

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN</u>	1b Three-digit plan number (PN) ▶	<u>505</u>
		1c Effective date of plan	<u>03/01/1976</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)		2b Employer Identification Number (EIN)	<u>52-1036399</u>
<u>NATIONAL CARRIERS' CONFERENCE COMMITTEE</u>		2c Plan Sponsor's telephone number	<u>571-336-7600</u>
<u>251 - 18TH STREET SOUTH SUITE 750</u> <u>ARLINGTON, VA 22202</u>	<u>251 - 18TH STREET, SOUTH, SUITE 750</u> <u>ARLINGTON, VA 22202</u>	2d Business code (see instructions)	<u>482110</u>

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

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

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

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 150737
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 150737 6a(2) 137312 6b 6c 6d 137312 6e 6f 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 46
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: 4D	

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN	B Three-digit plan number (PN) ▶	505
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CARRIERS' CONFERENCE COMMITTEE	D Employer Identification Number (EIN) 52-1036399	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AETNA, INC.	151 FARMINGTON AVENUE HARTFORD, CT 06186
06-6033492	

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

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

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

AETNA, INC.

151 FARMINGTON AVENUE
HARTFORD, CT 06186

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15	NONE	4498859	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TMDG, LLC

500 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	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	213244	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UNITED HEALTHCARE

185 ASYLUM STREET
HARTFORD, CT 06103

36-2739571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	58378	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

SUNTRUST BANKS, INC.

303 PEACHTREE STREET NE SUITE 3200
ATLANTA, GA 30308

58-0466330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	38168	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WEAVER BROTHERS INSURANCE

7315 WISCONSIN AVENUE EAST SUITE 90
BETHESDA, MD 20814

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	13377	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>		
A Name of plan <u>THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN</u>		B Three-digit plan number (PN) <u>505</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL CARRIERS' CONFERENCE COMMITTEE</u>		D Employer Identification Number (EIN) <u>52-1036399</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	9856764	8867073
(2) Participant contributions.....	1b(2)	179991	159146
(3) Other.....	1b(3)	34252	482820
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	21908270	9923581
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	31979277 19432620
Liabilities			
g	Benefit claims payable	1g	7598348 7572987
h	Operating payables	1h	320972 333541
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	7919320 7906528
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	24059957 11526092

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	93077133
	(B) Participants	2a(1)(B)	1906346
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	94983479
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	413329
	(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)	413329
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		95396808

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	103108647	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		103108647
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)	226621	
(2) Contract administrator fees	2i(2)	4557237	
(3) Investment advisory and management fees	2i(3)	38168	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4822026
j Total expenses. Add all expense amounts in column (b) and enter total	2j		107930673

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-12533865
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: TMDG, LLC

(2) EIN: 03-0583064

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)



INDEPENDENT AUDITOR'S REPORT

To the National Carriers' Conference Committee with respect to
The Railroad Employees National Dental Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Railroad Employees National Dental 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.

A handwritten signature in black ink, appearing to read "TMDG LLC", with a stylized flourish above the letters.

Baltimore, Maryland
October 9, 2020

THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

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: 52-1036399

Plan No. 505

(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	
<i>Cash and cash equivalents</i>				
* SunTrust Bank Account 70-04-102-7036737	Money Market Fund Federated Trsy Obligs MM-I #68 FFS	\$ 9,923,581	\$ 9,923,581	

* Known party-in-interest to the Plan

**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.

OMB No. 1545-0212

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

Number, street, and room or suite no. (If a P.O. box, see instructions)

251 - 18TH STREET SOUTH SUITE 750

City or town, state, and ZIP code

ARLINGTON, VA 22202**B** Filer's identifying number (see instructions)

Employer identification number (EIN) (9 digits XX-XXXXXXX)

52-1036399

Social security number (SSN) (9 digits XXX-XX-XXXX)

C Plan namePlan
number

Plan year ending -

MM

DD

YYYY

THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN**505****12****31****2019****Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA****1** ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.**2** I request an extension of time until **10/15/2020** to file Form 5500 series. See instructions.**Note:** A signature IS NOT required if you are requesting an extension to file Form 5500 series.**3** I request an extension of time until _____ to file Form 8955-SSA. See instructions.**Note:** A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

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

Part III Extension of Time To File Form 5330 (see instructions)**4** I request an extension of time until _____ to file Form 5330.

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

a Enter the Code section(s) imposing the tax ▶ **a****b** Enter the payment amount attached ▶ **b****c** For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date ▶ **c****5** State in detail why you need the extension:

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

Signature ▶

Date ▶

THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

**FINANCIAL STATEMENTS
(Together with Report of Independent Public Accountants)**

DECEMBER 31, 2019 and 2018

THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

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INDEPENDENT AUDITOR'S REPORT

To the National Carriers' Conference Committee with respect to
The Railroad Employees National Dental Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Railroad Employees National Dental 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.

A handwritten signature in black ink, appearing to read "TMDG LLC", with a stylized flourish above the letters.

Baltimore, Maryland
October 9, 2020

FINANCIAL STATEMENTS

THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2019 and 2018

	2019	2018
ASSETS		
Investments, at fair value:	<u>\$ 9,923,581</u>	<u>\$ 21,908,270</u>
Receivables:		
Participating railroads' contributions	8,867,073	9,856,764
Participants' COBRA contributions	159,146	179,991
Accrued interest	<u>17,532</u>	<u>34,252</u>
	<u>9,043,751</u>	<u>10,071,007</u>
Amounts due from participating railroads	<u>465,288</u>	<u>-</u>
Total assets	<u>19,432,620</u>	<u>31,979,277</u>
LIABILITIES		
Accounts payable and accrued expenses	<u>333,541</u>	<u>320,972</u>
Total liabilities	<u>333,541</u>	<u>320,972</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 19,099,079</u>	<u>\$ 31,658,305</u>

THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

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

ADDITIONS

Investment income:

Interest income	\$ 413,329
Less investment expenses	<u>(38,168)</u>

375,161

Participating railroads' contributions 93,077,133

Participants' COBRA contributions 1,906,346

94,983,479

Total additions 95,358,640

DEDUCTIONS

Benefits paid to or for participants, beneficiaries, and dependents:

Dental claims 103,134,008

Administrative expenses 4,783,858

Total deductions 107,917,866

Net decrease (12,559,226)

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year 31,658,305

End of year \$ 19,099,079

THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

STATEMENTS OF PLAN BENEFIT OBLIGATIONS

(As Determined by the Plan Sponsor and Aetna)

December 31, 2019 and 2018

	2019	2018
<hr/>		
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Dental claims payable	<u>\$ 1,921,431</u>	<u>\$ 1,975,240</u>
OTHER OBLIGATIONS FOR CURRENT BENEFITS COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Dental claims incurred but not reported	5,651,556	5,623,108
Accumulated eligibility credit and extended benefit coverage	<u>11,526,092</u>	<u>11,406,697</u>
	<u>17,177,648</u>	<u>17,029,805</u>
PLAN'S TOTAL BENEFIT OBLIGATION	<u><u>\$ 19,099,079</u></u>	<u><u>\$ 19,005,045</u></u>

THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS

(As Determined by the Plan Sponsor and Aetna)

Year Ended December 31, 2019

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

Claims payable:

Balance at beginning of year	\$ 1,975,240
Claims reported and approved for payment	103,080,199
Dental claims paid	<u>(103,134,008)</u>

Balance at end of year	<u>1,921,431</u>
------------------------	------------------

OTHER OBLIGATIONS FOR CURRENT BENEFITS COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS

Balance at beginning of year	17,029,805
Net change during the year:	
Other	<u>147,843</u>

Balance at end of year	<u>17,177,648</u>
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PLAN'S TOTAL BENEFIT OBLIGATION	<u><u>\$ 19,099,079</u></u>
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THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

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

General: The Plan and related Trust were established in 1976 pursuant to collective-bargaining to provide dental benefits to eligible employees of participating railroads and their beneficiaries. The Plan is administered by the National Carriers' Conference Committee and is subject to the provisions of the Railway Labor Act, as amended, and the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits: The Plan benefits are provided on a self-insured basis. The Plan is primarily administered by a third party administrator, Aetna, pursuant to an Administrative Service Only contract.

