TRSY OBLIGS	MM-I	#68				
01/02/19	В	19,203,506.0000		1.0000	0	-19,203,506 *	19,203,506	
ISSUE:	60934N500	- FEDERATED TRSY OBLIGS	MM-I	#68				
01/03/19	S	9,091,994.1500		1.0000	0	9,091,994 *	9,091,994	0
ISSUE:	60934N500	- FEDERATED TRSY OBLIGS	MM-I	#68				
01/04/19	S	16,136,360.4900		1.0000	0	16,136,360 *	16,136,360	0
ISSUE:	60934N500	- FEDERATED TRSY OBLIGS	: MM-I	#68				
01/09/19	В	11,589,648.0500		1.0000	0	-11,589,648 *	11,589,648	
ISSUE:	60934N500	- FEDERATED TRSY OBLIGS	: MM-I	#68				
01/10/19	S	7,954,829.9300		1.0000	0	7,954,830 *	7,954,830	0
ISSUE:	60934N500	- FEDERATED TRSY OBLIGS	: MM-I	#68				
01/14/19	S	6,098,392.0600		1.0000	0	6,098,392 *	6,098,392	0
ISSUE:	60934N500	- FEDERATED TRSY OBLIGS	: MM-I	#68				
01/15/19		5,284,092.1700		1.0000	0	5,284,092 *	5,284,092	0
ISSUE:		- FEDERATED TRSY OBLIGS						
01/17/19	-			1.0000	0	7,190,783 *	7,190,783	0
		- FEDERATED TRSY OBLIGS						
01/18/19		15,934,484.6200			0	15,934,485 *	15,934,485	0
		- FEDERATED TRSY OBLIGS						
		6,741,505.9200			0	6,741,506 *	6,741,506	0
		- FEDERATED TRSY OBLIGS						
01/23/19				1.0000	0	7,607,211 *	7,607,211	0
		- FEDERATED TRSY OBLIGS	S MM-I					
01/24/19	-	8,405,072.8400		1.0000	0	8,405,073 *	8,405,073	0
		- FEDERATED TRSY OBLIGS	S MM-I					
01/29/19		16,740,156.4300		1.0000	0	-16,740,156 *	16,740,156	
		- FEDERATED TRSY OBLIGS			•			
01/30/19		83,336,531.0700			0	-83,336,531 *	83,336,531	
		- FEDERATED TRSY OBLIGS			•	10 (07 0(0)		•
01/31/19		12,485,968.3100			0	12,485,968 *	12,485,968	0
		- FEDERATED TRSY OBLIGS			•		17 000 700	•
02/01/19	-	17,892,320.4000			0	17,892,320 *	17,892,320	0
		- FEDERATED TRSY OBLIGS			0	E 259 (27 ×	E 259 427	
02/05/19	2	5,258,427.3800		1.0000	0	5,258,427 *	5,258,427	0



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 137

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT Price	EXPENSE INCURRED	-	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N50	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/07/19 S	5,372,757.5100	1.0000	(0	5,372,758 *	5,372,758	0
ISSUE: 60934N50	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/08/19 B	13,737,901.0200	1.0000	(0	-13,737,901 *	13,737,901	
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/14/19 S	5,305,231.8000	1.0000	(0	5,305,232 ×	5,305,232	0
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/15/19 S	14,519,410.9200	1.0000	(0	14,519,411 *	14,519,411	0
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/20/19 S	11,960,968.0100	1.0000	(0	11,960,968 *	11,960,968	0
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/21/19 S	9,117,209.0900	1.0000	(0	9,117,209 *	9,117,209	0
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/25/19 S	6,945,582.5000	1.0000	(0	6,945,583 *	6,945,583	0
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/26/19 B	15,303,788.2600	1.0000	C	0	-15,303,788 *	15,303,788	
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/27/19 B	82,860,870.1100	1.0000	(0	-82,860,870 *	82,860,870	
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/28/19 S	12,106,044.7500	1.0000	(0	12,106,045 *	12,106,045	0
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
03/01/19 S	18,025,252.6500	1.0000	(0	18,025,253 *	18,025,253	0
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
03/05/19 S	7,895,687.2900	1.0000	(0	7,895,687 *	7,895,687	0
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
03/06/19 S	4,880,755.5100	1.0000	(0	4,880,756 *	4,880,756	0
	0 - FEDERATED TRSY OB						
03/08/19 B	15,094,729.8000	1.0000	(0	-15,094,730 *	15,094,730	
	0 - FEDERATED TRSY OB						
03/11/19 S	5,153,961.5400	1.0000	(0	5,153,962 *	5,153,962	0
	0 - FEDERATED TRSY OB						
03/14/19 S	6,908,660.7300	1.0000	(0	6,908,661 *	6,908,661	0
	0 - FEDERATED TRSY OB						
03/15/19 S	14,760,021.5200	1.0000	(0	14,760,022 *	14,760,022	0
	0 - FEDERATED TRSY OB						
03/19/19 S	5,966,669.3300	1.0000	t (0	5,966,669 *	5,966,669	0
	0 - FEDERATED TRSY OB						
03/21/19 S	9,062,960.8500	1.0000	(0	9,062,961 *	9,062,961	0
	0 - FEDERATED TRSY OB						
03/27/19 B	16,386,054.8100	1.0000	C	0	-16,386,055 *	16,386,055	
	0 - FEDERATED TRSY OB						
03/28/19 B	75,506,263.7500	1.0000	0	0	-75,506,264 *	75,506,264	
	0 - FEDERATED TRSY OB						
03/29/19 S	21,389,502.8300	1.0000	(0	21,389,503 ×	21,389,503	0
	0 - FEDERATED TRSY OB			•			
04/01/19 B	18,631,810.1900	1.0000	(0	-18,631,810 *	18,631,810	



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 138

DATE Bought/sold	SHARES PAR VALUE	UNIT Price	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
	00 - FEDERATED TRSY OBL	IGS MM-I #68				
04/02/19 S	5,569,351.7100	1.0000	0	5,569,352 *	5,569,352	0
	00 - FEDERATED TRSY OBL					
04/04/19 S	7,765,383.4800	1.0000	0	7,765,383 *	7,765,383	C
	00 - FEDERATED TRSY OBL					
04/09/19 B	11,577,878.7200	1.0000	0	-11,577,879 *	11,577,879	
	00 - FEDERATED TRSY OBL					-
04/11/19 S	8,194,743.0000	1.0000	0	8,194,743 *	8,194,743	C
	00 - FEDERATED TRSY OBU				14 570 000	
04/12/19 S	14,539,880.0600	1.0000	0	14, 539,88 0 *	14,539,880	C
	00 - FEDERATED TRSY OB		•	0 070 (01 -	0 070 (0)	
04/18/19 S	8,838,481.1000	1.0000	0	8,838,481 *	8,838,481	(
	00 - FEDERATED TRSY OB		0	0 077 777 *	0.077.777	
04/22/19 S	8,236,633.3100	1.0000	U	8,236,633 *	8,236,633	(
04/23/19 S	00 - FEDERATED TRSY OBU 8,889,259.4100	1.0000	٥	8,889,259 ×	8,889,259	ſ
	00 - FEDERATED TRSY OB		U	0,009,297 *	0,007,207	t
04/25/19 B	12,768,212.9200	1.0000	0	-12,768,213 *	12,768,213	
	00 - FEDERATED TRSY OBI		Ŭ	-12,700,213 ×	12,760,215	
04/26/19 B	65,858,339.0900	1.0000	Ó	-65,858,339 *	65,858,339	
	00 - FEDERATED TRSY OB		Ŭ		03,050,007	
04/30/19 S	10,023,773.2800	1.0000	0	10,023,773 *	10,023,773	c
	00 - FEDERATED TRSY OB		•			
05/02/19 S	7,023,510.1400	1.0000	0	7,023,510 *	7,023,510	c
	00 - FEDERATED TRSY OB					
05/07/19 S	6,298,730.5000	1.0000	0	6,298,731 ×	6,298,731	(
ISSUE: 60934N5	00 - FEDERATED TRSY OB	LIGS MM-I #68				
05/09/19 B	7,768,231.2700	1.0000	0	-7,768,231 *	7,768,231	
ISSUE: 60934N5	00 - FEDERATED TRSY OB	LIGS MM-I #68				
05/10/19 S	17,239,083.4400	1.0000	0	17,239,083 *	17,239,083	(
ISSUE: 60934N5	00 - FEDERATED TRSY OB	LIGS MM-I #68				
05/14/19 S	5,174,114.2900	1.0000	0	5,174,114 *	5,174,114	(
ISSUE: 60934N5	500 - FEDERATED TRSY OB	LIGS MM-I #68				
05/15/19 S	5,607,227.2400	1.0000	0	5,607,227 *	5,607,227	(
ISSUE: 60934N5	500 - FEDERATED TRSY OB	LIGS MM-I #68	9 C			
05/21/19 S	6,167,518.4600	1.0000	0	6,167,518 *	6,167,518	(
ISSUE: 60934N5	500 - FEDERATED TRSY OB	LIGS MM-I #68				
05/22/19 S	5,036,477.8100	1.0000	0	5,036,478 *	5,036,478	(
ISSUE: 60934N5	500 - FEDERATED TRSY OB	LIGS MM-I #68				
05/23/19 S	7,772,237.8800	1.0000	0	7,772,238 *	7,772,238	t
	500 - FEDERATED TRSY OB	LIGS MM-I #68				
05/24/19 S	18,081,320.4500	1.0000	0	18,081,320 *	18,081,320	t
	500 - FEDERATED TRSY OB					
05/28/19 S	4,738,382.1400	1.0000	0	4,738,382 *	4,738,382	(
	500 - FEDERATED TRSY OB					
05/29/19 B	10,738,507.6100	1.0000	0	-10, 738,508 *	10,738,508	



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 139

Believana.

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT Price	EXPENSE INCURRED	_	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N5	00 - FEDERATED TRSY OBI	IGS MM-I #68					
05/30/19 B	76,493,110.6600	1.0000		0	-76,493,111 ×	76,493,111	
ISSUE: 60934N5	00 - FEDERATED TRSY OBI	IGS MM-I #68		•	, . , . , . , . , . , . , . , . , . , .	78,433,111	
05/31/19 S	5,658,551.9900	1.0000		0	5,658,552 *	5,658,552	
ISSUE: 60934N5	00 - FEDERATED TRSY OBL			-	J,030,532 ×	5,658,552	0
06/06/19 S	4,713,533.1600	1.0000		٥	4,713,533 *	4,713,533	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBI			Č.	477107500 ×	4,713,533	0
06/11/19 S	7,624,095.3700	1.0000		0	7,624,095 *	7,624,095	â
ISSUE: 60934N5	00 - FEDERATED TRSY OBI			Ů,	1,024,075 ×	7,624,075	0
06/13/19 S	5,599,486.4600	1.0000		۵	5,599,486 *	5,599,486	
ISSUE: 60934N5	00 - FEDERATED TRSY OBI				3,337,400 *	5,527,406	0
06/18/19 S	6,223,328.5400	1.0000		0	6,223,329 *	6,223,329	<u>^</u>
ISSUE: 60934N5	00 - FEDERATED TRSY OB			•	0,220,027 ×	0,220,329	0
06/20/19 S	6,934,033.7500	1.0000		0	6,934,034 *	6,934,034	•
ISSUE: 60934N5	00 - FEDERATED TRSY OBL			•	0,,04,004 ×	0,734,034	0
06/21/19 S	15,791,659.3000	1.0000		0	15,791,659 *	15,791,659	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBI	IGS MM-I #68		•		15,771,857	0
06/25/19 S	4,761,068.0200	1.0000		0	4,761,068 *	4,761,068	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	IGS MM-I #68		•	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4)/01/000	U
06/26/19 B	15,734,830.9500	1.0000		0	-15,734,831 *	15,734,831	
ISSUE: 60934N5	00 - FEDERATED TRSY OBL			-	23,704,001 *	15,754,651	
06/27/19 B	76,389,613.9100	1.0000		0	-76,389,614 *	76,389,614	
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	IGS MM-I #68		•	10,003,014 ×	10,509,814	
06/28/19 S	7,903,320.7200	1.0000		0	7,903,321 *	7,903,321	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	IGS MM-I #68		Ť	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	U
07/02/19 S	5,870,081.7400	1.0000		0	5,870,082 *	5,870,082	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	.IGS MM-I #68			-,,	3,010,002	U
07/05/19 S	22,486,644.2700	1.0000		0	22,486,644 *	22,486,644	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	.IGS MM-I #68					0
07/08/19 S	5,649,802.5600	1.0000		0	5,649,803 *	5,649,803	C
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	IGS MM-I #68				3,04,7,000	ŭ
07/09/19 B	12,190,732.2300	1.0000		0	-12,190,732 *	12,190,732	
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	IGS MM-I #68					
07/11/19 S	6,442,859.8900	1.0000		0	6,442,860 *	6,442,860	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	.IGS MM-I #68			,	0,112,000	5
07/17/19 S	4,698,107.1400	1.0000		0	4,698,107 *	4,698,107	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	IGS MM-I #68				.,	6
07/18/19 S	9,745,346.0400	1.0000		0	9,745,346 *	9,745,346	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	IGS MM-I #68				-,	•
07/19/19 S	16,401,587.4600	1.0000		0	16,401,587 *	16,401,587	a
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	.IGS MM-I #68					5
07/25/19 S	5,907,585.6700	1.0000		0	5,907,586 *	5,907,586	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	.IGS MM-I #68					0
07/30/19 B	96,582,179.2500	1.0000		0	-96,582,179 *	96,582,179	
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	.IGS MM-I #68					
07/31/19 S	8,509,368.7700	1.0000		0	8,509,369 *	8,509,369	0
						-,,,	0



