

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
---	--	---

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 MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>502</u>
		1c	Effective date of plan <u>07/01/1973</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NATIONAL CARRIERS' CONFERENCE COMMITTEE</u> <div style="display: flex; justify-content: space-between;"> <div> <u>251 - 18TH STREET SOUTH SUITE 750</u> <u>ARLINGTON, VA 22202</u> </div> <div> <u>251 - 18TH STREET, SOUTH, SUITE 750</u> <u>ARLINGTON, VA 22202</u> </div> </div>	2b	Employer Identification Number (EIN) <u>52-1036399</u>
		2c	Plan Sponsor's telephone number <u>571-336-7600</u>
		2d	Business code (see instructions) <u>482110</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2020	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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="text-align: right;">27612</td> </tr> </table>	5	27612																		
5	27612																				
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;">6a(1)</td> <td style="text-align: right;">27612</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">26438</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">26438</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> </tr> <tr> <td style="text-align: center;">6g</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>			6a(1)	27612	6a(2)	26438	6b		6c		6d	26438	6e		6f		6g		6h	
6a(1)	27612																				
6a(2)	26438																				
6b																					
6c																					
6d	26438																				
6e																					
6f																					
6g																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7</td> <td style="text-align: right;">33</td> </tr> </table>	7	33																		
7	33																				
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: 4F																					

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)** ☐ **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 MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN	B Three-digit plan number (PN) ▶	502
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)
---------------	--

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

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

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

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

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

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

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

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

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

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

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

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	1494411	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	148716	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)

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	17514	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)

WEAVER BROTHERS INSURANCE

7315 WISCONSIN AVENUE E SUITE 900
BETHESDA, MD 20814

52-1590169

(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	15435	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"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>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 MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN</u>	B Three-digit plan number (PN) ►	<u>502</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	157030	63364
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1130977	1019482
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	109173	87586
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	5530668	8520114
(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	6927848 9690546
Liabilities			
g	Benefit claims payable	1g	3765142 4503177
h	Operating payables	1h	127340 172880
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	3892482 4676057
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3035366 5014489

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)	14257038
	(B) Participants	2a(1)(B)	
	(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)	14257038
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	140522
	(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)	140522
(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		14397560

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10741135	
(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)		10741135
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)	165377	
(2) Contract administrator fees	2i(2)	1494411	
(3) Investment advisory and management fees	2i(3)	17514	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1677302
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12418437

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1979123
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 Maintenance of Way Employees Supplemental Sickness Benefit Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Maintenance of Way Employees Supplemental Sickness Benefit 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 MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN**

**SCHEDULE OF ASSETS (HELD AT THE 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 Number: 502

(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>Money Market Funds</i>				
* SunTrust Bank Account 70-04-102-7036738	Money Market Fund Federated Trsy Obligs MM-I #68 FFS		\$8,520,114	\$8,520,114

*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 MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL**502****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 MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN

FINANCIAL STATEMENTS
(Together with Report of Independent Public Accountants)

DECEMBER 31, 2019 and 2018

**THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN**

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR’S REPORT	1 – 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Statements of Plan Benefit Obligations	5
Statement of Changes in Plan Benefit Obligations	6
Notes to Financial Statements	7 – 14
SUPPLEMENTARY INFORMATION	
Schedule of Assets (Held at End of Year)	15
Schedule of Reportable Transactions	16 – 25



INDEPENDENT AUDITOR'S REPORT

To the National Carriers' Conference Committee with respect to
The Maintenance of Way Employees Supplemental Sickness Benefit Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Maintenance of Way Employees Supplemental Sickness Benefit 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 MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN**

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

	2019	2018
ASSETS		
Investments, at fair value	<u>\$ 8,520,114</u>	<u>\$ 5,530,668</u>
Receivables:		
Participating railroads' contributions	1,019,482	1,130,977
Plan benefit overpayments, net	77,145	99,529
Accrued interest	<u>10,441</u>	<u>9,644</u>
	<u>1,107,068</u>	<u>1,240,150</u>
Cash	<u>63,364</u>	<u>157,030</u>
Amounts due from participating railroads	<u>-</u>	<u>-</u>
Total assets	<u>9,690,546</u>	<u>6,927,848</u>
LIABILITIES		
Accounts payable and accrued expenses	<u>172,880</u>	<u>127,340</u>
Total liabilities	<u>172,880</u>	<u>127,340</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 9,517,666</u></u>	<u><u>\$ 6,800,508</u></u>

**THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN**

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

ADDITIONS	
Investment Income:	
Interest income	\$ 140,522
Less investment expenses	<u>(17,514)</u>
	<u>123,008</u>
Participating railroads' contributions	<u>14,257,038</u>
Total additions	<u>14,380,046</u>
DEDUCTIONS	
Benefits paid to participants	10,003,100
Administrative expenses	<u>1,659,788</u>
Total deductions	<u>11,662,888</u>
Net increase	2,717,158
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	<u>6,800,508</u>
End of year	<u><u>\$ 9,517,666</u></u>

**THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN**

**STATEMENTS OF PLAN BENEFIT OBLIGATIONS
(As Determined By The Hartford)
December 31, 2019 and 2018**

	2019	2018
<hr/>		
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS		
Claims payable and claims incurred but not reported	<u>\$ 4,503,177</u>	<u>\$ 3,765,142</u>

**THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN**

**STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS
(As Determined By The Hartford)
Year Ended December 31, 2019**

AMOUNTS CURRENTLY PAYABLE
TO OR FOR PARTICIPANTS

Balance at beginning of year	\$ 3,765,142
Claims approved for payment and claims incurred but not reported	10,741,135
Claims paid	<u>(10,003,100)</u>
Balance at end of year	<u><u>\$ 4,503,177</u></u>

THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following description of The Maintenance of Way Employees Supplemental Sickness 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 was established in 1973 pursuant to collective-bargaining to supplement the sickness benefits provided pursuant to the Railroad Unemployment Insurance Act for eligible Maintenance of Way employees of participating railroads. 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's supplemental sickness benefits are provided on a self-insured basis. The Plan is primarily administered by a third party administrator, The Hartford, 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 are entitled to receive the benefits provided by the Plan.

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 in the amount determined after discussions with The Hartford. The railroads fund the obligations of the Plan on a monthly basis 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 MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT 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 the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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

Allowance for doubtful accounts: The Plan utilizes the allowance method to account for uncollectible receivables. Unless otherwise noted (see Note 5), an allowance for doubtful accounts for the Plan's receivable balances is not considered necessary as probable uncollectible amounts have been determined by the Plan Administrator not to be significant to the financial statements.

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

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 11 for additional information.

THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 3. Information Certified by the Plan's Trustee

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

	2019	2018
Money Market Fund:*		
Investments	\$ 8,520,114	\$ 5,530,668
Accrued interest	10,441	9,644
Interest income	140,522	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.

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.

THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements (Continued)

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	\$ 8,520,114	\$ -	\$ -	\$ 8,520,114
Total assets at fair value	\$ 8,520,114	\$ -	\$ -	\$ 8,520,114

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 5,530,668	\$ -	\$ -	\$ 5,530,668
Total assets at fair value	\$ 5,530,668	\$ -	\$ -	\$ 5,530,668

Note 5. Plan Benefit Overpayment Receivable

Pursuant to the Plan's Summary Plan Description, should a Plan participant receive one or more types of certain subsequent payments from a government entity, another plan, or another insurance arrangement (see Plan's Summary Plan Description for a complete listing of these subsequent payments) in connection with a disability claim that has been paid by the Plan, the payment will reduce the basic benefit payable by the Plan and an overpayment will be created.

Upon receiving such a payment, the Plan participant is obligated to repay the overpayment to the Plan. Generally, the overpayment is equal to the lesser of the disability claim paid by the Plan or the total amount subsequently received by the Plan participant.

THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5. Plan Benefit Overpayment Receivable (Continued)

Based on current and historical collection patterns, the Plan Administrator has determined that any amounts not repaid by Plan participants within one year of receipt of such payments will be deemed uncollectible. The following table represents the balances of the plan benefit overpayment receivable as of December 31, 2019 and 2018 which only includes amounts that have been reported to and recorded by The Hartford as of December 31st:

	2019	2018
Total plan benefit overpayment receivable	\$ 711,843	\$ 882,264
Allowance	(634,698)	(782,735)
Net plan benefit overpayment receivable	<u>\$ 77,145</u>	<u>\$ 99,529</u>

The gain contingency associated with the receipt of future awards that have not been communicated to The Hartford and recorded as an overpayment as of December 31st, may result in prospective overpayments to a participant and refunds receivable to the Plan. This gain contingency has not been recognized by the Plan because the Plan Administrator believes this amount cannot be reasonably estimated as of the financial statement date.