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 certain participants who become disabled (including pregnancy), furloughed, suspended, or dismissed. (See Note 5 regarding the liability for financial statement reporting purposes for extended benefit coverage.)

Funding: The participating railroads' 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 provided by the participating railroads on a monthly basis in the amount determined after discussions with Aetna. The railroads fund the obligations of the Plan as they become due and payable during the year.

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 tax-exempt 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.

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.

THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies

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

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities, plan 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 4 for discussion of fair value measurements.

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

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

Payment of benefits: 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.

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' COBRA contributions and contributions receivable: 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.

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 are no outstanding amounts receivable from terminating or withdrawing 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.

THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (Continued)

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 10 for additional information.

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	\$ 9,923,581	\$ 21,908,270
Accrued interest	\$ 17,532	\$ 34,252
Interest income	\$ 413,329	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. 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.

THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements (Continued)

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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.

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	
Money market funds	\$ 9,923,581	\$ -	\$ -	\$	9,923,581
Total assets at fair value	\$ 9,923,581	\$ -	\$ -	\$	9,923,581
Assets at Fair Value as of December 31, 2018					
	Level 1	Level 2	Level 3	Total	
Money market funds	\$ 21,908,270	\$ -	\$ -	\$	21,908,270
Total assets at fair value	\$ 21,908,270	\$ -	\$ -	\$	21,908,270

THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5. Post-Retirement Benefits and Other Plan Benefit Obligations

The Plan provides no post-retirement benefits.

Plan obligations as of December 31st for dental claims payable and dental claims incurred by participants but not reported as of that date are estimated by Aetna. Accumulated eligibility credit and extended benefit coverage available to Plan participants are estimated by the Plan Administrator. These 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.

For measurement purposes, the claim obligation calculations relating to claims payable and dental claims incurred by participants but not reported as of December 31st are developed from historical run-out patterns. The accumulated eligibility credit and extended benefit coverage calculations are developed 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 cost will be higher.

Note 6. Concentration of Participating Railroads

There are approximately 46 railroads participating in the Plan, of which 5 Class I railroads comprised approximately 89% of the total Plan activity as of and for the years ended 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 Total Plan Activity 2019	Percentage of Total Plan Activity 2018
Railroad:		
A	25.9%	25.1%
B	24.7%	25.8%
C	14.9%	14.5%
D	11.8%	12.4%
E	11.7%	11.5%

THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

NOTES TO FINANCIAL STATEMENTS

Note 7. Reconciliation of Financial Statements to Form 5500

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

	<u>2019</u>	2018
Net assets available for benefits as reported within the financial statements	\$ 19,099,079	\$ 31,658,305
Benefit obligations currently payable	<u>(7,572,987)</u>	<u>(7,598,348)</u>
Net assets available for benefits as reported within the Form 5500	<u>\$ 11,526,092</u>	<u>\$ 24,059,957</u>

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

	<u>2019</u>
Benefits paid to or for participants as reported within the financial statements	\$ 103,134,008
Add: Amounts payable at end of year	7,572,987
Less: Amounts payable at beginning of year	<u>(7,598,348)</u>
Benefits paid to or for participants as reported within the Form 5500	<u>\$ 103,108,647</u>

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.

Note 8. Party in Interest Transactions

The Plan paid administrative fees to service providers during the year that are considered party in interest transactions. This includes management fees paid to SunTrust Bank, the trustee of the Plan, for certain Plan assets invested in money market funds. These transactions are exempt from the prohibited transaction rules of ERISA.

THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

NOTES TO FINANCIAL STATEMENTS

Note 9. Risks and Uncertainties

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

The total obligations for claims payable, claims incurred but not reported, accumulated eligibility, and extended benefit coverage as calculated and reported to the Plan by Aetna or as determined by the Plan Sponsor are based on certain assumptions pertaining to contract rates and its equivalent, total estimated number of months of future Plan coverage that is attributable to employee service rendered to December 31st, participant data, interest rates, health care trend and inflation, 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 10. 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

THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

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: 52-1036399

Plan No. 505

(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
<i>Cash and cash equivalents</i>				
*	SunTrust Bank Account 70-04-102-7036737	Money Market Fund Federated Trsy Obligs MM-I #68 FFS	\$ 9,923,581	\$ 9,923,581

* Known party-in-interest to the Plan

THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2019

Schedule H, Form 5500

Part IV, Line 4j – Schedule of Reportable Transactions

EIN: 52-1036399

Plan No. 505

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

SunTrust Bank

Account 70-04-102-7036737 (See attached schedule as prepared and reported by SunTrust Bank)



REPORTABLE TRANSACTIONS WORKSHEET

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ACCOUNT 7036737

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RAILROAD - EMP DENTAL PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
			BEGINNING MARKET VALUE	21,942,522.52		
			COMPARATIVE VALUE (5%)	1,097,126.13		
			-----	-----		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/17/19 B	1,116,482.9300	1.0000	0	-1,116,483 *	1,116,483	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/30/19 B	2,086,862.8800	1.0000	0	-2,086,863 *	2,086,863	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/31/19 B	4,434,545.1500	1.0000	0	-4,434,545 *	4,434,545	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/28/19 B	5,869,506.3500	1.0000	0	-5,869,506 *	5,869,506	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/28/19 B	1,478,138.6100	1.0000	0	-1,478,139 *	1,478,139	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/29/19 B	5,435,856.7500	1.0000	0	-5,435,857 *	5,435,857	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/26/19 B	2,131,511.6800	1.0000	0	-2,131,512 *	2,131,512	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/29/19 B	4,849,090.2100	1.0000	0	-4,849,090 *	4,849,090	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
05/30/19 B	2,242,506.4700	1.0000	0	-2,242,506 *	2,242,506	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/03/19 B	4,477,862.6600	1.0000	0	-4,477,863 *	4,477,863	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/18/19 B	1,193,616.6300	1.0000	0	-1,193,617 *	1,193,617	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/27/19 B	1,432,574.9600	1.0000	0	-1,432,575 *	1,432,575	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/28/19 B	4,255,184.6100	1.0000	0	-4,255,185 *	4,255,185	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/31/19 B	5,599,147.6900	1.0000	0	-5,599,148 *	5,599,148	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/30/19 B	7,153,216.4600	1.0000	0	-7,153,216 *	7,153,216	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/01/19 B	6,999,340.4400	1.0000	0	-6,999,340 *	6,999,340	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/31/19 B	5,396,666.9500	1.0000	0	-5,396,667 *	5,396,667	



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036737

RAILROAD - EMP DENTAL PLAN

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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
GRAND TOTAL			0	66,152,112	66,152,112	0

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

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

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

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

01/03/19 B	34,252.3200	1.0000	0	-34,252	34,252
01/17/19 B	1,116,482.9300	1.0000	0	-1,116,483 *	1,116,483
01/30/19 B	2,086,862.8800	1.0000	0	-2,086,863 *	2,086,863
01/31/19 B	4,434,545.1500	1.0000	0	-4,434,545 *	4,434,545
02/04/19 B	35,391.5800	1.0000	0	-35,392	35,392
02/22/19 B	530,913.6400	1.0000	0	-530,914	530,914
02/26/19 B	649,637.7600	1.0000	0	-649,638	649,638
02/28/19 B	5,869,506.3500	1.0000	0	-5,869,506 *	5,869,506
03/04/19 B	32,509.1800	1.0000	0	-32,509	32,509
03/19/19 B	724,761.1400	1.0000	0	-724,761	724,761
03/28/19 B	1,478,138.6100	1.0000	0	-1,478,139 *	1,478,139
03/29/19 B	5,435,856.7500	1.0000	0	-5,435,857 *	5,435,857
04/02/19 B	38,583.6900	1.0000	0	-38,584	38,584
04/22/19 B	252,735.7800	1.0000	0	-252,736	252,736
04/26/19 B	2,131,511.6800	1.0000	0	-2,131,512 *	2,131,512
04/29/19 B	4,849,090.2100	1.0000	0	-4,849,090 *	4,849,090
05/02/19 B	37,845.7500	1.0000	0	-37,846	37,846
05/17/19 B	936,704.1000	1.0000	0	-936,704	936,704
05/30/19 B	2,242,506.4700	1.0000	0	-2,242,506 *	2,242,506
06/03/19 B	4,477,862.6600	1.0000	0	-4,477,863 *	4,477,863