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 140

DATE Bought/Sold	SHARES PAR VALUE	UNIT PRICE	EXPENSE	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 6093 08/01/19 S	4N500 - FEDERATED TRSY OBLI 8,191,005.4100	GS MM-I #68 1,0000	0	8,191,005 *	8,191,005	D
	4N500 - FEDERATED TRSY OBLI		0	0,191,009 ×	0,171,005	0
08/02/19 S	17,228,447.8900	1.0000	0	17,228,448 *	17,228,448	0
	4N500 - FEDERATED TRSY OBLI		•		_,,,,	·
08/07/19 S	4,738,344.6700	1.0000	0	4,738,345 *	4,738,345	0
	4N500 - FEDERATED TRSY OBLI		-		· · · · · · · · · · · · · · · · · · ·	_
08/09/19 B	12,539,071.8400	1.0000	0	-12,539,072 *	12,539,072	
	4N500 - FEDERATED TRSY OBLI	GS MM-1 #68				
08/12/19 S	5,277,492.7200	1.0000	0	5,277,493 *	5,277,493	0
ISSUE: 6093	4N500 - FEDERATED TRSY OBLI	GS MM-I #68				
08/13/19 B	19,590,410.3500	1.0000	0	-19,590,410 *	19,590,410	
	4N500 - FEDERATED TRSY OBLI	GS MM-I #68				
08/15/19 S	9,674,131.0100	1.0000	0	9,674,131 *	9,674,131	0
ISSUE: 6093	4N500 - FEDERATED TRSY OBLI	GS MM-I #68				
08/16/19 S	14,228,297.6500	1.0000	0	14,228,298 *	14,228,298	0
ISSUE: 6093	4N500 - FEDERATED TRSY OBLI	GS MM-I #68				
08/19/19 S	5,419,192.3600	1.0000	0	5,419,192 *	5,419,192	0
ISSUE: 6093	4N500 - FEDERATED TRSY OBLI	GS MM-I #68				
08/22/19 S	7,317,088.1300	1.0000	0	7,317,088 *	7,317,088	0
ISSUE: 6093	4N500 - FEDERATED TRSY OBLI	GS MM-I #68				
08/27/19 S	5,597,612.4500	1.0000	0	5,597,612 *	5,597,612	0
ISSUE: 6093	4N500 - FEDERATED TRSY OBLI	GS MM-I #68				
08/28/19 B	15,364,099.1500	1.0000	0	-15,364,099 *	15,364,099	
ISSUE: 6093	4N500 - FEDERATED TRSY OBLI	GS MM-I #68				
08/29/19 B	77,193,391.9400	1.0000	0	-77,193,392 *	77,193,392	
	4N500 - FEDERATED TRSY OBLI					_
0 8/3 0/19 S	21,724,220.6300	1.0000	0	21,724,221 *	21,724,221	0
	4N500 - FEDERATED TRSY OBLI					
09/04/19 S	9,526,332.3500	1.0000	0	9,526,332 *	9,526,332	0
	4N500 - FEDERATED TRSY OBLI					_
09/05/19 S	7,206,466.0800	1.0000	0	7,206,466 *	7,206,466	0
	4N500 - FEDERATED TRSY OBLI			0 007 570 *	0 007 570	
09/10/19 B	9,906,541.8100	1.0000	0	-9,906,542 *	9,906,542	
	54N500 - FEDERATED TRSY OBLI		0	/ 050 0/7 v	6 959 967	٥
09/12/19 S	4,858,243.1100	1.0000	Ų	4,858,243 *	4,858,243	ŭ
	SANSOO - FEDERATED TRSY OBLI	1.0000	D	16,794,514 *	16,794,514	0
09/13/19 S	16,794,514.4700 54N500 - FEDERATED TRSY OBLI		U	10,774,514 ×	10,794,514	0
09/16/19 S	5,957,259.8000	1.0000	0	5,957,260 ×	5,957,260	0
	SANSOO - FEDERATED TRSY OBLI		0	5,757,200 ~	5,751,200	Ŭ
09/18/19 S	5,224,468.6200	1.0000	0	5,224,469 *	5,224,469	0
	5,224,400.0200 54N500 - FEDERATED TRSY OBLI		0	2,223,407	2,221,402	0
09/20/19 S	8,409,002.6800	1.0000	٥	8,409,003 *	8,409,003	0
	34N500 - FEDERATED TRSY OBLI		0	0,403,000 /	2,40,000	0
09/24/19 S	5,789,839.2300	1.0000	0	5,789,839 *	5,789,839	p
03/64/13 3	37103703712300	1.0000	0	0);003×	277027003	0

.



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 141

DATE Bought/sold	SHARES PAR VALUE	UNIT Price	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N	500 - FEDERATED TRSY OB	LIGS MM-I #68				
09/25/19 S	5,222,211.3800	1.0000	0	5,222,211 ×	5,222,211	0
ISSUE: 60934N	500 - FEDERATED TRSY OB	LIGS MM-I #68			-//	0
09/26/19 B	11,082,631.8200	1.0000	0	-11,082,632 *	11,082,632	
ISSUE: 60934N	500 - FEDERATED TRSY OB	LIGS MM-I #68		······································	,,=	
09/27/19 B	64,506,731.3200	1.0000	0	-64,506,731 *	64,506,731	
ISSUE: 60934N	500 - FEDERATED TRSY OB	LIGS MM-I #68			0.,,,,,,,,,	
09/30/19 S	7,970,430.8800	1.0000	0	7,970,431 *	7,970,431	ρ
ISSUE: 60934N	500 - FEDERATED TRSY OB	LIGS MM-I #68			1,7,10,401	0
10/01/19 B	17,122,952.5100	1.0000	0	-17,122,953 *	17,122,953	
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68				
10/03/19 S	8,965,294.7100	1.0000	0	8,965,295 *	8,965,295	٥
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68			0,,00,275	0
10/09/19 B	12,374,448.9100	1.0000	0	-12,374,449 *	12,374,449	
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68				
10/10/19 S	8,642,346.1200	1.0000	0	8,642,346 *	8,642,346	0
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68			-,,	Ŭ
10/11/19 S	15,647,368.1700	1.0000	0	15,647,368 *	15,647,368	0
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68				•
10/15/19 S	5,064,451.3300	1.0000	0	5,064,451 *	5,064,451	0
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68				Ũ
10/16/19 S	5,966,507.2500	1.0000	D	5,966,507 *	5,966,507	0
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68				Ũ
10/17/19 S	7,068,572.5000	1.0000	0	7,068,573 *	7,068,573	0
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68			.,,	•
10/22/19 S	8,092,839.0300	1.0000	0	8,092,839 *	8,092,839	0
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68				Ŷ
10/24/19 S	6,917,445.0200	1.0000	0	6,917,445 *	6,917,445	0
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68				· ·
10/25/19 S	16,542,431.5500	1.0000	0	16,542,432 *	16,542,432	a
	500 - FEDERATED TRSY OB	LIGS MM-I #68				-
10/28/19 S	6,559,906.0500	1.0000	0	6,559,906 *	6,559,906	0
	500 - FEDERATED TRSY OB	LIGS MM-I #68				-
10/29/19 B	13,732,277.9800	1.0000	0	-13,732,278 *	13,732,278	
	500 - FEDERATED TRSY OB	LIGS MM-I #68				
10/30/19 B	77,383,634.8700	1.0000	0	-77,383,635 *	77,383,635	
	500 - FEDERATED TRSY OB	LIGS MM-I #68				
10/31/19 S	11,603,332.1800	1.0000	0	11,603,332 *	11,603,332	0
	500 - FEDERATED TRSY OB	LIGS MM-I #68				
11/05/19 S	4,997,246.0600	1.0000	0	4,997,246 *	4,997,246	0
	500 - FEDERATED TRSY OB	LIGS MM-I #68				
11/07/19 S	7,776,197.1300	1.0000	0	7,776,197 *	7,776,197	0
	500 - FEDERATED TRSY OB	LIGS MM-I #68				-
11/12/19 S	5,879,502.9200	1.0000	0	5,879,503 *	5,879,503	0
	500 - FEDERATED TRSY OB					
11/13/19 S	8,462,569.1400	1.0000	0	8,462,569 *	8,462,569	0



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 142

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	3	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N500 11/14/19 S) - FEDERATED TRSY OBLI	GS MM-I #68 1.0000		0	10,596,618 *	10,596,618	0
	10,596,617.9600 - Federated Trsy obli			U	10,576,610 *	10,590,618	9
11/21/19 S	9,281,916.6300	1.0000		0	9,281,917 ×	9,281,917	0
	- FEDERATED TRSY OBLI			•		,,,,,	
11/22/19 S	12,213,767.3900	1.0000		0	12,213,767 *	12,213,767	0
	D - FEDERATED TRSY OBLI	GS MM-I #68					
11/26/19 B	11,914,128.9600	1.0000		0	-11,914,129 *	11,914,129	
	0 - FEDERATED TRSY OBLI	GS MM-I #68					
11/27/19 B	71,624,446.8800	1.0000		0	-71,624,447 *	71,624,447	
ISSUE: 60934N50(D - FEDERATED TRSY OBLI	GS MM-I #68					
11/29/19 S	9,615,564.9100	1.0000		0	9,615,565 *	9,615,565	0
	0 - FEDERATED TRSY OBLI						
12/02/19 S	5,198,109.2500	1.0000		0	5,198,109 *	5,198,109	0
	0 - FEDERATED TRSY OBLI			_			_
12/03/19 S	4,572,321.6700	1.0000		0	4,572,322 *	4,572,322	0
	0 - FEDERATED TRSY OBLI			•	E 007 000 M	5 00/ 000	2
12/05/19 S	5,284,081.8200	1.0000		0	5,284,082 *	5,284,082	0
	0 - FEDERATED TRSY OBLI 14,460,946.3400	GS MM-1 #68 1.0000		0	14,460,946 *	14,460,946	0
12/06/19 S	0 - FEDERATED TRSY OBLI			U	14,400,948 *	14,400,940	0
12/10/19 B	15,971,635.4200	1.0000		٥	-15,971,635 *	15,971,635	
	0 - FEDERATED TRSY OBLI			Ũ	13,7,1,005 ×	13,771,003	
12/11/19 \$	5,302,772.4300	1.0000		0	5,302,772 *	5,302,772	0
	0 - FEDERATED TRSY OBLI			Ŭ	<i>S</i> , <i>G</i> , <i>C</i> , <i>T</i> , <i>E</i>	5,002,772	
12/12/19 \$	9,064,505.1500	1.0000		0	9,064,505 ×	9,064,505	0
	0 - FEDERATED TRSY OBLI	GS MM-I #68					
12/18/19 S	10,179,528.8100	1.0000		0	10,179,529 *	10,179,529	0
ISSUE: 60934N50	0 - FEDERATED TRSY OBLI	GS MM-I #68					
12/19/19 S	8,831,940.9800	1.0000		0	8,831,941 ×	8,831,941	0
ISSUE: 60934N50	0 - FEDERATED TRSY OBLI	GS MM-I #68					
12/20/19 S	18,657,488.0800	1.0000		0	18,657,488 *	18,657,488	0
ISSUE: 60934N50	0 - FEDERATED TRSY OBLI	GS MM-I #68					
12/26/19 B	31,396,300.4000	1.0000		0	-31,396,300 *	31,396,300	
	0 - FEDERATED TRSY OBLI						
12/27/19 B	48,572,229.7400	1.0000		0	-4 8, 572,230 *	48,572,230	
	0 - FEDERATED TRSY OBLI			-			
12/31/19 B	15,135,142.2400	1.0000		0	-15,135,142 *	15,135,142	
GRAN	D TOTAL			0	2,299,271,830	2,299,271,830	0



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 143

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
CATEGO	RY 2 - SERIES OF TRANS	ACTIONS WITH SAME	BROKER EXCEEDS 5%	% OF VALUE		
NO TRANSACTIONS QUALIF	IED FOR THIS SECTION	***				

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

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

01/02/19 B	19,203,506.0000	1.0000	0	-19,203,506 *	19,203,506
01/03/19 B	125,362.4500	1.0000	0	-125,362	125,362
01/09/19 B	11,589,648.0500	1.0000	0	-11,589,648 *	11,589,648
01/29/19 B	16,740,156.4300	1.0000	0	-16,740,156 *	16,740,156
01/30/19 B	83,336,531.0700	1.0000	0	-83,336,531 ×	83,336,531
02/04/19 B	124,959.1600	1.0000	n n	-124,959	124,959
02/08/19 B	13,737,901.0200	1.0000	n	-13,737,901 *	
02/26/19 B	15,303,788.2600	1.0000	n	-15,303,788 *	13,737,901
02/27/19 B	82,860,870.1100	1.0000	0 0	-82,860,870 *	15,303,788
03/04/19 B	111,163.6000	1.0000	0	-111,164	82,860,870
03/08/19 B	15,094,729.8000	1.0000	0		111,164
03/27/19 B	16,386,054.8100	1.0000	0	-15,094,730 *	15,094,730
03/28/19 B	75,506,263,7500	1.0000	U	-16,386,055 *	16,386,055
04/01/19 B	18,631,810.1900	1.0000	U	-75,506,264 *	75,506,264
04/02/19 B	122,017.7700		U	-18,631,810 *	18,631,810
04/08/19 B	1,180,263,3700	1.0000	U	-122,018	122,018
04/09/19 B		1.0000	0	-1,180,263	1,180,263
04/09/19 B 04/25/19 B	11,577,878.7200	1.0000	0	-11,577,879 *	11,577,879
	12,768,212.9200	1.0000	٥	-12,768,213 *	12,768,213
04/26/19 B	65,858,339.0900	1.0000	0	-65,858,339 ×	65,858,339
05/02/19 B	153,098.6400	1.0000	0	-153,099	153,099
05/09/19 B	7,768,231.2700	1.0000	0	-7,768,231 *	7,768,231
05/29/19 B	10,738,507.6100	1.0000	Û	-10,738,508 *	10,738,508
05/30/19 B	76,493,110.6600	1.0000	0	-76,493,111 *	76,493,111
06/04/19 B	111,570.2000	1.0000	0	-111,570	111,570
06/14/19 B	459,988.2900	1.0000	0	-459,988	459,988
06/26/19 B	15,734,830.9500	1.0000	0	~15,734,831 *	15,734,831
06/27/19 B	76,389,613.9100	1.0000	0	-76,389,614 *	76,389,614
07/02/19 B	106,309.7800	1.0000	0	-106,310	106,310
			•		100,010