Note 6. Post-Retirement Benefits and Other Plan Obligations

The Plan provides no post-retirement benefits.

Plan obligations as of December 31st for claims payable and claims incurred by participants but not reported as of that date are estimated by The Hartford. Such estimated amounts are reported in the accompanying statement of plan benefit obligations at present value. Based on the current nature of the obligation, generally within nine months of the end of the Plan year, discounting the obligation was not necessary.

For measurement purposes, the insurance underwriters at The Hartford developed monthly reserve factors using historical claim-cost data. The monthly reserve factors were applied to the monthly claims totals for the Plan Year on an incurred basis. The resulting claims obligation represents the total claims expense to be paid for all disabilities that occurred during the Plan year. This obligation was then reduced by the claim payments made during the Plan year and the resulting obligation, which represents an estimate of the total claims to be paid after year-end, was recognized for financial statement reporting purposes.

Note 7. Concentration of Participating Railroads

There are approximately 33 railroads participating in the Plan, of which 5 participating railroads comprised approximately 88% and 89% of the total Plan activity as of and for the years ended December 31, 2019 and 2018, respectively.

**THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN**

NOTES TO FINANCIAL STATEMENTS

Note 7. Concentration of Participating Railroads (Continued)

This activity includes, but is not limited to, participating railroad 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:

Railroad	Percentage of Total Plan Activity	
	2019	2018
A	27.1%	27.5%
B	24.2%	24.1%
C	14.3%	14.6%
D	12.6%	12.3%
E	9.4%	10.2%

Note 8. Reconciliation of Financial Statements to Form 5500

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

	2019	2018
Net assets available for benefits as reported within the financial statements	\$ 9,517,666	\$ 6,800,508
Benefit obligations currently payable	(4,503,177)	(3,765,142)
Net assets available for benefits as reported within the Form 5500	\$ 5,014,489	\$ 3,035,366

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.

Benefits paid to participants as reported within the financial statements	\$ 10,003,100
Add: Amounts payable at end of year	4,503,177
Less: Amounts payable at beginning of year	(3,765,142)
Benefits paid to participants as reported within the Form 5500	\$ 10,741,135

THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 8. Reconciliation of Financial Statements to Form 5500 (Continued)

Amounts currently payable to or for participants 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 9. Party in Interest Transactions

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

Note 10. Risks and Uncertainties

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

A Plan benefit overpayment receivable is recorded when an overpayment is communicated to The Hartford. The collectability of this receivable is determined by the Plan Administrator based on certain historical collection patterns. Due to uncertainties inherent in the communication, estimations, and assumptions process, it is at least reasonably possible that the timing of such communications and changes in these estimates and assumptions in the near term 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 and claims incurred but not reported, as calculated and reported to the Plan by The Hartford as of December 31, 2019 and 2018 is based on certain assumptions pertaining to health care trends and employee demographics, all of which are subject to change. 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 could be material to the financial statements.

Note 11. 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.

THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 11. Subsequent Event (Continued)

In response to the pandemic, President Trump signed into law the Coronavirus Aid, Relief, and Economic Security Act, or CARES Act, on March 27, 2020, which enhanced unemployment and sickness benefits for railroad workers impacted by the pandemic. The enhancements to unemployment and sickness benefits were summarized by The U.S. Railroad Retirement Board (RRB) within press release No. 20-5 titled *Coronavirus Relief Act Impacts Railroad Workers* as follows:

Under the CARES Act, the 1-week waiting period required before railroad workers can receive unemployment or sickness benefits is temporarily eliminated. This applies to an employee's first 2-week registration period for a period of continuing sickness or unemployment beginning after the effective date of the law and ending on or before December 31, 2020.

In addition, the amount of the unemployment benefit is increased by \$1,200 per 2-week period. This is in addition to the current biweekly maximum of \$733.98 received by most claimants. This increased amount applies to any 2-week registration periods beginning on or after April 1, 2020 through July 31, 2020.

The CARES Act includes a separate appropriation of \$425 million to pay for this added "recovery benefit," with an additional \$50 million provided to cover the cost of eliminating the waiting period. If these funds are exhausted, the new provisions will no longer apply.

The CARES Act also authorizes payment of extended unemployment benefits to rail workers who received unemployment benefits from July 1, 2019 to June 30, 2020.