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REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036737

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RAILROAD - EMP DENTAL PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
06/04/19 B	38,477.3200	1.0000	0	-38,477	38,477	
06/18/19 B	1,193,616.6300	1.0000	0	-1,193,617 *	1,193,617	
06/25/19 B	708,004.6200	1.0000	0	-708,005	708,005	
06/27/19 B	1,432,574.9600	1.0000	0	-1,432,575 *	1,432,575	
06/28/19 B	4,255,184.6100	1.0000	0	-4,255,185 *	4,255,185	
07/02/19 B	38,816.1900	1.0000	0	-38,816	38,816	
07/18/19 B	644,365.8200	1.0000	0	-644,366	644,366	
07/25/19 B	716,850.4200	1.0000	0	-716,850	716,850	
07/29/19 B	92,015.4400	1.0000	0	-92,015	92,015	
07/31/19 B	5,599,147.6900	1.0000	0	-5,599,148 *	5,599,148	
08/02/19 B	41,109.5100	1.0000	0	-41,110	41,110	
08/20/19 B	668,683.8600	1.0000	0	-668,684	668,684	
08/30/19 B	7,153,216.4600	1.0000	0	-7,153,216 *	7,153,216	
09/04/19 B	36,794.4200	1.0000	0	-36,794	36,794	
09/17/19 B	34,716.0000	1.0000	0	-34,716	34,716	
09/26/19 B	672,960.6700	1.0000	0	-672,961	672,961	
10/01/19 B	6,999,340.4400	1.0000	0	-6,999,340 *	6,999,340	
10/02/19 B	35,309.8600	1.0000	0	-35,310	35,310	
10/17/19 B	1,046,932.5600	1.0000	0	-1,046,933	1,046,933	
10/28/19 B	90,605.5500	1.0000	0	-90,606	90,606	
10/31/19 B	5,396,666.9500	1.0000	0	-5,396,667 *	5,396,667	
11/01/19 B	354,360.8700	1.0000	0	-354,361	354,361	
11/04/19 B	33,281.5600	1.0000	0	-33,282	33,282	
12/03/19 B	27,678.0900	1.0000	0	-27,678	27,678	
SUB-TOTAL OF BUYS # 44			0	74,706,412	74,706,412	
01/02/19 S	727,152.0400	1.0000	0	727,152	727,152	0
01/03/19 S	501,566.8800	1.0000	0	501,567	501,567	0
01/04/19 S	562,329.4300	1.0000	0	562,329	562,329	0
01/07/19 S	437,645.1300	1.0000	0	437,645	437,645	0
01/08/19 S	345,092.6200	1.0000	0	345,093	345,093	0
01/09/19 S	2,924.1400	1.0000	0	2,924	2,924	0
01/09/19 S	444,330.8000	1.0000	0	444,331	444,331	0
01/10/19 S	365,609.0700	1.0000	0	365,609	365,609	0
01/11/19 S	460,048.8900	1.0000	0	460,049	460,049	0
01/14/19 S	257,269.1100	1.0000	0	257,269	257,269	0
01/15/19 S	403,261.2700	1.0000	0	403,261	403,261	0
01/16/19 S	450,248.7800	1.0000	0	450,249	450,249	0
01/18/19 S	392,579.8300	1.0000	0	392,580	392,580	0
01/22/19 S	284,398.8200	1.0000	0	284,399	284,399	0
01/23/19 S	733,824.5900	1.0000	0	733,825	733,825	0
01/24/19 S	411,954.0600	1.0000	0	411,954	411,954	0
01/25/19 S	502,008.2400	1.0000	0	502,008	502,008	0
01/28/19 S	374,861.2300	1.0000	0	374,861	374,861	0
01/29/19 S	440,557.8400	1.0000	0	440,558	440,558	0



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RAILROAD - EMP DENTAL PLAN

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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
02/01/19 S	59,474.8200	1.0000	0	59,475	59,475	0
02/04/19 S	604,768.1600	1.0000	0	604,768	604,768	0
02/05/19 S	428,193.6500	1.0000	0	428,194	428,194	0
02/06/19 S	464,643.5500	1.0000	0	464,644	464,644	0
02/07/19 S	231,747.4100	1.0000	0	231,747	231,747	0
02/08/19 S	2,896.5500	1.0000	0	2,897	2,897	0
02/08/19 S	432,239.0800	1.0000	0	432,239	432,239	0
02/11/19 S	311,207.5300	1.0000	0	311,208	311,208	0
02/12/19 S	425,497.2800	1.0000	0	425,497	425,497	0
02/13/19 S	519,036.2700	1.0000	0	519,036	519,036	0
02/14/19 S	268,617.8100	1.0000	0	268,618	268,618	0
02/15/19 S	426,348.0200	1.0000	0	426,348	426,348	0
02/19/19 S	297,783.8100	1.0000	0	297,784	297,784	0
02/20/19 S	352,370.4000	1.0000	0	352,370	352,370	0
02/21/19 S	438,438.9900	1.0000	0	438,439	438,439	0
02/25/19 S	338,877.9300	1.0000	0	338,878	338,878	0
02/27/19 S	45,831.0000	1.0000	0	45,831	45,831	0
03/01/19 S	785,565.8100	1.0000	0	785,566	785,566	0
03/04/19 S	312,698.1200	1.0000	0	312,698	312,698	0
03/05/19 S	431,866.7400	1.0000	0	431,867	431,867	0
03/06/19 S	461,627.2000	1.0000	0	461,627	461,627	0
03/07/19 S	196,254.0600	1.0000	0	196,254	196,254	0
03/08/19 S	2,938.7200	1.0000	0	2,939	2,939	0
03/08/19 S	471,239.9900	1.0000	0	471,240	471,240	0
03/11/19 S	228,145.6900	1.0000	0	228,146	228,146	0
03/12/19 S	423,555.5300	1.0000	0	423,556	423,556	0
03/13/19 S	358,267.7200	1.0000	0	358,268	358,268	0
03/14/19 S	391,548.2400	1.0000	0	391,548	391,548	0
03/15/19 S	457,517.3400	1.0000	0	457,517	457,517	0
03/18/19 S	57,378.0400	1.0000	0	57,378	57,378	0
03/20/19 S	490,868.5900	1.0000	0	490,869	490,869	0
03/21/19 S	374,025.5500	1.0000	0	374,026	374,026	0
03/22/19 S	417,817.1500	1.0000	0	417,817	417,817	0
03/25/19 S	293,607.1900	1.0000	0	293,607	293,607	0
03/26/19 S	469,332.4500	1.0000	0	469,332	469,332	0
03/27/19 S	552,732.3200	1.0000	0	552,732	552,732	0
04/01/19 S	293,224.0200	1.0000	0	293,224	293,224	0
04/02/19 S	744,739.5500	1.0000	0	744,740	744,740	0
04/03/19 S	459,017.4500	1.0000	0	459,017	459,017	0
04/04/19 S	348,564.0800	1.0000	0	348,564	348,564	0
04/05/19 S	276,526.1000	1.0000	0	276,526	276,526	0
04/08/19 S	3,092.7900	1.0000	0	3,093	3,093	0
04/08/19 S	322,671.0200	1.0000	0	322,671	322,671	0
04/09/19 S	422,281.8200	1.0000	0	422,282	422,282	0
04/10/19 S	486,281.9800	1.0000	0	486,282	486,282	0
04/11/19 S	381,033.6600	1.0000	0	381,034	381,034	0