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 144

DATE Bought/sold	SHARES PAR VALUE	UNIT Price	EXPENSE INCURRED	PRINCIPAL	CASH	ERISA COST	ERISA COST GAIN/LOSS
07/09/19 B	12,190,732.2300	1.0000		-12	,190,732 *	12,190,732	
07/15/19 B	987.7000	1.0000	0		-988	988	
07/16/19 B	1,755,052.8300	1.0000	0	-1	,755,053	1,755,053	
07/26/19 B	1,231,162.0800	1.0000	0	-1	,231,162	1,231,162	
07/29/19 B	1,556,187.8000	1.0000	0	-1	,556,188	1,556,188	
07/30/19 B	96,582,179.2500	1.0000	0	-96	,582,179 *	96,582,179	
08/02/19 B	80,783.5100	1.0000	0		-80,784	80,784	
08/09/19 B	12,539,071.8400	1.0000	0	-12	,539,072 *	12,539,072	
08/13/19 B	19,590,410.3500	1.0000	0	-19	,590,410 *	19,590,410	
08/28/19 B	15,364,099.1500	1.0000	0	-15	,364,099 *	15,364,099	
08/29/19 B	77,193,391.9400	1.0000	0	-77	,193,392 *	77,193,392	
09/04/19 B	96,985.5800	1.0000	0		-96,986	96,986	
09/09/19 B	1,239,975.9300	1.0000	0	-1	,239,976	1,239,976	
09/10/19 B	9,906,541.8100	1.0000	0	-9	,906,542 *	9,906,542	
09/26/19 B	11,082,631.8200	1.0000	0	-11	,082,632 *	11,082,632	
09/27/19 B	64,506,731.3200	1.0000	0	-64	,506,7 31 *	64,506,731	
10/01/19 B	17,122,952.5100	1.0000	0	-17	,122,953 *	17,122,953	
10/02/19 B	95,540.3600	1.0000	0		-95,540	95,540	
10/09/19 B	12,374,448.9100	1.0000	0	-12	,374,449 *	12,374,449	
10/29/19 B	13,732,277.9800	1.0000	0	-13	,732,278 *	13,732,278	
10/30/19 B	77,383,634.8700	1.0000	0	-77	,383,635 *	77,383,635	
11/04/19 B	83,736.7800	1.0000	0		-83,737	83,737	
11/06/19 B	484,266.0800	1.0000	0		-484,266	484,266	
11/15/19 B	2,003,088.4400	1.0000	0	-2	,003,088	2,003,088	
11/25/19 B	2,123,835.6200	1.0000	0		,123,836	2,123,836	
11/26/19 B	11,914,128.9600	1.0000	0		,914,129 *	11,914,129	
11/27/19 B	71,624,446.8800	1.0000	0	-71	,624,447 *	71,624,447	
12/03/19 B	60,814.8400	1.0000	0		-60,815	60,815	
12/10/19 B	15,971,635.4200	1.0000	0		,971,635 *	15,971,635	
12/17/19 B	298,516.7600	1.0000	0		-298,517	298,517	
12/23/19 B	2,761,617.4100	1.0000	0		,761,617	2,761,617	
12/24/19 B	1,512,699.2200	1.0000	0		,512,699	1,512,699	
12/26/19 B	31,396,300.4000	1.0000	0		,396,300 *	31,396,300	
12/27/19 B	48,572,229.7400	1.0000	0		,572,230 *	48,572,230	
12/31/19 B	15,135,142.2400	1.0000	0	-15	,135,142 *	15,135,142	
SUB-T	OTAL OF BUYS # 63		0	1,297	,782,957	1,297,782,957	
01/03/19 S	9,091,994.1500	1.0000	0	9	,091,994 *	9,091,994	
01/04/19 S	16,136,360.4900	1.0000	0		,136,360 *	16,136,360	
01/07/19 S	4,117,977.2800	1.0000	0	4	,117,977	4,117,977	
01/08/19 S	976,858.9900	1.0000	0		976,859	976,859	
01/09/19 S	11,284.2000	1.0000	0		11,284	11,284	
01/10/19 S	7,954,829.9300	1.0000	0		, 954,8 30 *	7,954,830	
01/11/19 S	4,326,973.0200	1.0000	0		,326,973	4,326,973	
01/14/19 S	6,098,392.0600	1.0000	0	6	,098,392 *	6,098,392	



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 145

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINC	IPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
01/15/19 S	5,284,092.1700	1.0000	0		5,284,092 *	5,284,092	
01/16/19 S	173,794.9000	1.0000	Ó		173,795	173,795	0
01/17/19 S	7,190,782.5400	1.0000	0		7,190,783 *	7,190,783	C
01/18/19 S	15,934,484.6200	1.0000	0		15,934,485 *	15,934,485	0
01/22/19 S	6,741,505.9200	1.0000	0		6,741,506 *	6,741,506	0
01/23/19 S	7,607,211.4100	1.0000	0		7,607,211 *	7,607,211	0
01/24/19 S	8,405,072.8400	1.0000	0		8,405,073 *	8,405,073	0
01/25/19 S	2,501,079.8300	1.0000	0		2,501,080	2,501,080	0
01/28/19 S	4,104,675.7700	1.0000	Ó		4,104,676	4,104,676	0
01/31/19 S	12,485,968.3100	1.0000	0		12,485,968 *	12,485,968	0
02/01/19 S	17,892,320.4000	1.0000	0		17,892,320 *	17,892,320	0
02/04/19 S	3,892,682.6200	1.0000	0		3,892,683	3,892,683	0
02/05/19 S	5,258,427.3800	1.0000	0		5,258,427 ×	5,258,427	0
02/06/19 S	3,410,052.1100	1.0000	C		3,410,052	3,410,052	0
02/07/19 S	5,372,757.5100	1.0000	a a		5,372,758 *	5,372,758	0
02/08/19 S	10,740.5100	1.0000	0		10,741	10,741	
02/11/19 S	1,491,321.6900	1.0000	0		1,491,322	1,491,322	0
02/12/19 S	4,413,174.8500	1.0000	0		4,413,175	4,413,175	0
02/13/19 S	1,348,654.6300	1.0000	0		1,348,655	1,348,655	0
02/14/19 S	5,305,231.8000	1.0000	0		5,305,232 ×	5,305,232	0
02/15/19 S	14,519,410.9200	1.0000	0		14,519,411 *	14,519,411	0
02/19/19 S	2,368,512.1500	1.0000	0		2,368,512	2,368,512	0
02/20/19 S	11,960,968.0100	1.0000	Ō		11,960,968 *	11,960,968	0
02/21/19 S	9,117,209.0900	1.0000	0		9,117,209 *	9,117,209	0
02/22/19 S	2,977,567.3500	1.0000	0		2,977,567	2,977,567	0
02/25/19 S	6,945,582.5000	1.0000	ů.		6,945,583 *	6,945,583	0
02/28/19 S	12,106,044.7500	1.0000	0		12,106,045 *	12,106,045	0
03/01/19 S	18,025,252.6500	1.0000	0		18,025,253 *	18,025,253	0
03/04/19 S	3,782,711.5500	1.0000	0		3,782,712	3,782,712	0
03/05/19 S	7,895,687.2900	1.0000	0		7,895,687 ×	7,895,687	0
03/06/19 S	4,880,755.5100	1.0000	0		4,880,756 *	4,880,756	Ċ
03/07/19 S	3,620,017.5500	1.0000	0		3,620,018	3,620,018	0
03/08/19 S	10,727.5200	1.0000	0		10,728	10,728	0
03/11/19 S	5,153,961.5400	1.0000	0		5,153,962 *	5,153,962	Ó
03/12/19 S	2,761,236.9000	1.0000	0		2,761,237	2,761,237	ů
03/13/19 S	3,874,921.1300	1.0000	0		3,874,921	3,874,921	0
03/14/19 S	6,908,660.7300	1.0000	0		6,908,661 *	6,908,661	0
03/15/19 S	14,760,021.5200	1.0000	0		14,760,022 *	14,760,022	0
03/18/19 S	2,792,996.7300	1.0000	0		2,792,997	2,792,997	-
03/19/19 S	5,966,669.3300	1.0000	0		5,966,669 *	5,966,669	0
03/20/19 S	3,036,822.6400	1.0000	0		3,036,823	3,036,823	0
03/21/19 S	9,062,960.8500	1.0000	Û		9,062,961 *	9,062,961	0
03/22/19 S	2,819,729.6400	1.0000	0		2,819,730	2,819,730	0
03/25/19 S	3,466,364.6100	1.0000	0		3,466,365	3,466,365	-
03/26/19 S	3,612,548.0800	1.0000	0		3,612,548	3,612,548	Č
03/29/19 S	21,389,502.8300	1.0000	0		21,389,503 *	21,389,503	0



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 146

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
04/02/19 S	5,569,351.7100	1.0000		5,569,352 *	5,569,352	
04/03/19 S	3,996,785.9800	1.0000	0	3,996,786	3,996,786	1
04/04/19 S	7,765,383.4800	1.0000	D	7,765,383 *	7,765,383	
04/05/19 S	3,743,258.6700	1.0000	0	3,743,259	3,743,259	
04/08/19 S	10,687.0300	1.0000	0	10,687	10,687	
04/10/19 S	1,781,374.6000	1.0000	0	1,781,375	1,781,375	
04/11/19 S	8,194,743.0000	1.0000	0	8,194,743 *	8,194,743	
04/12/19 S	14,539,880.0600	1.0000	0	14,539,880 *	14,539,880	
04/15/19 S	4,161,677.2000	1.0000	0	4,161,677	4,161,677	
04/16/19 S	2,935,014.1000	1.0000	0	2,935,014	2,935,014	
04/17/19 S	3,025,595.1300	1.0000	0	3,025,595	3,025,595	
04/18/19 S	8,838,481.1000	1.0000	0	8,838,481 ×	8,838,481	
04/22/19 S	8,236,633.3100	1.0000	0	8,236,633 ×	8,236,633	
04/23/19 S	8,889,259.4100	1.0000	0	8,889,259 ×	8,889,259	
04/24/19 S	3,224,995.4800	1.0000	0	3,224,995	3,224,995	
04/29/19 S	3,362,058.6600	1.0000	0	3,362,059	3,362,059	
04/30/19 S	10,023,773.2800	1.0000	0	10,023,773 ×	10,023,773	
05/01/19 S	3,629,985.5000	1.0000	0	3,629,986	3,629,986	
05/02/19 S	7,023,510.1400	1.0000	0	7,023,510 ×	7,023,510	
05/03/19 S	2,279,872.7600	1.0000	0	2,279,873	2,279,873	
05/06/19 S	2,072,720.1000	1.0000	ů.	2,072,720	2,072,720	
05/07/19 S	6,298,730.5000	1.0000	ũ	6,298,731 ×	6,298,731	
05/08/19 S	12,837.0300	1.0000	ů	12,837	12,837	
05/08/19 S	185,025.2400	1.0000	ů	185,025	185,025	
05/10/19 S	17,239,083.4400	1.0000	0	17,239,083 *	17,239,083	
05/13/19 S	2,246,413.7900	1.0000	ů	2,246,414	2,246,414	
05/14/19 S	5,174,114.2900	1.0000	0	5,174,114 *	5,174,114	
05/15/19 S	5,607,227.2400	1.0000	ů.	5,607,227 *	5,607,227	
05/16/19 S	3,282,627.7100	1.0000	Ū.	3,282,628	3,282,628	
05/17/19 S	3,824,711.4000	1.0000	0	3,824,711	3,824,711	
05/20/19 S	3,148,246.6300	1.0000	0	3,148,247	3,148,247	
05/21/19 S	6,167,518.4600	1.0000	0	6,167,518 *	6,167,518	
05/22/19 S	5,036,477.8100	1.0000	0	5,036,478 *	5,036,478	
05/23/19 S	7,772,237.8800	1.0000	0	7,772,238 *	7,772,238	
05/24/19 S	18,081,320.4500	1.0000	ů O	18,081,320 *	18,081,320	
05/28/19 S	4,738,382.1400	1.0000	ů 0	4,738,382 *	4,738,382	
05/31/19 S	5,658,551.9900	1.0000	ů	5,658,552 *	5,658,552	
06/03/19 S	2,666,924.2300	1.0000	ů 0	2,666,924	2,666,924	
06/04/19 S	2,986,475.5400	1.0000	ů	2,986,476	2,986,476	
06/05/19 S	4,292,914.7700	1.0000	0	4,292,915	4,292,915	
06/06/19 S	4,713,533.1600	1.0000	ů	4,713,533 *	4,713,533	
06/07/19 S	465,923.7000	1.0000	0	465,924	465,924	
06/10/19 S	10,055.5200	1.0000	0	10,056	10,056	
06/10/19 S	2,743,449.8800	1.0000	C C	2,743,450	2,743,450	
06/11/19 S	7,624,095.3700	1.0000	0	7,624,095 *	7,624,095	
06/12/19 S	4,321,817.3300	1.0000	0	4,321,817	4,321,817	