Under the legislation, railroad workers with less than 10 years of service may be eligible for up to 65 days of extended benefits within 7 consecutive 2-week registration periods. Workers with 10 or more years of railroad service, who were previously eligible for up to 65 days in extended benefits, may now receive benefits for up to 130 days within 13 consecutive 2-week registration periods.

The RRB will also pay sickness benefits, and in some cases, unemployment benefits, to rail workers who have tested positive for COVID-19 or been subject to a quarantine order.

The ultimate financial effects of the CARES Act on the basic benefit payable by the Plan cannot be reasonably estimated at this time.

SUPPLEMENTARY INFORMATION

**THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN**

**SCHEDULE OF ASSETS (HELD AT THE 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 Number: 502

(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>Money Market Funds</i>			
*	SunTrust Bank Account 70-04-102-7036738	Money Market Fund Federated Trsy Obligs MM-I #68 FFS	\$8,520,114	\$8,520,114

*Known party-in-interest to the Plan.

**THE MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT 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 Number: 502

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

SunTrust Bank

Account 70-04-102-7036738 (See attached schedule as prepared and reported by SunTrust Bank)



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036738

PAGE 68

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
		BEGINNING MARKET VALUE		5,540,312.15		
		COMPARATIVE VALUE (5%)		277,015.61		
		-----		-----		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/17/19 B	306,710.9000	1.0000	0	-306,711 *		306,711
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/18/19 B	295,835.7600	1.0000	0	-295,836 *		295,836
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/20/19 B	287,468.7800	1.0000	0	-287,469 *		287,469
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/19/19 B	447,931.9100	1.0000	0	-447,932 *		447,932
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/16/19 B	324,122.7700	1.0000	0	-324,123 *		324,123
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/23/19 B	309,961.7300	1.0000	0	-309,962 *		309,962
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/24/19 B	288,578.3200	1.0000	0	-288,578 *		288,578
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
05/16/19 B	304,695.1300	1.0000	0	-304,695 *		304,695
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
05/24/19 B	299,549.1500	1.0000	0	-299,549 *		299,549
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/19/19 B	290,104.8100	1.0000	0	-290,105 *		290,105
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/19/19 B	477,335.0300	1.0000	0	-477,335 *		477,335
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/22/19 B	294,441.6000	1.0000	0	-294,442 *		294,442
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/24/19 B	291,024.4700	1.0000	0	-291,024 *		291,024
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/26/19 B	291,445.9300	1.0000	0	-291,446 *		291,446
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
09/26/19 B	313,238.7400	1.0000	0	-313,239 *		313,239
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/01/19 B	354,815.2200	1.0000	0	-354,815 *		354,815
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/17/19 B	296,876.5100	1.0000	0	-296,877 *		296,877

00038 01 000000



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036738

PAGE 69

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/22/19 B	307,718.7100	1.0000	0	-307,719 *	307,719	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
12/27/19 B	356,145.7900	1.0000	0	-356,146 *	356,146	
GRAND TOTAL			0	6,138,003	6,138,003	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	9,644.4800	1.0000	0	-9,644	9,644
01/16/19 B	128,789.2100	1.0000	0	-128,789	128,789
01/17/19 B	306,710.9000	1.0000	0	-306,711 *	306,711
01/18/19 B	295,835.7600	1.0000	0	-295,836 *	295,836
01/23/19 B	255,109.3200	1.0000	0	-255,109	255,109
01/31/19 B	26,276.7300	1.0000	0	-26,277	26,277
02/04/19 B	10,740.3500	1.0000	0	-10,740	10,740
02/15/19 B	178,413.0100	1.0000	0	-178,413	178,413
02/19/19 B	118,456.0500	1.0000	0	-118,456	118,456
02/20/19 B	287,468.7800	1.0000	0	-287,469 *	287,469
02/22/19 B	111,987.0000	1.0000	0	-111,987	111,987
02/25/19 B	230,793.5800	1.0000	0	-230,794	230,794
03/04/19 B	10,032.7900	1.0000	0	-10,033	10,033
03/15/19 B	149,840.5600	1.0000	0	-149,841	149,841
03/18/19 B	131,304.3000	1.0000	0	-131,304	131,304
03/19/19 B	447,931.9100	1.0000	0	-447,932 *	447,932