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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
04/12/19 S	466,039.0300	1.0000	0	466,039	466,039	0
04/15/19 S	275,854.4000	1.0000	0	275,854	275,854	0
04/16/19 S	295,240.9600	1.0000	0	295,241	295,241	0
04/17/19 S	245,234.7900	1.0000	0	245,235	245,235	0
04/18/19 S	264,121.3200	1.0000	0	264,121	264,121	0
04/23/19 S	408,838.1000	1.0000	0	408,838	408,838	0
04/24/19 S	459,710.0200	1.0000	0	459,710	459,710	0
04/25/19 S	405,347.3800	1.0000	0	405,347	405,347	0
04/30/19 S	431,031.2700	1.0000	0	431,031	431,031	0
05/01/19 S	787,617.9200	1.0000	0	787,618	787,618	0
05/02/19 S	365,058.3800	1.0000	0	365,058	365,058	0
05/03/19 S	457,602.3100	1.0000	0	457,602	457,602	0
05/06/19 S	301,975.7800	1.0000	0	301,976	301,976	0
05/07/19 S	261,367.3800	1.0000	0	261,367	261,367	0
05/08/19 S	3,114.6800	1.0000	0	3,115	3,115	0
05/08/19 S	442,770.2500	1.0000	0	442,770	442,770	0
05/09/19 S	407,491.5700	1.0000	0	407,492	407,492	0
05/10/19 S	467,777.6900	1.0000	0	467,778	467,778	0
05/13/19 S	294,110.3400	1.0000	0	294,110	294,110	0
05/14/19 S	276,655.2000	1.0000	0	276,655	276,655	0
05/15/19 S	526,711.3800	1.0000	0	526,711	526,711	0
05/16/19 S	412,274.9200	1.0000	0	412,275	412,275	0
05/20/19 S	300,076.3000	1.0000	0	300,076	300,076	0
05/21/19 S	370,499.3200	1.0000	0	370,499	370,499	0
05/22/19 S	76,602.2400	1.0000	0	76,602	76,602	0
05/23/19 S	384,012.4300	1.0000	0	384,012	384,012	0
05/24/19 S	410,836.1500	1.0000	0	410,836	410,836	0
05/28/19 S	320,087.2900	1.0000	0	320,087	320,087	0
05/29/19 S	643,668.6000	1.0000	0	643,669	643,669	0
05/31/19 S	436,650.6800	1.0000	0	436,651	436,651	0
06/04/19 S	721,148.5800	1.0000	0	721,149	721,149	0
06/05/19 S	485,040.5100	1.0000	0	485,041	485,041	0
06/06/19 S	351,002.6000	1.0000	0	351,003	351,003	0
06/07/19 S	259,802.4800	1.0000	0	259,802	259,802	0
06/10/19 S	3,127.7600	1.0000	0	3,128	3,128	0
06/10/19 S	300,315.7400	1.0000	0	300,316	300,316	0
06/11/19 S	383,285.5800	1.0000	0	383,286	383,286	0
06/12/19 S	451,881.0700	1.0000	0	451,881	451,881	0
06/13/19 S	369,161.2100	1.0000	0	369,161	369,161	0
06/14/19 S	281,735.7200	1.0000	0	281,736	281,736	0
06/17/19 S	58,225.0600	1.0000	0	58,225	58,225	0
06/19/19 S	517,480.7800	1.0000	0	517,481	517,481	0
06/20/19 S	369,863.1300	1.0000	0	369,863	369,863	0
06/21/19 S	470,875.3300	1.0000	0	470,875	470,875	0
06/24/19 S	296,914.4600	1.0000	0	296,914	296,914	0
06/26/19 S	479,847.7000	1.0000	0	479,848	479,848	0



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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
07/01/19 S	331,126.9600	1.0000	0	331,127	331,127	0
07/02/19 S	445,975.4800	1.0000	0	445,975	445,975	0
07/03/19 S	524,914.6800	1.0000	0	524,915	524,915	0
07/05/19 S	660,721.8100	1.0000	0	660,722	660,722	0
07/08/19 S	598,400.5400	1.0000	0	598,401	598,401	0
07/09/19 S	3,233.2200	1.0000	0	3,233	3,233	0
07/09/19 S	176,617.6800	1.0000	0	176,618	176,618	0
07/10/19 S	337,979.7000	1.0000	0	337,980	337,980	0
07/11/19 S	343,392.6500	1.0000	0	343,393	343,393	0
07/12/19 S	406,487.9600	1.0000	0	406,488	406,488	0
07/15/19 S	330,907.9700	1.0000	0	330,908	330,908	0
07/16/19 S	144,842.7500	1.0000	0	144,843	144,843	0
07/17/19 S	252,387.3900	1.0000	0	252,387	252,387	0
07/19/19 S	450,493.7800	1.0000	0	450,494	450,494	0
07/22/19 S	284,486.0000	1.0000	0	284,486	284,486	0
07/23/19 S	394,412.4500	1.0000	0	394,412	394,412	0
07/24/19 S	556,575.2800	1.0000	0	556,575	556,575	0
07/26/19 S	400,663.6100	1.0000	0	400,664	400,664	0
07/30/19 S	439,743.3600	1.0000	0	439,743	439,743	0
08/01/19 S	405,173.4800	1.0000	0	405,173	405,173	0
08/02/19 S	803,210.8300	1.0000	0	803,211	803,211	0
08/05/19 S	325,444.2700	1.0000	0	325,444	325,444	0
08/06/19 S	424,801.2700	1.0000	0	424,801	424,801	0
08/07/19 S	353,180.4600	1.0000	0	353,180	353,180	0
08/08/19 S	3,346.2000	1.0000	0	3,346	3,346	0
08/08/19 S	375,069.9200	1.0000	0	375,070	375,070	0
08/09/19 S	447,064.1100	1.0000	0	447,064	447,064	0
08/12/19 S	319,682.6500	1.0000	0	319,683	319,683	0
08/13/19 S	382,451.2900	1.0000	0	382,451	382,451	0
08/14/19 S	521,165.4900	1.0000	0	521,165	521,165	0
08/15/19 S	139,522.4600	1.0000	0	139,522	139,522	0
08/16/19 S	411,897.2800	1.0000	0	411,897	411,897	0
08/19/19 S	135,495.3300	1.0000	0	135,495	135,495	0
08/21/19 S	526,136.2300	1.0000	0	526,136	526,136	0
08/22/19 S	384,876.6700	1.0000	0	384,877	384,877	0
08/23/19 S	429,123.0100	1.0000	0	429,123	429,123	0
08/26/19 S	321,006.2300	1.0000	0	321,006	321,006	0
08/27/19 S	33,906.8300	1.0000	0	33,907	33,907	0
08/28/19 S	494,359.7300	1.0000	0	494,360	494,360	0
08/29/19 S	359,802.4600	1.0000	0	359,802	359,802	0
09/03/19 S	327,597.8700	1.0000	0	327,598	327,598	0
09/04/19 S	705,245.0200	1.0000	0	705,245	705,245	0
09/05/19 S	648,777.1500	1.0000	0	648,777	648,777	0
09/06/19 S	470,914.8400	1.0000	0	470,915	470,915	0
09/09/19 S	264,662.2000	1.0000	0	264,662	264,662	0
09/10/19 S	3,326.3200	1.0000	0	3,326	3,326	0