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 147

10000

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT Price	EXPENSE		PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
06/13/19 S	5,599,486.4600	1.0000		0	5,599,486 *	5,599,486	
06/17/19 S	3,507,588.5300	1.0000		ō	3,507,589	3,507,589	0
06/18/19 S	6,223,328.5400	1.0000		Ő	6,223,329 *	6,223,329	-
06/19/19 S	3,671,550.2800	1.0000		õ	3,671,550	3,671,550	0
06/20/19 \$	6,934,033.7500	1.0000		0	6,934,034 *	6,934,034	0
06/21/19 S	15,791,659.3000	1.0000		õ	15,791,659 ×		0
06/24/19 S	3,394,228.4100	1.0000		Ő	3,394,228	15,791,659	0
06/25/19 S	4,761,068.0200	1.0000		Ő	4,761,068 *	3,394,228	0
06/28/19 S	7,903,320.7200	1.0000		0	7,903,321 *	4,761,068	0
07/01/19 S	3,727,865.9700	1.0000		0		7,903,321	0
07/02/19 S	5,870,081.7400	1.0000		0	3,727,866	3,727,866	0
07/03/19 S	3,787,292.5900	1.0000		0	5,870,082 *	5,870,082	0
07/05/19 S	22,486,644.2700	1.0000		0	3,787,293	3,787,293	0
07/08/19 S	5,649,802.5600			-	22,486,644 *	22,486,644	0
07/09/19 S	9,979.3600	1.0000		0	5,649,803 *	5,649,803	0
07/10/19 S		1.0000		0	9,979	9,979	0
07/11/19 S	3,715,500.7900	1.0000		0	3,715,501	3,715,501	0
07/12/19 S	6,442,859.8900	1.0000		0	6,442,860 *	6,442,860	0
	2,907,271.1400	1.0000		0	2,907,271	2,907,271	0
07/15/19 S	3,597,905.7600	1.0000		0	3,597,906	3,597,906	0
07/17/19 S	4,698,107.1400	1.0000		0	4,698,107 *	4,698,107	a
07/18/19 S	9,745,346.0400	1.0000		0	9,745,346 *	9,745,346	0
07/19/19 S	16,401,587.4600	1.0000		0	16,401,587 *	16,401,587	0
07/22/19 S	2,849,332.1200	1.0000		0	2,849,332	2,849,332	0
07/23/19 S	3,954,466.1300	1.0000		0	3,954,466	3,954,466	0
07/24/19 S	4,165,909.6800	1.0000		0	4,165,910	4,165,910	0
07/25/19 S	5,907,585.6700	1.0000		0	5,907,586 *	5,907,586	0
07/31/19 S	8,509,368.7700	1.0000		0	8,509,369 *	8,509,369	ū
08/01/19 S	8,191,005.4100	1.0000		0	8,191,005 ×	8,191,005	0
08/02/19 S	17,228,447.8900	1.0000		0	17,228,448 *	17,228,448	ū
08/05/19 S	2,420,017.5300	1.0000		0	2,420,018	2,420,018	ů
08/06/19 S	2,550,221.2200	1.0000		0	2,550,221	2,550,221	0
08/07/19 S	4,738,344.6700	1.0000		0	4,738,345 *	4,738,345	0
08/08/19 S	8,125.4300	1.0000		0	8,125	8,125	0
08/08/19 S	3,375,665.9700	1.0000		0	3,375,666	3,375,666	0
08/12/19 S	5,277,492.7200	1.0000		0	5,277,493 *	5,277,493	0
08/14/19 S	2,443,752.1600	1.0000		0	2,443,752	2,443,752	0
08/15/19 S	9,674,131.0100	1.0000		0	9,674,131 *	9,674,131	0
D8/16/19 S	14,228,297.6500	1.0000		0	14,228,298 *	14,228,298	. 0
08/19/19 S	5,419,192.3600	1.0000		0	5,419,192 *	5,419,192	
08/20/19 S	4,522,393.8700	1.0000		0	4,522,394	4,522,394	0
08/21/19 S	4,449,275.4500	1.0000		0	4,449,275	4,449,275	0
08/22/19 S	7,317,088.1300	1.0000		0	7,317,088 ×	7,317,088	0
08/23/19 S	3,049,442.9800	1.0000		0	3,049,443	3,049,443	0
08/26/19 S	3,324,857.8500	1.0000		Ō	3,324,858	3,324,858	0
08/27/19 S	5,597,612.4500	1.0000		0	5,597,612 *	5,597,612	0
08/30/19 S	21,724,220.6300	1.0000		0	21,724,221 *	21,724,221	0



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 148

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT Price	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
09/03/19 S	3,149,024.8900	1.0000	0	3,149,025	3,149,025	0
09/04/19 S	9,526,332.3500	1.0000	D	9,526,332 *	9,526,332	a
09/05/19 S	7,206,466.0800	1.0000	0	7,206,466 *	7,206,466	G
09/06/19 S	2,003,430.9000	1.0000	0	2,003,431	2,003,431	c c
09/10/19 S	9,926.3500	1.0000	0	9,926	9,926	0
09/11/19 S	3,747,654.3600	1.0000	ů O	3,747,654	3,747,654	0
09/12/19 S	4,858,243.1100	1.0000	Û	4,858,243 *	4,858,243	- 0
09/13/19 S	16,794,514.4700	1.0000	ů O	16,794,514 *	16,794,514	0
09/16/19 S	5,957,259.8000	1.0000	ů 0	5,957,260 *	5,957,260	0
09/17/19 S	4,380,313.5400	1.0000	ů	4,380,314	4,380,314	Č
09/18/19 S	5,224,468.6200	1.0000	ů	5,224,469 *	5,224,469	0
09/19/19 S	663,611.1700	1.0000	ů	663,611	663,611	0
09/20/19 S	8,409,002.6800	1.0000	ů	8,409,003 *	8,409,003	C
09/23/19 S	4,442,378.5300	1.0000	a	4,442,379	4,442,379	
09/24/19 S	5,789,839.2300	1.0000	0	5,789,839 *	5,789,839	
09/25/19 S	5,222,211.3800	1.0000	0	5,222,211 *	5,222,211	
09/30/19 S	7,970,430.8800	1.0000	0	7,970,431 *	7,970,431	
		1.0000	0			
10/02/19 S	3,570,719.2100		0	3,570,719	3,570,719	
10/03/19 S	8,965,294.7100	1.0000	0	8,965,295 *	8,965,295	
10/04/19 S	4,129,878.1100	1.0000	•	4,129,878	4,129,878	
10/07/19 S	2,879,742.3800	1.0000	0	2,879,742	2,879,742	C
10/08/19 S	10,210.9400	1.0000	0	10,211	10,211	C
10/08/19 S	2,132,481.7100	1.0000	0	2,132,482	2,132,482	C
10/10/19 S	8,642,346.1200	1.0000	0	8,642,346 *	8,642,346	0
10/11/19 S	15,647,368.1700	1.0000	0	15,647,368 *	15,647,368	0
10/15/19 S	5,064,451.3300	1.0000	0	5,064,451 *	5,064,451	0
10/16/19 S	5,966,507.2500	1.0000	0	5,966,507 *	5,966,507	0
10/17/19 S	7,068,572.5000	1.0000	0	7,068,573 *	7,068,573	0
10/18/19 S	3,527,113.6600	1.0000	0	3,527,114	3,527,114	0
10/21/19 S	561,378.9000	1.0000	0	561,379	561,379	C
10/22/19 S	8,092,839.0300	1.0000	0	8,092,839 *	8,092,839	C
10/23/19 S	3,425,578.6100	1.0000	0	3,425,579	3,425,579	C
10/24/19 S	6,917,445.0200	1.0000	0	6,917,445 *	6,917,445	C
10/25/19 S	16,542,431.5500	1.0000	0	16,542,432 *	16,542,432	C
10/28/19 S	6,559,906.0500	1.0000	0	6,559,906 *	6,559,906	C
10/31/19 S	11,603,332.1800	1.0000	0	11,603,332 *	11,603,332	C
11/01/19 S	3,691,195.6500	1.0000	0	3,691,196	3,691,196	c
11/04/19 S	3,545,334.3500	1.0000	0	3,545,334	3,545,334	c
11/05/19 S	4,997,246.0600	1.0000	0	4,997,246 *	4,997,246	
11/07/19 S	7,776,197.1300	1.0000	0	7,776,197 *	7,776,197	(
11/08/19 S	9,888.1000	1.0000	0	9,888	9,888	(
11/08/19 S	3,183,453.1000	1.0000	0	3,183,453	3,183,453	(
11/12/19 S	5,879,502.9200	1.0000	0	5,879,503 *	5,879,503	(
11/13/19 S	8,462,569.1400	1.0000	0	8,462,569 *	8,462,569	(
11/14/19 S	10,596,617.9600	1.0000	0	10,596,618 *	10,596,618	(
11/18/19 S	3,547,492.3600	1.0000	0	3,547,492	3,547,492	(



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 149

DATE OUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
11/19/19 S	3,479,931.3700	1.0000	0	3,479,931	3,479,931	
11/20/19 S	4,436,548.0000	1.0000	0	4,436,548	4,436,548	U
11/21/19 S	9,281,916.6300	1.0000	C O	9,281,917 *	9,281,917	U
11/22/19 S	12,213,767.3900	1.0000	ů O	12,213,767 *	12,213,767	U
11/29/19 S	9,615,564.9100	1.0000	° 0	9,615,565 *	9,615,565	U
12/02/19 S	5,198,109.2500	1.0000	0	5,198,109 *	5,198,109	U
12/03/19 S	4,572,321.6700	1.0000	ő	4,572,322 *	4,572,322	U
12/04/19 S	2,351,459.1400	1.0000	ő	2,351,459	2,351,459	U
12/05/19 S	5,284,081.8200	1.0000	ů O	5,284,082 *	5,284,082	U
12/06/19 S	14,460,946.3400	1.0000	ő	14,460,946 *	14,460,946	U
12/09/19 S	8,802.3200	1.0000	0	8,802	8,802	U
12/09/19 S	2,916,099.9400	1.0000	ů n	2,916,100	2,916,100	U
12/11/19 S	5,302,772.4300	1.0000	ů N	5,302,772 *	5,302,772	U
12/12/19 S	9,064,505.1500	1.0000	ů.	9,064,505 *	9,064,505	0
12/13/19 S	2,123,769.5500	1.0000	0	2,123,770	2,123,770	U
12/16/19 S	4,040,231.9900	1.0000	0	4,040,232	4,040,232	U
12/18/19 S	10,179,528.8100	1.0000	0	10,179,529 *	10,179,529	0
12/19/19 S	8,831,940.9800	1.0000	0	8,831,941 *	8,831,941	U
12/20/19 S	18,657,488.0800	1.0000	0	18,657,488 *	18,657,488	0
12/30/19 S	4,407,122.0200	1.0000	0	4,407,122	4,407,122	0

SUB-TOT	TAL OF SALES # 212		0	1,291,491,152	1,291,491,152	0
SUE	B-TOTAL		0	2,589,274,109	2,589,274,109	0
GRA	AND TOTAL		0	2,589,274,109	2,589,274,109	0

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

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



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 150

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

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE

B = BUY TRANSACTION

S = SELL TRANSACTION

R = REINVESTMENT TRANSACTION

Form **5558**

(Rev. September 2018)

Department of the Treasury

Application for Extension of Time To File Certain Employee Plan Returns

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

File With IRS Only

_	art I Identification											
A	Name of filer, plan administrator, or plan sponsor (see instructions)	в	Filer's ident	ifying nur	nber (see	instructions)						
	JOINT PLAN COMMITTEE		Employer identification number (EIN) (9 digits XX-XXXXXX) $80 - 0616625$									
	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 nu	umber (SSN) ((9 digits XXX-)	(X-XXXX)						
	ARLINGTON, VA 22202											
С	Plan name		Plan number	F MM	Plan year e	ending -						
	THE RAILROAD EMPLOYEES NATIONAL HEALTH & WELF		501	12	31	2019						
Pa	art II Extension of Time To File Form 5500 Series, and/or Form 8955-	SSA		i								
1	Check this box if you are requesting an extension of time on line 2 to file the first Form	n 5500	series return/	'report for	the plan li	sted						
	in Part I, C above.											
2	I request an extension of time until 10/15/2020 to file Form 5	I request an extension of time until 10/15/2020 to file Form 5500 series. See instructions.										
	Note: A signature IS NOT required if you are requesting an extension to file Form 5500 serie	es.										
3	I request an extension of time until to file Form 8	3955-55	SA See instru	ictions								
Ŭ	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 3rd month after the normal due date.											
Pa	art III Extension of Time To File Form 5330 (see instructions)											
4	I request an extension of time until to file Form 5	5330.										
	You may be approved for up to a 6-month extension to file Form 5330, after the normal due	e date d	of Form 5330.									
i	a Enter the Code section(s) imposing the tax											
I	b Enter the payment amount attached		►	b								
	c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment	t date	►	с								
5	State in detail why you need the extension:											
	der penalties of perjury, I declare that to the best of my knowledge and belief, the statements	made c	on this form ar	e true, co	rrect, and	complete,						
	I that I am authorized to prepare this application.											
Sig	nature		Date 🕨									

Form 5558 (Rev. 9-2018)

Form 5500	Plan	ON	/B Nos. 1210 - 0110 1210 - 0089				
Department of the Treasury Internal Revenue Service Department of Labor		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).					
Employee Benefits Security Administration Pension Benefit Guaranty Corporation		is Open to					
			Public Ir	spection			
	rt Identification Information		1/0010				
	or fiscal plan year beginning 01/01/2019 and end		1/2019				
A This return/report is for:B This return/report is:	X a multiemployer plan a multiple-employer plan (a single-employer plan a Single-employer plan a DFE (specify) the first return/report the final return/report						
D This return/report is:	an amended return/report a short plan year return/re	anort (less than 12)	monthe)				
C If the plan is a collectively-ba	argained plan, check here	eport (less than 12	> X				
D Check box if filing under:	Form 5558 automatic extension special extension (enter description)	the DFVC pr					
Part II Basic Plan In	formation - enter all requested information						
1a Name of plan THE RAILROAD EMP	LOYEES NATIONAL HEALTH & WELFARE	1b Three-digir plan numb		501			
PLAN		1c Effective c 03/01	late of plan /1955				
2a Plan sponsor's name (employe Mailing address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O. Box)	2b Employer 80-06	Identification N 16625	lumber (EIN)			
City or town, state or province, JOINT PLAN COMMI	country, and ZIP or foreign postal code (if foreign, see instructions) ${f TTEE}$	2c Plan Spor (571) 33	isor's telephon 6 - 7600	e number			
		2d Business 48211	code (see instr 0	uctions)			
251 - 18TH STREE	T SOUTH SUITE 750						
ARLINGTON	VA 22202						
Caution: A penalty for the late	or incomplete filing of this return/report will be assessed unless r	easonable cause i	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		1019/2020	DENNIS PIERCE
SIGN			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN			
	Signature of DFE	Date	Enter name of individual signing as DFE
E D.		in the fact Frank FRAD	E EE00 (0010)

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

Form 5500 (2019) v. 190130

Form 5500	Annual Return/Report of Employee Benefit This form is required to be filed for employee benefit plans under	·	OMB Nos. 1210 - 0110 1210 - 0089
Department of the Treasury Internal Revenue Service	2019		
Department of Labor Employee Benefits Security Administration	sections 6057(b) and 6058(a) of the Internal Revenue Code (t Complete all entries in accordance with	ne oodej.	2019
Pension Benefit Guaranty Corporation	This Form is Open to Public Inspection		
	rt Identification Information		N. T. C. MILLING
For calendar plan year 2019	or fiscal plan year beginning 01/01/2019 and endi	ng 12/3	1/2019
A This return/report is for:	📓 a multiemployer plan 📗 a multiple-employer plan (Filers checking this	box must attach a list of
B This return/report is:	a single-employer plan a DFE (specify) the first return/report the final return/report an amended return/report a short plan year return/re		
C If the plan is a collectively-ba	rgained plan, check here	· · · ·	> 🛛
D Check box if filing under:	Form 5558 automatic extension special extension (enter description)	the DFVC pr	ogram
Part II Basic Plan In	formation - enter all requested information		
1a Name of plan	LOYEES NATIONAL HEALTH & WELFARE	1b Three-digit plan numb 1c Effective d 03/01,	er (PN) > 501 ate of plan
2a Plan sponsor's name (employed Mailing address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O. Box)		dentification Number (EIN)
City or town, state or province, JOINT PLAN COMMIN	country, and ZIP or foreign postal code (if foreign, see instructions) ITEE	2c Plan Spons (571) 33	sor's telephone number 5 – 7 6 0 0
251 - 18TH STREE	F SOUTH SUITE 750	2d Business of 482110	ode (see instructions))
ARLINGTON	VA 22202		
Caution: A penalty for the late of	r incomplete filing of this return/report will be assessed unless re	asonable cause is	established.
Under penalties of perjury and other penaltie	s set forth in the instructions, I declare that I have examined this return/report, including accou , and to the best of my knowledge and bellef, it is true, correct, and complete.		