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036738

PAGE 70

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
03/26/19 B	257,850.1700	1.0000	0	-257,850	257,850	
04/02/19 B	11,842.6200	1.0000	0	-11,843	11,843	
04/16/19 B	324,122.7700	1.0000	0	-324,123 *	324,123	
04/22/19 B	127,709.5000	1.0000	0	-127,710	127,710	
04/23/19 B	309,961.7300	1.0000	0	-309,962 *	309,962	
04/24/19 B	288,578.3200	1.0000	0	-288,578 *	288,578	
05/02/19 B	11,981.0500	1.0000	0	-11,981	11,981	
05/16/19 B	304,695.1300	1.0000	0	-304,695 *	304,695	
05/17/19 B	128,700.0100	1.0000	0	-128,700	128,700	
05/22/19 B	38,784.8800	1.0000	0	-38,785	38,785	
05/23/19 B	268,216.6900	1.0000	0	-268,217	268,217	
05/24/19 B	299,549.1500	1.0000	0	-299,549 *	299,549	
06/04/19 B	12,926.9900	1.0000	0	-12,927	12,927	
06/14/19 B	175,862.3200	1.0000	0	-175,862	175,862	
06/17/19 B	140,097.9600	1.0000	0	-140,098	140,098	
06/18/19 B	71,495.3300	1.0000	0	-71,495	71,495	
06/19/19 B	290,104.8100	1.0000	0	-290,105 *	290,105	
06/21/19 B	275,291.4100	1.0000	0	-275,291	275,291	
07/02/19 B	12,864.5000	1.0000	0	-12,865	12,865	
07/19/19 B	477,335.0300	1.0000	0	-477,335 *	477,335	
07/22/19 B	294,441.6000	1.0000	0	-294,442 *	294,442	
07/24/19 B	291,024.4700	1.0000	0	-291,024 *	291,024	
07/29/19 B	32,744.2700	1.0000	0	-32,744	32,744	
08/02/19 B	13,514.2000	1.0000	0	-13,514	13,514	
08/15/19 B	17,016.2600	1.0000	0	-17,016	17,016	
08/16/19 B	148,973.8600	1.0000	0	-148,974	148,974	
08/20/19 B	54,984.6300	1.0000	0	-54,985	54,985	
08/21/19 B	270,938.8400	1.0000	0	-270,939	270,939	
08/26/19 B	291,445.9300	1.0000	0	-291,446 *	291,446	
08/27/19 B	41,628.5700	1.0000	0	-41,629	41,629	
09/04/19 B	12,402.9600	1.0000	0	-12,403	12,403	
09/04/19 B	173,872.8000	1.0000	0	-173,873	173,873	
09/16/19 B	104,335.9400	1.0000	0	-104,336	104,336	
09/17/19 B	144,855.3800	1.0000	0	-144,855	144,855	
09/18/19 B	7,867.2200	1.0000	0	-7,867	7,867	
09/26/19 B	313,238.7400	1.0000	0	-313,239 *	313,239	
10/01/19 B	354,815.2200	1.0000	0	-354,815 *	354,815	
10/02/19 B	12,139.2800	1.0000	0	-12,139	12,139	
10/17/19 B	296,876.5100	1.0000	0	-296,877 *	296,877	
10/22/19 B	307,718.7100	1.0000	0	-307,719 *	307,719	
10/24/19 B	207,996.3200	1.0000	0	-207,996	207,996	
10/28/19 B	62,818.0200	1.0000	0	-62,818	62,818	
11/01/19 B	22,320.7200	1.0000	0	-22,321	22,321	
11/04/19 B	11,518.0500	1.0000	0	-11,518	11,518	
11/15/19 B	155,366.4200	1.0000	0	-155,366	155,366	
11/18/19 B	153,141.5500	1.0000	0	-153,142	153,142	