REPORTABLE TRANSACTIONS WORKSHEET

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ACCOUNT 7036737

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RAILROAD - EMP DENTAL PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
09/10/19 S	392,281.4300	1.0000	0	392,281	392,281	0
09/11/19 S	476,453.0400	1.0000	0	476,453	476,453	0
09/12/19 S	211,248.9100	1.0000	0	211,249	211,249	0
09/13/19 S	314,665.8900	1.0000	0	314,666	314,666	0
09/16/19 S	315,213.1000	1.0000	0	315,213	315,213	0
09/18/19 S	521,484.3400	1.0000	0	521,484	521,484	0
09/19/19 S	338,748.7700	1.0000	0	338,749	338,749	0
09/20/19 S	424,962.7100	1.0000	0	424,963	424,963	0
09/23/19 S	272,382.3500	1.0000	0	272,382	272,382	0
09/24/19 S	418,983.7600	1.0000	0	418,984	418,984	0
09/25/19 S	454,336.0400	1.0000	0	454,336	454,336	0
09/27/19 S	419,171.4600	1.0000	0	419,171	419,171	0
09/30/19 S	305,057.2300	1.0000	0	305,057	305,057	0
10/02/19 S	511,525.3800	1.0000	0	511,525	511,525	0
10/03/19 S	636,740.5900	1.0000	0	636,741	636,741	0
10/04/19 S	417,671.8100	1.0000	0	417,672	417,672	0
10/07/19 S	295,237.5100	1.0000	0	295,238	295,238	0
10/08/19 S	3,364.8400	1.0000	0	3,365	3,365	0
10/08/19 S	279,049.7600	1.0000	0	279,050	279,050	0
10/09/19 S	466,708.0300	1.0000	0	466,708	466,708	0
10/10/19 S	347,524.8600	1.0000	0	347,525	347,525	0
10/11/19 S	387,124.0700	1.0000	0	387,124	387,124	0
10/15/19 S	440,861.2300	1.0000	0	440,861	440,861	0
10/16/19 S	3.5300	1.0000	0	4	4	0
10/16/19 S	474,297.0400	1.0000	0	474,297	474,297	0
10/18/19 S	453,383.4000	1.0000	0	453,383	453,383	0
10/21/19 S	363,095.6700	1.0000	0	363,096	363,096	0
10/22/19 S	428,024.4800	1.0000	0	428,024	428,024	0
10/23/19 S	511,210.0300	1.0000	0	511,210	511,210	0
10/24/19 S	361,126.1200	1.0000	0	361,126	361,126	0
10/25/19 S	403,682.7900	1.0000	0	403,683	403,683	0
10/29/19 S	410,879.6200	1.0000	0	410,880	410,880	0
10/30/19 S	485,480.9900	1.0000	0	485,481	485,481	0
11/04/19 S	322,007.9500	1.0000	0	322,008	322,008	0
11/05/19 S	396,671.9400	1.0000	0	396,672	396,672	0
11/06/19 S	466,655.7000	1.0000	0	466,656	466,656	0
11/07/19 S	169,411.6100	1.0000	0	169,412	169,412	0
11/08/19 S	3,425.0900	1.0000	0	3,425	3,425	0
11/08/19 S	404,737.0600	1.0000	0	404,737	404,737	0
11/12/19 S	487,013.5500	1.0000	0	487,014	487,014	0
11/13/19 S	479,199.9700	1.0000	0	479,200	479,200	0
11/14/19 S	460,982.4400	1.0000	0	460,982	460,982	0
11/15/19 S	440,745.0200	1.0000	0	440,745	440,745	0
11/18/19 S	299,393.1800	1.0000	0	299,393	299,393	0
11/19/19 S	432,343.7300	1.0000	0	432,344	432,344	0
11/20/19 S	477,648.9400	1.0000	0	477,649	477,649	0



REPORTABLE TRANSACTIONS WORKSHEET

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RAILROAD - EMP DENTAL PLAN

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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
11/21/19 S	323,703.1500	1.0000	0	323,703	323,703	0
11/22/19 S	386,094.2900	1.0000	0	386,094	386,094	0
11/25/19 S	302,095.6500	1.0000	0	302,096	302,096	0
11/26/19 S	401,127.0700	1.0000	0	401,127	401,127	0
11/27/19 S	478,697.9100	1.0000	0	478,698	478,698	0
11/29/19 S	363,512.7600	1.0000	0	363,513	363,513	0
12/02/19 S	602,730.1000	1.0000	0	602,730	602,730	0
12/03/19 S	547,267.1300	1.0000	0	547,267	547,267	0
12/04/19 S	419,707.1400	1.0000	0	419,707	419,707	0
12/05/19 S	272,231.4800	1.0000	0	272,231	272,231	0
12/06/19 S	324,575.7100	1.0000	0	324,576	324,576	0
12/09/19 S	3,378.3100	1.0000	0	3,378	3,378	0
12/09/19 S	93,867.3600	1.0000	0	93,867	93,867	0
12/10/19 S	416,113.4000	1.0000	0	416,113	416,113	0
12/11/19 S	486,880.5200	1.0000	0	486,881	486,881	0
12/12/19 S	398,057.7200	1.0000	0	398,058	398,058	0
12/13/19 S	444,111.5600	1.0000	0	444,112	444,112	0
12/16/19 S	313,227.4900	1.0000	0	313,227	313,227	0
12/17/19 S	404,566.8900	1.0000	0	404,567	404,567	0
12/18/19 S	476,592.2200	1.0000	0	476,592	476,592	0
12/19/19 S	371,007.7500	1.0000	0	371,008	371,008	0
12/20/19 S	443,204.8500	1.0000	0	443,205	443,205	0
12/23/19 S	325,246.1200	1.0000	0	325,246	325,246	0
12/24/19 S	424,618.8600	1.0000	0	424,619	424,619	0
12/26/19 S	518,605.7900	1.0000	0	518,606	518,606	0
12/27/19 S	474,801.1300	1.0000	0	474,801	474,801	0
12/30/19 S	225,203.0000	1.0000	0	225,203	225,203	0
12/31/19 S	308,913.5800	1.0000	0	308,914	308,914	0
SUB-TOTAL OF SALES # 231			0	86,691,097	86,691,097	0
SUB-TOTAL			0	161,397,509	161,397,509	0
GRAND TOTAL			0	161,397,509	161,397,509	0

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



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036737

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RAILROAD - EMP DENTAL PLAN

DATE
BOUGHT/SOLDSHARES
PAR VALUEUNIT
PRICEEXPENSE
INCURRED

PRINCIPAL CASH

ERISA COST

ERISA COST
GAIN/LOSS

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

F O O T N O T E S

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

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2019****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

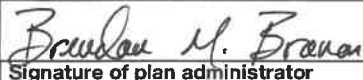
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____

Part II Basic Plan Information - enter all requested information

1a Name of plan THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN	1b Three-digit plan number (PN) ▶ 505
	1c Effective date of plan 03/01/1976
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NATIONAL CARRIERS' CONFERENCE COMMITTEE 251 - 18TH STREET SOUTH SUITE 750 ARLINGTON VA 22202	2b Employer Identification Number (EIN) 52-1036399 2c Plan Sponsor's telephone number 571-336-7600 2d Business code (see instructions) 482110

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

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

**Form 5500 (2019)
v. 190130**

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5	150,737
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	150,737
a (2) Total number of active participants at the end of the plan year	6a(2)	137,312
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	137,312
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	46
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: 4D		

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2019

Schedule H, Form 5500

Part IV, Line 4j – Schedule of Reportable Transactions

EIN: 52-1036399

Plan No. 505

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

SunTrust Bank

Account 70-04-102-7036737 (See attached schedule as prepared and reported by SunTrust Bank)