SIGN			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Franci Dranon	10/9/20	BRENDAN BRANON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019) v. 190130

	Form 5500 (2019) Pa	ige 2				
3a	Plan administrator's name and address 🛛 Same as Plan Sponsor	3b Admin	iistrator's	rator's EIN		
		3c Admin	istrator's f	telephone number		
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report	rt filed for th	is plan,	4b EIN		
	enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:					
а	Sponsor's name			4d PN		
С	Plan Name					
5	Total number of participants at the beginning of the plan year		5	267,954		
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans comple	te only lines				
	6a(1), 6a(2), 6b, 6c, and 6d).					
	(1) Total number of active participants at the beginning of the plan year					
а	(2) Total number of active participants at the end of the plan year					
b	Retired or separated participants receiving benefits			159,237		
С	Other retired or separated participants entitled to future benefits					
d	Subtotal. Add lines 6a(2), 6b, and 6c		6d	248,511		
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits					
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 contributi	on 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		<u></u> 6h			
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans co	mplete				
	this item)		7	41		

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 4B 4Q

9a		nding arrangement (check all that apply)	9b	Plar	be	nefit arra	ngerr	ent (check all that apply)
	(1) 🛛	Insurance		(1)	Х	Insuran	се	
	(2)	Code section 412(e)(3) insurance contracts		(2)		Code se	ectior	n 412(e)(3) insurance contracts
	(3) X	Trust		(3)	Х	Trust		
	(4)	General assets of the sponsor		(4)		Genera	lasse	ets of the sponsor
10		all applicable boxes in 10a and 10b to indicate which schedules structions)	are att	ache	ed, a	and, whe	re ind	icated, enter the number attached.
а	Pensio	n Schedules	b	Gen	era	I Schedu		
	(1)	R (Retirement Plan Information)		(1)	Х		н	(Financial Information)
	(2)	MB (Multiemployer Defined Benefit Plan and Certain Money		(2)			I I	(Financial Information - Small Plan)
		Purchase Plan Actuarial Information) - signed by the plan		(3)	X X	1	Α	(Insurance Information)
	_	actuary		(4)	Х		С	(Service Provider Information)
				<>			-	

(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(1)	Х		н	(Financial Information)
(2)	Ш		I.	(Financial Information - Small Plan)
(3)	Х	 1	Α	(Insurance Information)
(4)	Х		С	(Service Provider Information)
(5)	Ш		D	(DFE/Participating Plan Information)
(6)	Ш		G	(Financial Transaction Schedules)

Par	t III Form M-1 Compliance Information (to be completed by welfare benefit plans)								
	1a 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.)								
11c	c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 OF REPORTABLE TRANSACTIONS Year Ended December 31, 2019

Schedule H, Form 5500 Part IV, Line 4j – Schedule of Reportable Transactions EIN: 80-0616625 Plan No. 501

(a)	(b)	(c)	(d)	(g)	(h)
	Description of	Purchase			Current
Identity of Party Involved	Assets	Price	Selling Price	Asset Cost	Value

SunTrust Bank

Account 70-04-102-7036734

(See attached schedule as prepared and reported by SunTrust Bank)



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 136

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT Price	EXPENSE	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
		COMPARATIV	MARKET VALUE E VALUE (5%)	90,626,955.63 4,531,347.78		

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

ISSUE:	60934N500	- FEDERATED TRSY OBLIG	S MM-I	#68				
01/02/19	В	19,203,506.0000		1.0000	0	-19,203,506 *	19,203,506	
ISSUE:	60934N500	- FEDERATED TRSY OBLIG	S MM-I	#68				
01/03/19	S	9,091,994.1500		1.0000	0	9,091,994 *	9,091,994	0
ISSUE:	60934N500	- FEDERATED TRSY OBLIG	S MM-I	#68				
01/04/19	S	16,136,360.4900		1.0000	0	16,136,360 *	16,136,360	0
ISSUE:	60934N500	- FEDERATED TRSY OBLIG	S MM-I	#68				
01/09/19	В	11,589,648.0500		1.0000	0	-11,589,648 *	11,589,648	
ISSUE:	60934N500	- FEDERATED TRSY OBLIG	S MM-I	#68				
01/10/19	S	7,954,829.9300		1.0000	0	7,954,830 *	7,954,830	0
		- FEDERATED TRSY OBLIG	S MM-I					
01/14/19	S	6,098,392.0600		1.0000	0	6,098,392 *	6,098,392	0
		- FEDERATED TRSY OBLIG	S MM-I	#68				
01/15/19		5,284,092.1700		1.0000	0	5,284,092 *	5,284,092	0
		- FEDERATED TRSY OBLIG						
01/17/19	-			1.0000	0	7,190,783 *	7,190,783	0
		- FEDERATED TRSY OBLIG						
01/18/19		15,934,484.6200			0	15,934,485 *	15,934,485	0
		- FEDERATED TRSY OBLIG						_
		6,741,505.9200			0	6,741,506 *	6,741,506	0
		- FEDERATED TRSY OBLIG						
01/23/19				1.0000	0	7,607,211 *	7,607,211	0
		- FEDERATED TRSY OBLIG	S MM-I					-
01/24/19	-	8,405,072.8400		1.0000	0	8,405,073 *	8,405,073	0
		- FEDERATED TRSY OBLIG	S MM-I		•			
01/29/19		16,740,156.4300		1.0000	0	-16,740,156 *	16,740,156	
		- FEDERATED TRSY OBLIG					AT 774 F71	
01/30/19		83,336,531.0700			0	-83,336,531 *	83,336,531	
		- FEDERATED TRSY OBLIG			0	10 (05 0/0 -	12 (05 0/0	D
01/31/19		12,485,968.3100			0	12,485,968 *	12,485,968	U
		- FEDERATED TRSY OBLIG			Q	17,892,320 ×	17 802 320	0
02/01/19	-	17,892,320.4000			v	1110721320 *	17,892,320	U
		 FEDERATED TRSY OBLIG 5,258,427.3800 		#68 1.0000	0	5,258,427 *	5,258,427	0
02/05/19	2	5,290,421.3000		1.0000	0	976907427 ×	J)EJ0)767	U



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT Price	EXPENSE	-	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N50	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/07/19 S	5,372,757.5100	1.0000	(0	5,372,758 *	5,372,758	0
ISSUE: 60934N50	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/08/19 B	13,737,901.0200	1.0000	(0	-13,737,901 *	13,737,901	
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/14/19 S	5,305,231.8000	1.0000	(0	5,305,232 ×	5,305,232	0
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/15/19 S	14,519,410.9200	1.0000	(0	14,519,411 *	14,519,411	0
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/20/19 S	11,960,968.0100	1.0000	(0	11,960,968 *	11,960,968	0
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/21/19 S	9,117,209.0900	1.0000	(0	9,117,209 *	9,117,209	0
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/25/19 S	6,945,582.5000	1.0000	(0	6,945,583 *	6,945,583	0
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/26/19 B	15,303,788.2600	1.0000	C	0	-15,303,788 *	15,303,788	
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/27/19 B	82,860,870.1100	1.0000	(0	-82,860,870 *	82,860,870	
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
02/28/19 S	12,106,044.7500	1.0000	(0	12,106,045 *	12,106,045	0
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
03/01/19 S	18,025,252.6500	1.0000	(0	18,025,253 *	18,025,253	0
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
03/05/19 S	7,895,687.2900	1.0000	(0	7,895,687 *	7,895,687	0
	0 - FEDERATED TRSY OB	LIGS MM-I #68					
03/06/19 S	4,880,755.5100	1.0000	(0	4,880,756 *	4,880,756	0
	0 - FEDERATED TRSY OB						
03/08/19 B	15,094,729.8000	1.0000	(0	-15,094,730 *	15,094,730	
	0 - FEDERATED TRSY OB						
03/11/19 S	5,153,961.5400	1.0000	(0	5,153,962 *	5,153,962	0
	0 - FEDERATED TRSY OB						
03/14/19 S	6,908,660.7300	1.0000	(0	6,908,661 *	6,908,661	0
	0 - FEDERATED TRSY OB						
03/15/19 S	14,760,021.5200	1.0000	(0	14,760,022 *	14,760,022	0
	0 - FEDERATED TRSY OB						
03/19/19 S	5,966,669.3300	1.0000	t (0	5,966,669 *	5,966,669	0
	0 - FEDERATED TRSY OB						
03/21/19 S	9,062,960.8500	1.0000	(0	9,062,961 *	9,062,961	0
	0 - FEDERATED TRSY OB						
03/27/19 B	16,386,054.8100	1.0000	C	0	-16,386,055 *	16,386,055	
	0 - FEDERATED TRSY OB						
03/28/19 B	75,506,263.7500	1.0000	(0	-75,506,264 *	75,506,264	
	0 - FEDERATED TRSY OB						
03/29/19 S	21,389,502.8300	1.0000	(0	21,389,503 ×	21,389,503	0
	0 - FEDERATED TRSY OB			•			
04/01/19 B	18,631,810.1900	1.0000	(0	-18,631,810 *	18,631,810	



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

DATE Bought/sold	SHARES PAR VALUE	UNIT Price	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
	00 - FEDERATED TRSY OB	IGS MM-I #68				
04/02/19 S	5,569,351.7100	1.0000	0	5,569,352 *	5,569,352	0
	00 - FEDERATED TRSY OBL					
04/04/19 S	7,765,383.4800	1.0000	0	7,765,383 *	7,765,383	C
	00 - FEDERATED TRSY OBL					
04/09/19 B	11,577,878.7200	1.0000	0	-11,577,879 *	11,577,879	
	00 - FEDERATED TRSY OBL					-
04/11/19 S	8,194,743.0000	1.0000	0	8,194,743 *	8,194,743	C
	00 - FEDERATED TRSY OBU				14 570 000	
04/12/19 S	14,539,880.0600	1.0000	0	14, 539,88 0 *	14,539,880	C
	00 - FEDERATED TRSY OB		•	0 070 (01 -	0 070 (0)	
04/18/19 S	8,838,481.1000	1.0000	0	8,838,481 *	8,838,481	(
	00 - FEDERATED TRSY OB		0	0 077 777 *	0.076.677	
04/22/19 S	8,236,633.3100	1.0000	U	8,236,633 *	8,236,633	(
04/23/19 S	00 - FEDERATED TRSY OBU 8,889,259.4100	1.0000	٥	8,889,259 ×	8,889,259	ſ
	00 - FEDERATED TRSY OB		U	0,009,297 *	0,007,207	t
04/25/19 B	12,768,212.9200	1.0000	0	-12,768,213 *	12,768,213	
	00 - FEDERATED TRSY OBI		Ŭ	-12,700,213 ×	12,760,215	
04/26/19 B	65,858,339.0900	1.0000	Ó	-65,858,339 *	65,858,339	
	00 - FEDERATED TRSY OB		Ŭ		03,050,007	
04/30/19 S	10,023,773.2800	1.0000	0	10,023,773 *	10,023,773	c
	00 - FEDERATED TRSY OB		•			
05/02/19 S	7,023,510.1400	1.0000	0	7,023,510 *	7,023,510	c
	00 - FEDERATED TRSY OB					
05/07/19 S	6,298,730.5000	1.0000	0	6,298,731 ×	6,298,731	(
ISSUE: 60934N5	00 - FEDERATED TRSY OB	LIGS MM-I #68				
05/09/19 B	7,768,231.2700	1.0000	0	-7,768,231 *	7,768,231	
ISSUE: 60934N5	00 - FEDERATED TRSY OB	LIGS MM-I #68				
05/10/19 S	17,239,083.4400	1.0000	0	17,239,083 *	17,239,083	(
ISSUE: 60934N5	00 - FEDERATED TRSY OB	LIGS MM-I #68				
05/14/19 S	5,174,114.2900	1.0000	0	5,174,114 *	5,174,114	(
ISSUE: 60934N5	500 - FEDERATED TRSY OB	LIGS MM-I #68				
05/15/19 S	5,607,227.2400	1.0000	0	5,607,227 *	5,607,227	(
ISSUE: 60934N5	500 - FEDERATED TRSY OB	LIGS MM-I #68	9 C			
05/21/19 S	6,167,518.4600	1.0000	0	6,167,518 *	6,167,518	(
ISSUE: 60934N5	500 - FEDERATED TRSY OB	LIGS MM-I #68				
05/22/19 S	5,036,477.8100	1.0000	0	5,036,478 *	5,036,478	(
ISSUE: 60934N5	500 - FEDERATED TRSY OB	LIGS MM-I #68				
05/23/19 S	7,772,237.8800	1.0000	0	7,772,238 *	7,772,238	t
	500 - FEDERATED TRSY OB	LIGS MM-I #68				
05/24/19 S	18,081,320.4500	1.0000	0	18,081,320 *	18,081,320	t
	500 - FEDERATED TRSY OB					
05/28/19 S	4,738,382.1400	1.0000	0	4,738,382 *	4,738,382	(
	500 - FEDERATED TRSY OB					
05/29/19 B	10,738,507.6100	1.0000	0	-10, 738,508 *	10,738,508	



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 139

Believana.