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036738

PAGE 71

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
11/19/19 B	125,159.6200	1.0000	0	-125,160	125,160	
11/20/19 B	274,479.1300	1.0000	0	-274,479	274,479	
11/25/19 B	248,630.0300	1.0000	0	-248,630	248,630	
11/29/19 B	63,165.6000	1.0000	0	-63,166	63,166	
12/03/19 B	10,118.4700	1.0000	0	-10,118	10,118	
12/16/19 B	137,487.8000	1.0000	0	-137,488	137,488	
12/17/19 B	156,146.4100	1.0000	0	-156,146	156,146	
12/20/19 B	263,879.2600	1.0000	0	-263,879	263,879	
12/27/19 B	356,145.7900	1.0000	0	-356,146 *	356,146	
12/30/19 B	326.7200	1.0000	0	-327	327	
SUB-TOTAL OF BUYS # 72			0	11,960,842	11,960,842	
01/02/19 S	145,233.5100	1.0000	0	145,234	145,234	0
01/03/19 S	30,996.3500	1.0000	0	30,996	30,996	0
01/04/19 S	22,347.0800	1.0000	0	22,347	22,347	0
01/07/19 S	9,501.5200	1.0000	0	9,502	9,502	0
01/08/19 S	7,907.6500	1.0000	0	7,908	7,908	0
01/09/19 S	1,269.9500	1.0000	0	1,270	1,270	0
01/09/19 S	109,571.9500	1.0000	0	109,572	109,572	0
01/10/19 S	31,299.5200	1.0000	0	31,300	31,300	0
01/11/19 S	71,903.4600	1.0000	0	71,903	71,903	0
01/14/19 S	52,081.3500	1.0000	0	52,081	52,081	0
01/15/19 S	23,469.6600	1.0000	0	23,470	23,470	0
01/22/19 S	27,317.7000	1.0000	0	27,318	27,318	0
01/24/19 S	58,315.4700	1.0000	0	58,315	58,315	0
01/25/19 S	15,087.7700	1.0000	0	15,088	15,088	0
01/28/19 S	30,766.6400	1.0000	0	30,767	30,767	0
01/29/19 S	32,319.9200	1.0000	0	32,320	32,320	0
01/30/19 S	90,790.5300	1.0000	0	90,791	90,791	0
02/01/19 S	20,958.8100	1.0000	0	20,959	20,959	0
02/04/19 S	157,864.8200	1.0000	0	157,865	157,865	0
02/05/19 S	14,665.0500	1.0000	0	14,665	14,665	0
02/06/19 S	47,839.2900	1.0000	0	47,839	47,839	0
02/07/19 S	40,965.4400	1.0000	0	40,965	40,965	0
02/08/19 S	1,314.3300	1.0000	0	1,314	1,314	0
02/08/19 S	15,566.4400	1.0000	0	15,566	15,566	0
02/11/19 S	41,198.4800	1.0000	0	41,198	41,198	0
02/12/19 S	27,469.0700	1.0000	0	27,469	27,469	0
02/13/19 S	47,003.3400	1.0000	0	47,003	47,003	0
02/14/19 S	27,726.7000	1.0000	0	27,727	27,727	0
02/21/19 S	24,294.7400	1.0000	0	24,295	24,295	0
02/26/19 S	16,947.6000	1.0000	0	16,948	16,948	0
02/27/19 S	65,756.1900	1.0000	0	65,756	65,756	0
02/28/19 S	41,941.8700	1.0000	0	41,942	41,942	0
03/01/19 S	164,950.1400	1.0000	0	164,950	164,950	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036738