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036737

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RAILROAD - EMP DENTAL PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
			BEGINNING MARKET VALUE	21,942,522.52		
			COMPARATIVE VALUE (5%)	1,097,126.13		
			-----	-----		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/17/19 B	1,116,482.9300	1.0000	0	-1,116,483 *	1,116,483	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/30/19 B	2,086,862.8800	1.0000	0	-2,086,863 *	2,086,863	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/31/19 B	4,434,545.1500	1.0000	0	-4,434,545 *	4,434,545	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/28/19 B	5,869,506.3500	1.0000	0	-5,869,506 *	5,869,506	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/28/19 B	1,478,138.6100	1.0000	0	-1,478,139 *	1,478,139	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/29/19 B	5,435,856.7500	1.0000	0	-5,435,857 *	5,435,857	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/26/19 B	2,131,511.6800	1.0000	0	-2,131,512 *	2,131,512	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/29/19 B	4,849,090.2100	1.0000	0	-4,849,090 *	4,849,090	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
05/30/19 B	2,242,506.4700	1.0000	0	-2,242,506 *	2,242,506	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/03/19 B	4,477,862.6600	1.0000	0	-4,477,863 *	4,477,863	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/18/19 B	1,193,616.6300	1.0000	0	-1,193,617 *	1,193,617	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/27/19 B	1,432,574.9600	1.0000	0	-1,432,575 *	1,432,575	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/28/19 B	4,255,184.6100	1.0000	0	-4,255,185 *	4,255,185	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/31/19 B	5,599,147.6900	1.0000	0	-5,599,148 *	5,599,148	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/30/19 B	7,153,216.4600	1.0000	0	-7,153,216 *	7,153,216	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/01/19 B	6,999,340.4400	1.0000	0	-6,999,340 *	6,999,340	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/31/19 B	5,396,666.9500	1.0000	0	-5,396,667 *	5,396,667	



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036737

RAILROAD - EMP DENTAL PLAN

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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
GRAND TOTAL			0	66,152,112	66,152,112	0

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

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

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

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

01/03/19 B	34,252.3200	1.0000	0	-34,252	34,252
01/17/19 B	1,116,482.9300	1.0000	0	-1,116,483 *	1,116,483
01/30/19 B	2,086,862.8800	1.0000	0	-2,086,863 *	2,086,863
01/31/19 B	4,434,545.1500	1.0000	0	-4,434,545 *	4,434,545
02/04/19 B	35,391.5800	1.0000	0	-35,392	35,392
02/22/19 B	530,913.6400	1.0000	0	-530,914	530,914
02/26/19 B	649,637.7600	1.0000	0	-649,638	649,638
02/28/19 B	5,869,506.3500	1.0000	0	-5,869,506 *	5,869,506
03/04/19 B	32,509.1800	1.0000	0	-32,509	32,509
03/19/19 B	724,761.1400	1.0000	0	-724,761	724,761
03/28/19 B	1,478,138.6100	1.0000	0	-1,478,139 *	1,478,139
03/29/19 B	5,435,856.7500	1.0000	0	-5,435,857 *	5,435,857
04/02/19 B	38,583.6900	1.0000	0	-38,584	38,584
04/22/19 B	252,735.7800	1.0000	0	-252,736	252,736
04/26/19 B	2,131,511.6800	1.0000	0	-2,131,512 *	2,131,512
04/29/19 B	4,849,090.2100	1.0000	0	-4,849,090 *	4,849,090
05/02/19 B	37,845.7500	1.0000	0	-37,846	37,846
05/17/19 B	936,704.1000	1.0000	0	-936,704	936,704
05/30/19 B	2,242,506.4700	1.0000	0	-2,242,506 *	2,242,506
06/03/19 B	4,477,862.6600	1.0000	0	-4,477,863 *	4,477,863

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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
06/04/19 B	38,477.3200	1.0000	0	-38,477	38,477	
06/18/19 B	1,193,616.6300	1.0000	0	-1,193,617 *	1,193,617	
06/25/19 B	708,004.6200	1.0000	0	-708,005	708,005	
06/27/19 B	1,432,574.9600	1.0000	0	-1,432,575 *	1,432,575	
06/28/19 B	4,255,184.6100	1.0000	0	-4,255,185 *	4,255,185	
07/02/19 B	38,816.1900	1.0000	0	-38,816	38,816	
07/18/19 B	644,365.8200	1.0000	0	-644,366	644,366	
07/25/19 B	716,850.4200	1.0000	0	-716,850	716,850	
07/29/19 B	92,015.4400	1.0000	0	-92,015	92,015	
07/31/19 B	5,599,147.6900	1.0000	0	-5,599,148 *	5,599,148	
08/02/19 B	41,109.5100	1.0000	0	-41,110	41,110	
08/20/19 B	668,683.8600	1.0000	0	-668,684	668,684	
08/30/19 B	7,153,216.4600	1.0000	0	-7,153,216 *	7,153,216	
09/04/19 B	36,794.4200	1.0000	0	-36,794	36,794	
09/17/19 B	34,716.0000	1.0000	0	-34,716	34,716	
09/26/19 B	672,960.6700	1.0000	0	-672,961	672,961	
10/01/19 B	6,999,340.4400	1.0000	0	-6,999,340 *	6,999,340	
10/02/19 B	35,309.8600	1.0000	0	-35,310	35,310	
10/17/19 B	1,046,932.5600	1.0000	0	-1,046,933	1,046,933	
10/28/19 B	90,605.5500	1.0000	0	-90,606	90,606	
10/31/19 B	5,396,666.9500	1.0000	0	-5,396,667 *	5,396,667	
11/01/19 B	354,360.8700	1.0000	0	-354,361	354,361	
11/04/19 B	33,281.5600	1.0000	0	-33,282	33,282	
12/03/19 B	27,678.0900	1.0000	0	-27,678	27,678	
SUB-TOTAL OF BUYS # 44			0	74,706,412	74,706,412	
01/02/19 S	727,152.0400	1.0000	0	727,152	727,152	0
01/03/19 S	501,566.8800	1.0000	0	501,567	501,567	0
01/04/19 S	562,329.4300	1.0000	0	562,329	562,329	0
01/07/19 S	437,645.1300	1.0000	0	437,645	437,645	0
01/08/19 S	345,092.6200	1.0000	0	345,093	345,093	0
01/09/19 S	2,924.1400	1.0000	0	2,924	2,924	0
01/09/19 S	444,330.8000	1.0000	0	444,331	444,331	0
01/10/19 S	365,609.0700	1.0000	0	365,609	365,609	0
01/11/19 S	460,048.8900	1.0000	0	460,049	460,049	0
01/14/19 S	257,269.1100	1.0000	0	257,269	257,269	0
01/15/19 S	403,261.2700	1.0000	0	403,261	403,261	0
01/16/19 S	450,248.7800	1.0000	0	450,249	450,249	0
01/18/19 S	392,579.8300	1.0000	0	392,580	392,580	0
01/22/19 S	284,398.8200	1.0000	0	284,399	284,399	0
01/23/19 S	733,824.5900	1.0000	0	733,825	733,825	0
01/24/19 S	411,954.0600	1.0000	0	411,954	411,954	0
01/25/19 S	502,008.2400	1.0000	0	502,008	502,008	0
01/28/19 S	374,861.2300	1.0000	0	374,861	374,861	0
01/29/19 S	440,557.8400	1.0000	0	440,558	440,558	0