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT Price	EXPENSE INCURRED	_	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N5	00 - FEDERATED TRSY OBI	IGS MM-I #68					
05/30/19 B	76,493,110.6600	1.0000		0	-76,493,111 ×	76,493,111	
ISSUE: 60934N5	00 - FEDERATED TRSY OBI	IGS MM-I #68		•	, . , . , . , . , . , . , . , . , . , .	78,433,111	
05/31/19 S	5,658,551.9900	1.0000		0	5,658,552 *	5,658,552	
ISSUE: 60934N5	00 - FEDERATED TRSY OBL			-	J,030,532 ×	5,658,552	0
06/06/19 S	4,713,533.1600	1.0000		٥	4,713,533 *	4,713,533	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBI			Č.	477207500 ×	4,713,533	0
06/11/19 S	7,624,095.3700	1.0000		0	7,624,095 *	7,624,095	â
ISSUE: 60934N5	00 - FEDERATED TRSY OBI			Ů,	1,024,075 ×	7,624,075	0
06/13/19 S	5,599,486.4600	1.0000		۵	5,599,486 *	5,599,486	
ISSUE: 60934N5	00 - FEDERATED TRSY OBI				3,337,400 *	5,527,406	0
06/18/19 S	6,223,328.5400	1.0000		0	6,223,329 *	6,223,329	<u>^</u>
ISSUE: 60934N5	00 - FEDERATED TRSY OB			•	0,220,027 ×	0,220,329	0
06/20/19 S	6,934,033.7500	1.0000		0	6,934,034 *	6,934,034	•
ISSUE: 60934N5	00 - FEDERATED TRSY OBL			•	0,,04,004 ×	0,734,034	0
06/21/19 S	15,791,659.3000	1.0000		0	15,791,659 *	15,791,659	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBI	IGS MM-I #68		•		15,771,857	0
06/25/19 S	4,761,068.0200	1.0000		0	4,761,068 *	4,761,068	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	IGS MM-I #68		•	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4)/01/000	U
06/26/19 B	15,734,830.9500	1.0000		0	-15,734,831 *	15,734,831	
ISSUE: 60934N5	00 - FEDERATED TRSY OBL			-	23,704,001 *	15,754,651	
06/27/19 B	76,389,613.9100	1.0000		0	-76,389,614 *	76,389,614	
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	IGS MM-I #68		•	10,003,014 ×	10,509,814	
06/28/19 S	7,903,320.7200	1.0000		0	7,903,321 *	7,903,321	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	IGS MM-I #68		Ť	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	U
07/02/19 S	5,870,081.7400	1.0000		0	5,870,082 *	5,870,082	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	.IGS MM-I #68				3,010,002	U
07/05/19 S	22,486,644.2700	1.0000		0	22,486,644 *	22,486,644	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	.IGS MM-I #68					0
07/08/19 S	5,649,802.5600	1.0000		0	5,649,803 *	5,649,803	C
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	IGS MM-I #68				3,04,7,000	ŭ
07/09/19 B	12,190,732.2300	1.0000		0	-12,190,732 *	12,190,732	
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	IGS MM-I #68					
07/11/19 S	6,442,859.8900	1.0000		0	6,442,860 *	6,442,860	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	.IGS MM-I #68			,	0,112,000	5
07/17/19 S	4,698,107.1400	1.0000		0	4,698,107 *	4,698,107	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	IGS MM-I #68				.,	6
07/18/19 S	9,745,346.0400	1.0000		0	9,745,346 *	9,745,346	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	IGS MM-I #68				-,	•
07/19/19 S	16,401,587.4600	1.0000		0	16,401,587 *	16,401,587	a
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	.IGS MM-I #68					5
07/25/19 S	5,907,585.6700	1.0000		0	5,907,586 *	5,907,586	0
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	.IGS MM-I #68					0
07/30/19 B	96,582,179.2500	1.0000		0	-96,582,179 *	96,582,179	
ISSUE: 60934N5	00 - FEDERATED TRSY OBL	.IGS MM-I #68					
07/31/19 S	8,509,368.7700	1.0000		0	8,509,369 *	8,509,369	0
						-,,,	0



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 140

DATE Bought/sold	SHARES PAR VALUE	UNIT PRICE	EXPENSE	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 6093 08/01/19 S	4N500 - FEDERATED TRSY OBLI 8,191,005.4100	GS MM-I #68 1,0000	0	8,191,005 *	8,191,005	D
	4N500 - FEDERATED TRSY OBLI		0	0,191,009 ×	0,171,005	0
08/02/19 S	17,228,447.8900	1.0000	0	17,228,448 *	17,228,448	0
	4N500 - FEDERATED TRSY OBLI		•		_,,,,	·
08/07/19 S	4,738,344.6700	1.0000	0	4,738,345 *	4,738,345	0
	4N500 - FEDERATED TRSY OBLI		-		· · · · · · · · · · · · · · · · · · ·	_
08/09/19 B	12,539,071.8400	1.0000	0	-12,539,072 *	12,539,072	
	4N500 - FEDERATED TRSY OBLI	GS MM-1 #68				
08/12/19 S	5,277,492.7200	1.0000	0	5,277,493 *	5,277,493	0
ISSUE: 6093	4N500 - FEDERATED TRSY OBLI	GS MM-I #68				
08/13/19 B	19,590,410.3500	1.0000	0	-19,590,410 *	19,590,410	
	4N500 - FEDERATED TRSY OBLI	GS MM-I #68				
08/15/19 S	9,674,131.0100	1.0000	0	9,674,131 *	9,674,131	0
ISSUE: 6093	4N500 - FEDERATED TRSY OBLI	GS MM-I #68				
08/16/19 S	14,228,297.6500	1.0000	0	14,228,298 *	14,228,298	0
ISSUE: 6093	4N500 - FEDERATED TRSY OBLI	GS MM-I #68				
08/19/19 S	5,419,192.3600	1.0000	0	5,419,192 *	5,419,192	0
ISSUE: 6093	4N500 - FEDERATED TRSY OBLI	GS MM-I #68				
08/22/19 S	7,317,088.1300	1.0000	0	7,317,088 *	7,317,088	0
ISSUE: 6093	4N500 - FEDERATED TRSY OBLI	GS MM-I #68				
08/27/19 S	5,597,612.4500	1.0000	0	5,597,612 *	5,597,612	0
ISSUE: 6093	4N500 - FEDERATED TRSY OBLI	GS MM-I #68				
08/28/19 B	15,364,099.1500	1.0000	0	-15,364,099 *	15,364,099	
ISSUE: 6093	4N500 - FEDERATED TRSY OBLI	GS MM-I #68				
08/29/19 B	77,193,391.9400	1.0000	0	-77,193,392 *	77,193,392	
	4N500 - FEDERATED TRSY OBLI					
0 8/3 0/19 S	21,724,220.6300	1.0000	0	21,724,221 *	21,724,221	0
	4N500 - FEDERATED TRSY OBLI					
09/04/19 S	9,526,332.3500	1.0000	0	9,526,332 *	9,526,332	0
	4N500 - FEDERATED TRSY OBLI					_
09/05/19 S	7,206,466.0800	1.0000	0	7,206,466 *	7,206,466	0
	4N500 - FEDERATED TRSY OBLI			0 007 570 *	0 007 570	
09/10/19 B	9,906,541.8100	1.0000	0	-9,906,542 *	9,906,542	
	54N500 - FEDERATED TRSY OBLI		0	/ 050 0/7 v	6 959 967	٥
09/12/19 S	4,858,243.1100	1.0000	Ų	4,858,243 *	4,858,243	ŭ
	SANSOO - FEDERATED TRSY OBLI	1.0000	D	16,794,514 *	16,794,514	0
09/13/19 S	16,794,514.4700 54N500 - FEDERATED TRSY OBLI		U	10,774,514 ×	10,794,514	0
09/16/19 S	5,957,259.8000	1.0000	0	5,957,260 ×	5,957,260	0
	SANSOO - FEDERATED TRSY OBLI		0	5,757,200 ~	5,751,200	Ŭ
09/18/19 S	5,224,468.6200	1.0000	0	5,224,469 *	5,224,469	0
	5,224,400.0200 54N500 - FEDERATED TRSY OBLI		0	2,223,407	2,221,402	0
09/20/19 S	8,409,002.6800	1.0000	٥	8,409,003 *	8,409,003	0
	34N500 - FEDERATED TRSY OBLI		0	0,403,000 /	2,40,000	0
09/24/19 S	5,789,839.2300	1.0000	0	5,789,839 *	5,789,839	p
03/64/13 3	37103703712300	1.0000	0	0);003×	277027003	0

.



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

DATE Bought/sold	SHARES PAR VALUE	UNIT Price	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N	500 - FEDERATED TRSY OB	LIGS MM-I #68				
09/25/19 S	5,222,211.3800	1.0000	0	5,222,211 ×	5,222,211	0
ISSUE: 60934N	500 - FEDERATED TRSY OB	LIGS MM-I #68			-//	0
09/26/19 B	11,082,631.8200	1.0000	0	-11,082,632 *	11,082,632	
ISSUE: 60934N	500 - FEDERATED TRSY OB	LIGS MM-I #68		······································	,,=	
09/27/19 B	64,506,731.3200	1.0000	0	-64,506,731 *	64,506,731	
ISSUE: 60934N	500 - FEDERATED TRSY OB	LIGS MM-I #68			0.,200,702	
09/30/19 S	7,970,430.8800	1.0000	0	7,970,431 *	7,970,431	ρ
ISSUE: 60934N	500 - FEDERATED TRSY OB	LIGS MM-I #68			1,7,10,401	0
10/01/19 B	17,122,952.5100	1.0000	0	-17,122,953 *	17,122,953	
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68				
10/03/19 S	8,965,294.7100	1.0000	0	8,965,295 *	8,965,295	٥
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68			0,,00,275	0
10/09/19 B	12,374,448.9100	1.0000	0	-12,374,449 *	12,374,449	
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68				
10/10/19 S	8,642,346.1200	1.0000	0	8,642,346 *	8,642,346	0
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68			-,,	Ŭ
10/11/19 S	15,647,368.1700	1.0000	0	15,647,368 *	15,647,368	0
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68				•
10/15/19 S	5,064,451.3300	1.0000	0	5,064,451 *	5,064,451	0
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68				Ũ
10/16/19 S	5,966,507.2500	1.0000	D	5,966,507 *	5,966,507	0
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68				Ũ
10/17/19 S	7,068,572.5000	1.0000	0	7,068,573 *	7,068,573	0
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68			.,,	•
10/22/19 S	8,092,839.0300	1.0000	0	8,092,839 *	8,092,839	0
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68				Ŷ
10/24/19 S	6,917,445.0200	1.0000	0	6,917,445 *	6,917,445	0
ISSUE: 60934N!	500 - FEDERATED TRSY OB	LIGS MM-I #68				· ·
10/25/19 S	16,542,431.5500	1.0000	0	16,542,432 *	16,542,432	a
	500 - FEDERATED TRSY OB	LIGS MM-I #68				-
10/28/19 S	6,559,906.0500	1.0000	0	6,559,906 *	6,559,906	0
	500 - FEDERATED TRSY OB	LIGS MM-I #68				-
10/29/19 B	13,732,277.9800	1.0000	0	-13,732,278 *	13,732,278	
	500 - FEDERATED TRSY OB	LIGS MM-I #68				
10/30/19 B	77,383,634.8700	1.0000	0	-77,383,635 *	77,383,635	
	500 - FEDERATED TRSY OB	LIGS MM-I #68				
10/31/19 S	11,603,332.1800	1.0000	0	11,603,332 *	11,603,332	0
	500 - FEDERATED TRSY OB	LIGS MM-I #68				
11/05/19 S	4,997,246.0600	1.0000	0	4,997,246 *	4,997,246	0
	500 - FEDERATED TRSY OB	LIGS MM-I #68				
11/07/19 S	7,776,197.1300	1.0000	0	7,776,197 *	7,776,197	0
	500 - FEDERATED TRSY OB	LIGS MM-I #68				-
11/12/19 S	5,879,502.9200	1.0000	0	5,879,503 *	5,879,503	0
	500 - FEDERATED TRSY OB					
11/13/19 S	8,462,569.1400	1.0000	0	8,462,569 *	8,462,569	0



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 142

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	3	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N500 11/14/19 S) - FEDERATED TRSY OBLI	GS MM-I #68 1.0000		0	10,596,618 *	10,596,618	0
	10,596,617.9600 - Federated Trsy obli			U	10,576,610 *	10,590,618	9
11/21/19 S	9,281,916.6300	1.0000		0	9,281,917 ×	9,281,917	0
	- FEDERATED TRSY OBLI			•		,,,,,	
11/22/19 S	12,213,767.3900	1.0000		0	12,213,767 *	12,213,767	0
	D - FEDERATED TRSY OBLI	GS MM-I #68					
11/26/19 B	11,914,128.9600	1.0000		0	-11,914,129 *	11,914,129	
	0 - FEDERATED TRSY OBLI	GS MM-I #68					
11/27/19 B	71,624,446.8800	1.0000		0	-71,624,447 *	71,624,447	
ISSUE: 60934N50(D - FEDERATED TRSY OBLI	GS MM-I #68					
11/29/19 S	9,615,564.9100	1.0000		0	9,615,565 *	9,615,565	0
	0 - FEDERATED TRSY OBLI						
12/02/19 S	5,198,109.2500	1.0000		0	5,198,109 *	5,198,109	0
	0 - FEDERATED TRSY OBLI			_			_
12/03/19 S	4,572,321.6700	1.0000		0	4,572,322 *	4,572,322	0
	0 - FEDERATED TRSY OBLI			•	E 007 000 M	5 00/ 000	2
12/05/19 S	5,284,081.8200	1.0000		0	5,284,082 *	5,284,082	0
	0 - FEDERATED TRSY OBLI 14,460,946.3400	GS MM-1 #68 1.0000		0	14,460,946 *	14,460,946	0
12/06/19 S	0 - FEDERATED TRSY OBLI			U	14,400,948 *	14,400,940	0
12/10/19 B	15,971,635.4200	1.0000		٥	-15,971,635 *	15,971,635	
	0 - FEDERATED TRSY OBLI			Ũ	13,7,1,005 ×	13,771,003	
12/11/19 \$	5,302,772.4300	1.0000		0	5,302,772 *	5,302,772	0
	0 - FEDERATED TRSY OBLI			Ŭ	<i>S</i> , <i>G</i> , <i>C</i> , <i>T</i> , <i>E</i>	5,002,772	
12/12/19 \$	9,064,505.1500	1.0000		0	9,064,505 ×	9,064,505	0
	0 - FEDERATED TRSY OBLI	GS MM-I #68					
12/18/19 S	10,179,528.8100	1.0000		0	10,179,529 *	10,179,529	0
ISSUE: 60934N50	0 - FEDERATED TRSY OBLI	GS MM-I #68					
12/19/19 S	8,831,940.9800	1.0000		0	8,831,941 ×	8,831,941	0
ISSUE: 60934N50	0 - FEDERATED TRSY OBLI	GS MM-I #68					
12/20/19 S	18,657,488.0800	1.0000		0	18,657,488 *	18,657,488	0
ISSUE: 60934N50	0 - FEDERATED TRSY OBLI	GS MM-I #68					
12/26/19 B	31,396,300.4000	1.0000		0	-31,396,300 *	31,396,300	
	0 - FEDERATED TRSY OBLI						
12/27/19 B	48,572,229.7400	1.0000		0	-4 8, 572,230 *	48,572,230	
	0 - FEDERATED TRSY OBLI			-			
12/31/19 B	15,135,142.2400	1.0000		0	-15,135,142 *	15,135,142	
GRAN	D TOTAL			0	2,299,271,830	2,299,271,830	0