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02/01/19 S	59,474.8200	1.0000	0	59,475	59,475	0
02/04/19 S	604,768.1600	1.0000	0	604,768	604,768	0
02/05/19 S	428,193.6500	1.0000	0	428,194	428,194	0
02/06/19 S	464,643.5500	1.0000	0	464,644	464,644	0
02/07/19 S	231,747.4100	1.0000	0	231,747	231,747	0
02/08/19 S	2,896.5500	1.0000	0	2,897	2,897	0
02/08/19 S	432,239.0800	1.0000	0	432,239	432,239	0
02/11/19 S	311,207.5300	1.0000	0	311,208	311,208	0
02/12/19 S	425,497.2800	1.0000	0	425,497	425,497	0
02/13/19 S	519,036.2700	1.0000	0	519,036	519,036	0
02/14/19 S	268,617.8100	1.0000	0	268,618	268,618	0
02/15/19 S	426,348.0200	1.0000	0	426,348	426,348	0
02/19/19 S	297,783.8100	1.0000	0	297,784	297,784	0
02/20/19 S	352,370.4000	1.0000	0	352,370	352,370	0
02/21/19 S	438,438.9900	1.0000	0	438,439	438,439	0
02/25/19 S	338,877.9300	1.0000	0	338,878	338,878	0
02/27/19 S	45,831.0000	1.0000	0	45,831	45,831	0
03/01/19 S	785,565.8100	1.0000	0	785,566	785,566	0
03/04/19 S	312,698.1200	1.0000	0	312,698	312,698	0
03/05/19 S	431,866.7400	1.0000	0	431,867	431,867	0
03/06/19 S	461,627.2000	1.0000	0	461,627	461,627	0
03/07/19 S	196,254.0600	1.0000	0	196,254	196,254	0
03/08/19 S	2,938.7200	1.0000	0	2,939	2,939	0
03/08/19 S	471,239.9900	1.0000	0	471,240	471,240	0
03/11/19 S	228,145.6900	1.0000	0	228,146	228,146	0
03/12/19 S	423,555.5300	1.0000	0	423,556	423,556	0
03/13/19 S	358,267.7200	1.0000	0	358,268	358,268	0
03/14/19 S	391,548.2400	1.0000	0	391,548	391,548	0
03/15/19 S	457,517.3400	1.0000	0	457,517	457,517	0
03/18/19 S	57,378.0400	1.0000	0	57,378	57,378	0
03/20/19 S	490,868.5900	1.0000	0	490,869	490,869	0
03/21/19 S	374,025.5500	1.0000	0	374,026	374,026	0
03/22/19 S	417,817.1500	1.0000	0	417,817	417,817	0
03/25/19 S	293,607.1900	1.0000	0	293,607	293,607	0
03/26/19 S	469,332.4500	1.0000	0	469,332	469,332	0
03/27/19 S	552,732.3200	1.0000	0	552,732	552,732	0
04/01/19 S	293,224.0200	1.0000	0	293,224	293,224	0
04/02/19 S	744,739.5500	1.0000	0	744,740	744,740	0
04/03/19 S	459,017.4500	1.0000	0	459,017	459,017	0
04/04/19 S	348,564.0800	1.0000	0	348,564	348,564	0
04/05/19 S	276,526.1000	1.0000	0	276,526	276,526	0
04/08/19 S	3,092.7900	1.0000	0	3,093	3,093	0
04/08/19 S	322,671.0200	1.0000	0	322,671	322,671	0
04/09/19 S	422,281.8200	1.0000	0	422,282	422,282	0
04/10/19 S	486,281.9800	1.0000	0	486,282	486,282	0
04/11/19 S	381,033.6600	1.0000	0	381,034	381,034	0



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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
04/12/19 S	466,039.0300	1.0000	0	466,039	466,039	0
04/15/19 S	275,854.4000	1.0000	0	275,854	275,854	0
04/16/19 S	295,240.9600	1.0000	0	295,241	295,241	0
04/17/19 S	245,234.7900	1.0000	0	245,235	245,235	0
04/18/19 S	264,121.3200	1.0000	0	264,121	264,121	0
04/23/19 S	408,838.1000	1.0000	0	408,838	408,838	0
04/24/19 S	459,710.0200	1.0000	0	459,710	459,710	0
04/25/19 S	405,347.3800	1.0000	0	405,347	405,347	0
04/30/19 S	431,031.2700	1.0000	0	431,031	431,031	0
05/01/19 S	787,617.9200	1.0000	0	787,618	787,618	0
05/02/19 S	365,058.3800	1.0000	0	365,058	365,058	0
05/03/19 S	457,602.3100	1.0000	0	457,602	457,602	0
05/06/19 S	301,975.7800	1.0000	0	301,976	301,976	0
05/07/19 S	261,367.3800	1.0000	0	261,367	261,367	0
05/08/19 S	3,114.6800	1.0000	0	3,115	3,115	0
05/08/19 S	442,770.2500	1.0000	0	442,770	442,770	0
05/09/19 S	407,491.5700	1.0000	0	407,492	407,492	0
05/10/19 S	467,777.6900	1.0000	0	467,778	467,778	0
05/13/19 S	294,110.3400	1.0000	0	294,110	294,110	0
05/14/19 S	276,655.2000	1.0000	0	276,655	276,655	0
05/15/19 S	526,711.3800	1.0000	0	526,711	526,711	0
05/16/19 S	412,274.9200	1.0000	0	412,275	412,275	0
05/20/19 S	300,076.3000	1.0000	0	300,076	300,076	0
05/21/19 S	370,499.3200	1.0000	0	370,499	370,499	0
05/22/19 S	76,602.2400	1.0000	0	76,602	76,602	0
05/23/19 S	384,012.4300	1.0000	0	384,012	384,012	0
05/24/19 S	410,836.1500	1.0000	0	410,836	410,836	0
05/28/19 S	320,087.2900	1.0000	0	320,087	320,087	0
05/29/19 S	643,668.6000	1.0000	0	643,669	643,669	0
05/31/19 S	436,650.6800	1.0000	0	436,651	436,651	0
06/04/19 S	721,148.5800	1.0000	0	721,149	721,149	0
06/05/19 S	485,040.5100	1.0000	0	485,041	485,041	0
06/06/19 S	351,002.6000	1.0000	0	351,003	351,003	0
06/07/19 S	259,802.4800	1.0000	0	259,802	259,802	0
06/10/19 S	3,127.7600	1.0000	0	3,128	3,128	0
06/10/19 S	300,315.7400	1.0000	0	300,316	300,316	0
06/11/19 S	383,285.5800	1.0000	0	383,286	383,286	0
06/12/19 S	451,881.0700	1.0000	0	451,881	451,881	0
06/13/19 S	369,161.2100	1.0000	0	369,161	369,161	0
06/14/19 S	281,735.7200	1.0000	0	281,736	281,736	0
06/17/19 S	58,225.0600	1.0000	0	58,225	58,225	0
06/19/19 S	517,480.7800	1.0000	0	517,481	517,481	0
06/20/19 S	369,863.1300	1.0000	0	369,863	369,863	0
06/21/19 S	470,875.3300	1.0000	0	470,875	470,875	0
06/24/19 S	296,914.4600	1.0000	0	296,914	296,914	0
06/26/19 S	479,847.7000	1.0000	0	479,848	479,848	0



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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
07/01/19 S	331,126.9600	1.0000	0	331,127	331,127	0
07/02/19 S	445,975.4800	1.0000	0	445,975	445,975	0
07/03/19 S	524,914.6800	1.0000	0	524,915	524,915	0
07/05/19 S	660,721.8100	1.0000	0	660,722	660,722	0
07/08/19 S	598,400.5400	1.0000	0	598,401	598,401	0
07/09/19 S	3,233.2200	1.0000	0	3,233	3,233	0
07/09/19 S	176,617.6800	1.0000	0	176,618	176,618	0
07/10/19 S	337,979.7000	1.0000	0	337,980	337,980	0
07/11/19 S	343,392.6500	1.0000	0	343,393	343,393	0
07/12/19 S	406,487.9600	1.0000	0	406,488	406,488	0
07/15/19 S	330,907.9700	1.0000	0	330,908	330,908	0
07/16/19 S	144,842.7500	1.0000	0	144,843	144,843	0
07/17/19 S	252,387.3900	1.0000	0	252,387	252,387	0
07/19/19 S	450,493.7800	1.0000	0	450,494	450,494	0
07/22/19 S	284,486.0000	1.0000	0	284,486	284,486	0
07/23/19 S	394,412.4500	1.0000	0	394,412	394,412	0
07/24/19 S	556,575.2800	1.0000	0	556,575	556,575	0
07/26/19 S	400,663.6100	1.0000	0	400,664	400,664	0
07/30/19 S	439,743.3600	1.0000	0	439,743	439,743	0
08/01/19 S	405,173.4800	1.0000	0	405,173	405,173	0
08/02/19 S	803,210.8300	1.0000	0	803,211	803,211	0
08/05/19 S	325,444.2700	1.0000	0	325,444	325,444	0
08/06/19 S	424,801.2700	1.0000	0	424,801	424,801	0
08/07/19 S	353,180.4600	1.0000	0	353,180	353,180	0
08/08/19 S	3,346.2000	1.0000	0	3,346	3,346	0
08/08/19 S	375,069.9200	1.0000	0	375,070	375,070	0
08/09/19 S	447,064.1100	1.0000	0	447,064	447,064	0
08/12/19 S	319,682.6500	1.0000	0	319,683	319,683	0
08/13/19 S	382,451.2900	1.0000	0	382,451	382,451	0
08/14/19 S	521,165.4900	1.0000	0	521,165	521,165	0
08/15/19 S	139,522.4600	1.0000	0	139,522	139,522	0
08/16/19 S	411,897.2800	1.0000	0	411,897	411,897	0
08/19/19 S	135,495.3300	1.0000	0	135,495	135,495	0
08/21/19 S	526,136.2300	1.0000	0	526,136	526,136	0
08/22/19 S	384,876.6700	1.0000	0	384,877	384,877	0
08/23/19 S	429,123.0100	1.0000	0	429,123	429,123	0
08/26/19 S	321,006.2300	1.0000	0	321,006	321,006	0
08/27/19 S	33,906.8300	1.0000	0	33,907	33,907	0
08/28/19 S	494,359.7300	1.0000	0	494,360	494,360	0
08/29/19 S	359,802.4600	1.0000	0	359,802	359,802	0
09/03/19 S	327,597.8700	1.0000	0	327,598	327,598	0
09/04/19 S	705,245.0200	1.0000	0	705,245	705,245	0
09/05/19 S	648,777.1500	1.0000	0	648,777	648,777	0
09/06/19 S	470,914.8400	1.0000	0	470,915	470,915	0
09/09/19 S	264,662.2000	1.0000	0	264,662	264,662	0
09/10/19 S	3,326.3200	1.0000	0	3,326	3,326	0



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09/10/19 S	392,281.4300	1.0000	0	392,281	392,281	0
09/11/19 S	476,453.0400	1.0000	0	476,453	476,453	0
09/12/19 S	211,248.9100	1.0000	0	211,249	211,249	0
09/13/19 S	314,665.8900	1.0000	0	314,666	314,666	0
09/16/19 S	315,213.1000	1.0000	0	315,213	315,213	0
09/18/19 S	521,484.3400	1.0000	0	521,484	521,484	0
09/19/19 S	338,748.7700	1.0000	0	338,749	338,749	0
09/20/19 S	424,962.7100	1.0000	0	424,963	424,963	0
09/23/19 S	272,382.3500	1.0000	0	272,382	272,382	0
09/24/19 S	418,983.7600	1.0000	0	418,984	418,984	0
09/25/19 S	454,336.0400	1.0000	0	454,336	454,336	0
09/27/19 S	419,171.4600	1.0000	0	419,171	419,171	0
09/30/19 S	305,057.2300	1.0000	0	305,057	305,057	0
10/02/19 S	511,525.3800	1.0000	0	511,525	511,525	0
10/03/19 S	636,740.5900	1.0000	0	636,741	636,741	0
10/04/19 S	417,671.8100	1.0000	0	417,672	417,672	0
10/07/19 S	295,237.5100	1.0000	0	295,238	295,238	0
10/08/19 S	3,364.8400	1.0000	0	3,365	3,365	0
10/08/19 S	279,049.7600	1.0000	0	279,050	279,050	0
10/09/19 S	466,708.0300	1.0000	0	466,708	466,708	0
10/10/19 S	347,524.8600	1.0000	0	347,525	347,525	0
10/11/19 S	387,124.0700	1.0000	0	387,124	387,124	0
10/15/19 S	440,861.2300	1.0000	0	440,861	440,861	0
10/16/19 S	3.5300	1.0000	0	4	4	0
10/16/19 S	474,297.0400	1.0000	0	474,297	474,297	0
10/18/19 S	453,383.4000	1.0000	0	453,383	453,383	0
10/21/19 S	363,095.6700	1.0000	0	363,096	363,096	0
10/22/19 S	428,024.4800	1.0000	0	428,024	428,024	0
10/23/19 S	511,210.0300	1.0000	0	511,210	511,210	0
10/24/19 S	361,126.1200	1.0000	0	361,126	361,126	0
10/25/19 S	403,682.7900	1.0000	0	403,683	403,683	0
10/29/19 S	410,879.6200	1.0000	0	410,880	410,880	0
10/30/19 S	485,480.9900	1.0000	0	485,481	485,481	0
11/04/19 S	322,007.9500	1.0000	0	322,008	322,008	0
11/05/19 S	396,671.9400	1.0000	0	396,672	396,672	0
11/06/19 S	466,655.7000	1.0000	0	466,656	466,656	0
11/07/19 S	169,411.6100	1.0000	0	169,412	169,412	0
11/08/19 S	3,425.0900	1.0000	0	3,425	3,425	0
11/08/19 S	404,737.0600	1.0000	0	404,737	404,737	0
11/12/19 S	487,013.5500	1.0000	0	487,014	487,014	0
11/13/19 S	479,199.9700	1.0000	0	479,200	479,200	0
11/14/19 S	460,982.4400	1.0000	0	460,982	460,982	0
11/15/19 S	440,745.0200	1.0000	0	440,745	440,745	0
11/18/19 S	299,393.1800	1.0000	0	299,393	299,393	0
11/19/19 S	432,343.7300	1.0000	0	432,344	432,344	0
11/20/19 S	477,648.9400	1.0000	0	477,649	477,649	0



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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
11/21/19 S	323,703.1500	1.0000	0	323,703	323,703	0
11/22/19 S	386,094.2900	1.0000	0	386,094	386,094	0
11/25/19 S	302,095.6500	1.0000	0	302,096	302,096	0
11/26/19 S	401,127.0700	1.0000	0	401,127	401,127	0
11/27/19 S	478,697.9100	1.0000	0	478,698	478,698	0
11/29/19 S	363,512.7600	1.0000	0	363,513	363,513	0
12/02/19 S	602,730.1000	1.0000	0	602,730	602,730	0
12/03/19 S	547,267.1300	1.0000	0	547,267	547,267	0
12/04/19 S	419,707.1400	1.0000	0	419,707	419,707	0
12/05/19 S	272,231.4800	1.0000	0	272,231	272,231	0
12/06/19 S	324,575.7100	1.0000	0	324,576	324,576	0
12/09/19 S	3,378.3100	1.0000	0	3,378	3,378	0
12/09/19 S	93,867.3600	1.0000	0	93,867	93,867	0
12/10/19 S	416,113.4000	1.0000	0	416,113	416,113	0
12/11/19 S	486,880.5200	1.0000	0	486,881	486,881	0
12/12/19 S	398,057.7200	1.0000	0	398,058	398,058	0
12/13/19 S	444,111.5600	1.0000	0	444,112	444,112	0
12/16/19 S	313,227.4900	1.0000	0	313,227	313,227	0
12/17/19 S	404,566.8900	1.0000	0	404,567	404,567	0
12/18/19 S	476,592.2200	1.0000	0	476,592	476,592	0
12/19/19 S	371,007.7500	1.0000	0	371,008	371,008	0
12/20/19 S	443,204.8500	1.0000	0	443,205	443,205	0
12/23/19 S	325,246.1200	1.0000	0	325,246	325,246	0
12/24/19 S	424,618.8600	1.0000	0	424,619	424,619	0
12/26/19 S	518,605.7900	1.0000	0	518,606	518,606	0
12/27/19 S	474,801.1300	1.0000	0	474,801	474,801	0
12/30/19 S	225,203.0000	1.0000	0	225,203	225,203	0
12/31/19 S	308,913.5800	1.0000	0	308,914	308,914	0
SUB-TOTAL OF SALES # 231			0	86,691,097	86,691,097	0
SUB-TOTAL			0	161,397,509	161,397,509	0
GRAND TOTAL			0	161,397,509	161,397,509	0

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



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036737

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RAILROAD - EMP DENTAL PLAN

DATE
BOUGHT/SOLDSHARES
PAR VALUEUNIT
PRICEEXPENSE
INCURRED

PRINCIPAL CASH

ERISA COST

ERISA COST
GAIN/LOSS

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

F O O T N O T E S

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