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 143

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
CATEGO	RY 2 - SERIES OF TRANS	ACTIONS WITH SAME	BROKER EXCEEDS 5%	% OF VALUE		
NO TRANSACTIONS QUALIF	IED FOR THIS SECTION	***				

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

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

01/02/19 B	19,203,506.0000	1.0000	0	-19,203,506 *	19,203,506
01/03/19 B	125,362.4500	1.0000	0	-125,362	125,362
01/09/19 B	11,589,648.0500	1.0000	0	-11,589,648 *	11,589,648
01/29/19 B	16,740,156.4300	1.0000	0	-16,740,156 *	16,740,156
01/30/19 B	83,336,531.0700	1.0000	n n	-83,336,531 ×	83,336,531
02/04/19 B	124,959.1600	1.0000	n n	-124,959	124,959
02/08/19 B	13,737,901.0200	1.0000	n	-13,737,901 *	
02/26/19 B	15,303,788.2600	1.0000	n	-15,303,788 *	13,737,901
02/27/19 B	82,860,870.1100	1.0000	0 0	-82,860,870 *	15,303,788
03/04/19 B	111,163.6000	1.0000	0	-111,164	82,860,870
03/08/19 B	15,094,729.8000	1.0000	0		111,164
03/27/19 B	16,386,054.8100	1.0000	0	-15,094,730 *	15,094,730
03/28/19 B	75,506,263,7500	1.0000	U	-16,386,055 *	16,386,055
04/01/19 B	18,631,810.1900	1.0000	U	-75,506,264 *	75,506,264
04/02/19 B	122,017.7700		U	-18,631,810 *	18,631,810
04/08/19 B	1,180,263,3700	1.0000	U	-122,018	122,018
04/09/19 B		1.0000	0	-1,180,263	1,180,263
04/09/19 B 04/25/19 B	11,577,878.7200	1.0000	0	-11,577,879 *	11,577,879
	12,768,212.9200	1.0000	٥	-12,768,213 *	12,768,213
04/26/19 B	65,858,339.0900	1.0000	0	-65,858,339 ×	65,858,339
05/02/19 B	153,098.6400	1.0000	0	-153,099	153,099
05/09/19 B	7,768,231.2700	1.0000	0	-7,768,231 *	7,768,231
05/29/19 B	10,738,507.6100	1.0000	Û	-10,738,508 *	10,738,508
05/30/19 B	76,493,110.6600	1.0000	0	-76,493,111 *	76,493,111
06/04/19 B	111,570.2000	1.0000	0	-111,570	111,570
06/14/19 B	459,988.2900	1.0000	0	-459,988	459,988
06/26/19 B	15,734,830.9500	1.0000	0	~15,734,831 *	15,734,831
06/27/19 B	76,389,613.9100	1.0000	0	-76,389,614 *	76,389,614
07/02/19 B	106,309.7800	1.0000	0	-106,310	106,310
			•	/	100,010



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 144

DATE Bought/sold	SHARES PAR VALUE	UNIT Price	EXPENSE INCURRED	PRINCIPAL	CASH	ERISA COST	ERISA COST GAIN/LOSS
07/09/19 B	12,190,732.2300	1.0000		-12	,190,732 *	12,190,732	
07/15/19 B	987.7000	1.0000	0		-988	988	
07/16/19 B	1,755,052.8300	1.0000	0	-1	,755,053	1,755,053	
07/26/19 B	1,231,162.0800	1.0000	0	-1	,231,162	1,231,162	
07/29/19 B	1,556,187.8000	1.0000	0	-1	,556,188	1,556,188	
07/30/19 B	96,582,179.2500	1.0000	0	-96	,582,179 *	96,582,179	
08/02/19 B	80,783.5100	1.0000	0		-80,784	80,784	
08/09/19 B	12,539,071.8400	1.0000	0	-12	,539,072 *	12,539,072	
08/13/19 B	19,590,410.3500	1.0000	0	-19	,590,410 *	19,590,410	
08/28/19 B	15,364,099.1500	1.0000	0	-15	,364,099 *	15,364,099	
08/29/19 B	77,193,391.9400	1.0000	0	-77	,193,392 *	77,193,392	
09/04/19 B	96,985.5800	1.0000	0		-96,986	96,986	
09/09/19 B	1,239,975.9300	1.0000	0	-1	,239,976	1,239,976	
09/10/19 B	9,906,541.8100	1.0000	0	-9	,906,542 *	9,906,542	
09/26/19 B	11,082,631.8200	1.0000	0	-11	,082,632 *	11,082,632	
09/27/19 B	64,506,731.3200	1.0000	0	-64	,506,7 31 *	64,506,731	
10/01/19 B	17,122,952.5100	1.0000	0	-17	,122,953 *	17,122,953	
10/02/19 B	95,540.3600	1.0000	0		-95,540	95,540	
10/09/19 B	12,374,448.9100	1.0000	0	-12	,374,449 *	12,374,449	
10/29/19 B	13,732,277.9800	1.0000	0	-13	,732,278 *	13,732,278	
10/30/19 B	77,383,634.8700	1.0000	0	-77	,383,635 *	77,383,635	
11/04/19 B	83,736.7800	1.0000	0		-83,737	83,737	
11/06/19 B	484,266.0800	1.0000	0		-484,266	484,266	
11/15/19 B	2,003,088.4400	1.0000	0	-2	,003,088	2,003,088	
11/25/19 B	2,123,835.6200	1.0000	0		,123,836	2,123,836	
11/26/19 B	11,914,128.9600	1.0000	0		,914,129 *	11,914,129	
11/27/19 B	71,624,446.8800	1.0000	0	-71	,624,447 *	71,624,447	
12/03/19 B	60,814.8400	1.0000	0		-60,815	60,815	
12/10/19 B	15,971,635.4200	1.0000	0		,971,635 *	15,971,635	
12/17/19 B	298,516.7600	1.0000	0		-298,517	298,517	
12/23/19 B	2,761,617.4100	1.0000	0		,761,617	2,761,617	
12/24/19 B	1,512,699.2200	1.0000	0		,512,699	1,512,699	
12/26/19 B	31,396,300.4000	1.0000	0		,396,300 *	31,396,300	
12/27/19 B	48,572,229.7400	1.0000	0		,572,230 *	48,572,230	
12/31/19 B	15,135,142.2400	1.0000	0	-15	,135,142 *	15,135,142	
SUB-T	OTAL OF BUYS # 63		0	1,297	,782,957	1,297,782,957	
01/03/19 S	9,091,994.1500	1.0000	0	9	,091,994 *	9,091,994	
01/04/19 S	16,136,360.4900	1.0000	0		,136,360 *	16,136,360	
01/07/19 S	4,117,977.2800	1.0000	0	4	,117,977	4,117,977	
01/08/19 S	976,858.9900	1.0000	0		976,859	976,859	
01/09/19 S	11,284.2000	1.0000	0		11,284	11,284	
01/10/19 S	7,954,829.9300	1.0000	0		, 954,8 30 *	7,954,830	
01/11/19 S	4,326,973.0200	1.0000	0		,326,973	4,326,973	
01/14/19 S	6,098,392.0600	1.0000	0	6	,098,392 *	6,098,392	



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINC	IPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
01/15/19 S	5,284,092.1700	1.0000	0		5,284,092 *	5,284,092	
01/16/19 S	173,794.9000	1.0000	Ó		173,795	173,795	0
01/17/19 S	7,190,782.5400	1.0000	0		7,190,783 *	7,190,783	C
01/18/19 S	15,934,484.6200	1.0000	0		15,934,485 *	15,934,485	0
01/22/19 S	6,741,505.9200	1.0000	0		6,741,506 *	6,741,506	0
01/23/19 S	7,607,211.4100	1.0000	0		7,607,211 *	7,607,211	0
01/24/19 S	8,405,072.8400	1.0000	0		8,405,073 *	8,405,073	0
01/25/19 S	2,501,079.8300	1.0000	0		2,501,080	2,501,080	0
01/28/19 S	4,104,675.7700	1.0000	Ó		4,104,676	4,104,676	0
01/31/19 S	12,485,968.3100	1.0000	0		12,485,968 *	12,485,968	0
02/01/19 S	17,892,320.4000	1.0000	0		17,892,320 *	17,892,320	0
02/04/19 S	3,892,682.6200	1.0000	0		3,892,683	3,892,683	0
02/05/19 S	5,258,427.3800	1.0000	0		5,258,427 ×	5,258,427	0
02/06/19 S	3,410,052.1100	1.0000	C		3,410,052	3,410,052	0
02/07/19 S	5,372,757.5100	1.0000	a a		5,372,758 *	5,372,758	0
02/08/19 S	10,740.5100	1.0000	0		10,741	10,741	
02/11/19 S	1,491,321.6900	1.0000	0		1,491,322	1,491,322	0
02/12/19 S	4,413,174.8500	1.0000	0		4,413,175	4,413,175	0
02/13/19 S	1,348,654.6300	1.0000	0		1,348,655	1,348,655	0
02/14/19 S	5,305,231.8000	1.0000	0		5,305,232 ×	5,305,232	0
02/15/19 S	14,519,410.9200	1.0000	0		14,519,411 *	14,519,411	0
02/19/19 S	2,368,512.1500	1.0000	0		2,368,512	2,368,512	0
02/20/19 S	11,960,968.0100	1.0000	Ō		11,960,968 *	11,960,968	0
02/21/19 S	9,117,209.0900	1.0000	0		9,117,209 *	9,117,209	0
02/22/19 S	2,977,567.3500	1.0000	0		2,977,567	2,977,567	0
02/25/19 S	6,945,582.5000	1.0000	ů.		6,945,583 *	6,945,583	0
02/28/19 S	12,106,044.7500	1.0000	0		12,106,045 *	12,106,045	0
03/01/19 S	18,025,252.6500	1.0000	0		18,025,253 *	18,025,253	0
03/04/19 S	3,782,711.5500	1.0000	0		3,782,712	3,782,712	0
03/05/19 S	7,895,687.2900	1.0000	0		7,895,687 ×	7,895,687	0
03/06/19 S	4,880,755.5100	1.0000	0		4,880,756 *	4,880,756	Ċ
03/07/19 S	3,620,017.5500	1.0000	0		3,620,018	3,620,018	0
03/08/19 S	10,727.5200	1.0000	0		10,728	10,728	0
03/11/19 S	5,153,961.5400	1.0000	0		5,153,962 *	5,153,962	Ó
03/12/19 S	2,761,236.9000	1.0000	0		2,761,237	2,761,237	ů
03/13/19 S	3,874,921.1300	1.0000	0		3,874,921	3,874,921	0
03/14/19 S	6,908,660.7300	1.0000	0		6,908,661 *	6,908,661	0
03/15/19 S	14,760,021.5200	1.0000	0		14,760,022 *	14,760,022	0
03/18/19 S	2,792,996.7300	1.0000	0		2,792,997	2,792,997	-
03/19/19 S	5,966,669.3300	1.0000	0		5,966,669 *	5,966,669	0
03/20/19 S	3,036,822.6400	1.0000	0		3,036,823	3,036,823	0
03/21/19 S	9,062,960.8500	1.0000	Û		9,062,961 *	9,062,961	0
03/22/19 S	2,819,729.6400	1.0000	0		2,819,730	2,819,730	0
03/25/19 S	3,466,364.6100	1.0000	0		3,466,365	3,466,365	-
03/26/19 S	3,612,548.0800	1.0000	0		3,612,548	3,612,548	Č
03/29/19 S	21,389,502.8300	1.0000	0		21,389,503 *	21,389,503	0



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
04/02/19 S	5,569,351.7100	1.0000		5,569,352 *	5,569,352	
04/03/19 S	3,996,785.9800	1.0000	0	3,996,786	3,996,786	1
04/04/19 S	7,765,383.4800	1.0000	D	7,765,383 *	7,765,383	
04/05/19 S	3,743,258.6700	1.0000	0	3,743,259	3,743,259	
04/08/19 S	10,687.0300	1.0000	0	10,687	10,687	
04/10/19 S	1,781,374.6000	1.0000	0	1,781,375	1,781,375	
04/11/19 S	8,194,743.0000	1.0000	0	8,194,743 *	8,194,743	
04/12/19 S	14,539,880.0600	1.0000	0	14,539,880 *	14,539,880	
04/15/19 S	4,161,677.2000	1.0000	0	4,161,677	4,161,677	
04/16/19 S	2,935,014.1000	1.0000	0	2,935,014	2,935,014	
04/17/19 S	3,025,595.1300	1.0000	0	3,025,595	3,025,595	
04/18/19 S	8,838,481.1000	1.0000	0	8,838,481 ×	8,838,481	
04/22/19 S	8,236,633.3100	1.0000	0	8,236,633 ×	8,236,633	
04/23/19 S	8,889,259.4100	1.0000	0	8,889,259 ×	8,889,259	
04/24/19 S	3,224,995.4800	1.0000	0	3,224,995	3,224,995	
04/29/19 S	3,362,058.6600	1.0000	0	3,362,059	3,362,059	
04/30/19 S	10,023,773.2800	1.0000	0	10,023,773 ×	10,023,773	
05/01/19 S	3,629,985.5000	1.0000	0	3,629,986	3,629,986	
05/02/19 S	7,023,510.1400	1.0000	0	7,023,510 ×	7,023,510	
05/03/19 S	2,279,872.7600	1.0000	0	2,279,873	2,279,873	
05/06/19 S	2,072,720.1000	1.0000	ů.	2,072,720	2,072,720	
05/07/19 S	6,298,730.5000	1.0000	ũ	6,298,731 ×	6,298,731	
05/08/19 S	12,837.0300	1.0000	ů	12,837	12,837	
05/08/19 S	185,025.2400	1.0000	ů	185,025	185,025	
05/10/19 S	17,239,083.4400	1.0000	0	17,239,083 *	17,239,083	
05/13/19 S	2,246,413.7900	1.0000	ů	2,246,414	2,246,414	
05/14/19 S	5,174,114.2900	1.0000	0	5,174,114 *	5,174,114	
05/15/19 S	5,607,227.2400	1.0000	ů.	5,607,227 *	5,607,227	
05/16/19 S	3,282,627.7100	1.0000	Ū.	3,282,628	3,282,628	
05/17/19 S	3,824,711.4000	1.0000	0	3,824,711	3,824,711	
05/20/19 S	3,148,246.6300	1.0000	0	3,148,247	3,148,247	
05/21/19 S	6,167,518.4600	1.0000	0	6,167,518 *	6,167,518	
05/22/19 S	5,036,477.8100	1.0000	0	5,036,478 *	5,036,478	
05/23/19 S	7,772,237.8800	1.0000	0	7,772,238 *	7,772,238	
05/24/19 S	18,081,320.4500	1.0000	ů O	18,081,320 ×	18,081,320	
05/28/19 S	4,738,382.1400	1.0000	ů 0	4,738,382 *	4,738,382	
05/31/19 S	5,658,551.9900	1.0000	ů	5,658,552 *	5,658,552	
06/03/19 S	2,666,924.2300	1.0000	ů 0	2,666,924	2,666,924	
06/04/19 S	2,986,475.5400	1.0000	ů	2,986,476	2,986,476	
06/05/19 S	4,292,914.7700	1.0000	0	4,292,915	4,292,915	
06/06/19 S	4,713,533.1600	1.0000	ů	4,713,533 *	4,713,533	
06/07/19 S	465,923.7000	1.0000	0	465,924	465,924	
06/10/19 S	10,055.5200	1.0000	0	10,056	10,056	
06/10/19 S	2,743,449.8800	1.0000	C C	2,743,450	2,743,450	
06/11/19 S	7,624,095.3700	1.0000	0	7,624,095 *	7,624,095	
06/12/19 S	4,321,817.3300	1.0000	0	4,321,817	4,321,817	



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 147

10000

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT Price	EXPENSE		PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
06/13/19 S	5,599,486.4600	1.0000		0	5,599,486 *	5,599,486	
06/17/19 S	3,507,588.5300	1.0000		ō	3,507,589	3,507,589	0
06/18/19 S	6,223,328.5400	1.0000		Ő	6,223,329 *	6,223,329	-
06/19/19 S	3,671,550.2800	1.0000		õ	3,671,550	3,671,550	0
06/20/19 \$	6,934,033.7500	1.0000		0	6,934,034 *	6,934,034	0
06/21/19 S	15,791,659.3000	1.0000		õ	15,791,659 ×		0
06/24/19 S	3,394,228.4100	1.0000		Ő	3,394,228	15,791,659	0
06/25/19 S	4,761,068.0200	1.0000		Ő	4,761,068 *	3,394,228	0
06/28/19 S	7,903,320.7200	1.0000		0	7,903,321 *	4,761,068	0
07/01/19 S	3,727,865.9700	1.0000		0		7,903,321	0
07/02/19 S	5,870,081.7400	1.0000		0	3,727,866	3,727,866	0
07/03/19 S	3,787,292.5900	1.0000		0	5,870,082 *	5,870,082	0
07/05/19 S	22,486,644.2700	1.0000		0	3,787,293	3,787,293	0
07/08/19 S	5,649,802.5600			-	22,486,644 *	22,486,644	0
07/09/19 S	9,979.3600	1.0000		0	5,649,803 *	5,649,803	0
07/10/19 S		1.0000		0	9,979	9,979	0
07/11/19 S	3,715,500.7900	1.0000		0	3,715,501	3,715,501	0
07/12/19 S	6,442,859.8900	1.0000		0	6,442,860 *	6,442,860	0
	2,907,271.1400	1.0000		0	2,907,271	2,907,271	0
07/15/19 S	3,597,905.7600	1.0000		0	3,597,906	3,597,906	0
07/17/19 S	4,698,107.1400	1.0000		0	4,698,107 *	4,698,107	a
07/18/19 S	9,745,346.0400	1.0000		0	9,745,346 *	9,745,346	0
07/19/19 S	16,401,587.4600	1.0000		0	16,401,587 *	16,401,587	0
07/22/19 S	2,849,332.1200	1.0000		0	2,849,332	2,849,332	0
07/23/19 S	3,954,466.1300	1.0000		0	3,954,466	3,954,466	0
07/24/19 S	4,165,909.6800	1.0000		0	4,165,910	4,165,910	0
07/25/19 S	5,907,585.6700	1.0000		0	5,907,586 *	5,907,586	0
07/31/19 S	8,509,368.7700	1.0000		0	8,509,369 *	8,509,369	ū
08/01/19 S	8,191,005.4100	1.0000		0	8,191,005 ×	8,191,005	0
08/02/19 S	17,228,447.8900	1.0000		0	17,228,448 *	17,228,448	ū
08/05/19 S	2,420,017.5300	1.0000		0	2,420,018	2,420,018	ů
08/06/19 S	2,550,221.2200	1.0000		0	2,550,221	2,550,221	0
08/07/19 S	4,738,344.6700	1.0000		0	4,738,345 *	4,738,345	0
08/08/19 S	8,125.4300	1.0000		0	8,125	8,125	0
08/08/19 S	3,375,665.9700	1.0000		0	3,375,666	3,375,666	0
08/12/19 S	5,277,492.7200	1.0000		0	5,277,493 *	5,277,493	0
08/14/19 S	2,443,752.1600	1.0000		0	2,443,752	2,443,752	0
08/15/19 S	9,674,131.0100	1.0000		0	9,674,131 *	9,674,131	0
D8/16/19 S	14,228,297.6500	1.0000		0	14,228,298 *	14,228,298	. 0
08/19/19 S	5,419,192.3600	1.0000		0	5,419,192 *	5,419,192	
08/20/19 S	4,522,393.8700	1.0000		0	4,522,394	4,522,394	0
08/21/19 S	4,449,275.4500	1.0000		0	4,449,275	4,449,275	0
08/22/19 S	7,317,088.1300	1.0000		0	7,317,088 ×	7,317,088	0
08/23/19 S	3,049,442.9800	1.0000		0	3,049,443	3,049,443	0
08/26/19 S	3,324,857.8500	1.0000		Ō	3,324,858	3,324,858	0
08/27/19 S	5,597,612.4500	1.0000		0	5,597,612 *	5,597,612	0
08/30/19 S	21,724,220.6300	1.0000		0	21,724,221 *	21,724,221	0



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT Price	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
09/03/19 S	3,149,024.8900	1.0000	0	3,149,025	3,149,025	Q
09/04/19 S	9,526,332.3500	1.0000	0	9,526,332 *	9,526,332	c
09/05/19 S	7,206,466.0800	1.0000	Ō	7,206,466 *	7,206,466	c
09/06/19 S	2,003,430.9000	1.0000	ů 0	2,003,431	2,003,431	c
09/10/19 S	9,926.3500	1.0000	ů 0	9,926	9,926	c
09/11/19 S	3,747,654.3600	1.0000	ů	3,747,654	3,747,654	
09/12/19 S	4,858,243.1100	1.0000	ñ	4,858,243 *	4,858,243	c
09/13/19 S	16,794,514.4700	1.0000	ů	16,794,514 *	16,794,514	
09/16/19 S	5,957,259.8000	1.0000	ů	5,957,260 *	5,957,260	с С
09/17/19 S	4,380,313.5400	1.0000	ů	4,380,314	4,380,314	
09/18/19 S	5,224,468.6200	1.0000	0	5,224,469 *	5,224,469	c (
09/19/19 S	663,611.1700	1.0000	0	663,611	663,611	
		1.0000	0	8,409,003 *		
09/20/19 S 09/23/19 S	8,409,002.6800 4,442,378.5300	1.0000	0		8,409,003	
			0	4,442,379	4,442,379	
09/24/19 S	5,789,839.2300	1.0000	0	5,789,839 *	5,789,839	
09/25/19 S	5,222,211.3800	1.0000		5,222,211 *	5,222,211	
09/30/19 S	7,970,430.8800	1.0000	0	7,970,431 *	7,970,431	(
10/02/19 S	3,570,719.2100	1.0000	0	3,570,719	3,570,719	(
10/03/19 S	8,965,294.7100	1.0000	0	8,965,295 *	8,965,295	C
10/04/19 S	4,129,878.1100	1.0000	0	4,129,878	4,129,878	(
10/07/19 S	2,879,742.3800	1.0000	0	2,879,742	2,879,742	C
10/08/19 S	10,210.9400	1.0000	0	10,211	10,211	(
10/08/19 S	2,132,481.7100	1.0000	0	2,132,482	2,132,482	C
10/10/19 S	8,642,346.1200	1.0000	0	8,642,346 *	8,642,346	C
10/11/19 S	15,647,368.1700	1.0000	0	15,647,368 *	15,647,368	C
10/15/19 S	5,064,451.3300	1.0000	0	5,064,451 *	5,064,451	0
10/16/19 S	5,966,507.2500	1.0000	0	5,966,507 *	5,966,507	(
10/17/19 S	7,068,572.5000	1.0000	0	7,068,573 *	7,068,573	C
10/18/19 S	3,527,113.6600	1.0000	0	3,527,114	3,527,114	0
10/21/19 S	561,378.9000	1.0000	0	561,379	561,379	(
10/22/19 S	8,092,839.0300	1.0000	0	8,092,839 *	8,092,839	(
10/23/19 S	3,425,578.6100	1.0000	0	3,425,579	3,425,579	0
10/24/19 S	6,917,445.0200	1.0000	0	6,917,445 *	6,917,445	(
10/25/19 S	16,542,431.5500	1.0000	0	16,542,432 *	16,542,432	(
10/28/19 S	6,559,906.0500	1.0000	0	6,559,906 *	6,559,906	
10/31/19 S	11,603,332.1800	1.0000	0	11,603,332 *	11,603,332	(
11/01/19 S	3,691,195.6500	1.0000	0	3,691,196	3,691,196	(
11/04/19 S	3,545,334.3500	1.0000	0	3,545,334	3,545,334	(
11/05/19 S	4,997,246.0600	1.0000	0	4,997,246 *	4,997,246	(
11/07/19 S	7,776,197.1300	1.0000	0	7,776,197 *	7,776,197	(
11/08/19 S	9,888.1000	1.0000	0	9,888	9,888	(
11/08/19 S	3,183,453.1000	1.0000	0	3,183,453	3,183,453	(
11/12/19 S	5,879,502.9200	1.0000	0	5,879,503 *	5,879,503	(
11/13/19 S	8,462,569.1400	1.0000	0	8,462,569 ×	8,462,569	(
11/14/19 S	10,596,617.9600	1.0000	0	10,596,618 *	10,596,618	(
11/18/19 S	3,547,492.3600	1.0000	0	3,547,492	3,547,492	c c



ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 149

DATE OUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
11/19/19 S	3,479,931.3700	1.0000	0	3,479,931	3,479,931	
11/20/19 S	4,436,548.0000	1.0000	0	4,436,548	4,436,548	U
11/21/19 S	9,281,916.6300	1.0000	C O	9,281,917 *	9,281,917	U
11/22/19 S	12,213,767.3900	1.0000	ů N	12,213,767 ×	12,213,767	U
11/29/19 S	9,615,564.9100	1.0000	° 0	9,615,565 *	9,615,565	U
12/02/19 S	5,198,109.2500	1.0000	0	5,198,109 *	5,198,109	U
12/03/19 S	4,572,321.6700	1.0000	S O	4,572,322 *	4,572,322	U
12/04/19 S	2,351,459.1400	1.0000	ů O	2,351,459	2,351,459	0
12/05/19 S	5,284,081.8200	1.0000	ů O	5,284,082 *	5,284,082	U
12/06/19 S	14,460,946.3400	1.0000	ů n	14,460,946 *	14,460,946	U
12/09/19 S	8,802.3200	1.0000	ů N	8,802	8,802	U
12/09/19 S	2,916,099.9400	1.0000	ů D	2,916,100	2,916,100	Ű
12/11/19 S	5,302,772.4300	1.0000	0	5,302,772 *	5,302,772	0
12/12/19 S	9,064,505.1500	1.0000	0	9,064,505 *	9,064,505	0
12/13/19 S	2,123,769.5500	1.0000	0	2,123,770	2,123,770	0
12/16/19 S	4,040,231.9900	1.0000	0	4,040,232	4,040,232	0
12/18/19 S	10,179,528.8100	1.0000	D	10,179,529 *	10,179,529	0
12/19/19 S	8,831,940.9800	1.0000	0	8,831,941 *	8,831,941	0
12/20/19 S	18,657,488.0800	1.0000	0	18,657,488 *	18,657,488	0
12/30/19 S	4,407,122.0200	1.0000	0	4,407,122	4,407,122	0
SUB-TO1	TAL OF SALES # 212		0	1,291,491,152	1,291,491,152	0
SUI	3-TOTAL		0	2,589,274,109	2,589,274,109	0
GRA	AND TOTAL		0	2,589,274,109	2,589,274,109	0

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

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



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 150

DATE Bought/sold	SHARES Par Value	UNIT Price	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
			1. 			

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE

B = BUY TRANSACTION

S = SELL TRANSACTION

R = REINVESTMENT TRANSACTION