PAGE 72

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
03/04/19 S	30,532.7600	1.0000	0	30,533	30,533	0
03/05/19 S	24,777.0400	1.0000	0	24,777	24,777	0
03/06/19 S	36,120.4400	1.0000	0	36,120	36,120	0
03/07/19 S	30,918.4300	1.0000	0	30,918	30,918	0
03/08/19 S	1,339.5600	1.0000	0	1,340	1,340	0
03/08/19 S	36,357.6500	1.0000	0	36,358	36,358	0
03/11/19 S	55,757.7900	1.0000	0	55,758	55,758	0
03/12/19 S	14,212.0400	1.0000	0	14,212	14,212	0
03/13/19 S	52,918.8400	1.0000	0	52,919	52,919	0
03/14/19 S	27,377.5800	1.0000	0	27,378	27,378	0
03/20/19 S	43,257.2000	1.0000	0	43,257	43,257	0
03/21/19 S	34,489.8300	1.0000	0	34,490	34,490	0
03/22/19 S	26,129.1300	1.0000	0	26,129	26,129	0
03/25/19 S	42,138.5200	1.0000	0	42,139	42,139	0
03/27/19 S	51,563.3800	1.0000	0	51,563	51,563	0
03/28/19 S	79,277.7700	1.0000	0	79,278	79,278	0
03/29/19 S	21,575.8000	1.0000	0	21,576	21,576	0
04/01/19 S	31,470.4000	1.0000	0	31,470	31,470	0
04/02/19 S	147,137.0200	1.0000	0	147,137	147,137	0
04/03/19 S	741.0100	1.0000	0	741	741	0
04/04/19 S	15,193.7700	1.0000	0	15,194	15,194	0
04/05/19 S	24,410.4500	1.0000	0	24,410	24,410	0
04/08/19 S	1,382.3700	1.0000	0	1,382	1,382	0
04/08/19 S	53,982.1200	1.0000	0	53,982	53,982	0
04/09/19 S	26,250.6500	1.0000	0	26,251	26,251	0
04/10/19 S	24,321.8200	1.0000	0	24,322	24,322	0
04/11/19 S	47,870.9800	1.0000	0	47,871	47,871	0
04/12/19 S	20,452.6800	1.0000	0	20,453	20,453	0
04/15/19 S	23,868.1800	1.0000	0	23,868	23,868	0
04/17/19 S	65,925.5600	1.0000	0	65,926	65,926	0
04/18/19 S	51,180.9000	1.0000	0	51,181	51,181	0
04/25/19 S	33,992.3300	1.0000	0	33,992	33,992	0
04/26/19 S	22,843.2000	1.0000	0	22,843	22,843	0
04/29/19 S	68,490.4800	1.0000	0	68,490	68,490	0
04/30/19 S	25,397.6600	1.0000	0	25,398	25,398	0
05/01/19 S	175,353.6000	1.0000	0	175,354	175,354	0
05/02/19 S	36,533.4700	1.0000	0	36,533	36,533	0
05/03/19 S	23,482.5100	1.0000	0	23,483	23,483	0
05/06/19 S	36,231.0400	1.0000	0	36,231	36,231	0
05/07/19 S	27,003.4700	1.0000	0	27,003	27,003	0
05/08/19 S	1,412.1500	1.0000	0	1,412	1,412	0
05/08/19 S	53,383.9300	1.0000	0	53,384	53,384	0
05/09/19 S	22,638.1500	1.0000	0	22,638	22,638	0
05/10/19 S	10,144.5100	1.0000	0	10,145	10,145	0
05/13/19 S	38,214.2600	1.0000	0	38,214	38,214	0
05/14/19 S	17,191.3000	1.0000	0	17,191	17,191	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036738

PAGE 73

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
05/15/19 S	41,300.4000	1.0000	0	41,300	41,300	0
05/20/19 S	43,764.3000	1.0000	0	43,764	43,764	0
05/21/19 S	45,831.7500	1.0000	0	45,832	45,832	0
05/28/19 S	44,441.2600	1.0000	0	44,441	44,441	0
05/29/19 S	24,542.7400	1.0000	0	24,543	24,543	0
05/30/19 S	154,515.7800	1.0000	0	154,516	154,516	0
05/31/19 S	26,205.4700	1.0000	0	26,205	26,205	0
06/03/19 S	40,561.6400	1.0000	0	40,562	40,562	0
06/04/19 S	155,021.7600	1.0000	0	155,022	155,022	0
06/05/19 S	35,995.6800	1.0000	0	35,996	35,996	0
06/06/19 S	44,281.5700	1.0000	0	44,282	44,282	0
06/07/19 S	28,139.4200	1.0000	0	28,139	28,139	0
06/10/19 S	1,458.9700	1.0000	0	1,459	1,459	0
06/10/19 S	32,973.4000	1.0000	0	32,973	32,973	0
06/11/19 S	32,044.5400	1.0000	0	32,045	32,045	0
06/12/19 S	26,669.4100	1.0000	0	26,669	26,669	0
06/13/19 S	37,581.1400	1.0000	0	37,581	37,581	0
06/20/19 S	28,454.4300	1.0000	0	28,454	28,454	0
06/24/19 S	37,533.1100	1.0000	0	37,533	37,533	0
06/25/19 S	33,373.0200	1.0000	0	33,373	33,373	0
06/26/19 S	37,211.1300	1.0000	0	37,211	37,211	0
06/27/19 S	72,373.9900	1.0000	0	72,374	72,374	0
06/28/19 S	20,216.7200	1.0000	0	20,217	20,217	0
07/01/19 S	48,690.5100	1.0000	0	48,691	48,691	0
07/02/19 S	34,913.9100	1.0000	0	34,914	34,914	0
07/03/19 S	45,317.1000	1.0000	0	45,317	45,317	0
07/05/19 S	147,507.5400	1.0000	0	147,508	147,508	0
07/08/19 S	36,064.5200	1.0000	0	36,065	36,065	0
07/09/19 S	1,497.2800	1.0000	0	1,497	1,497	0
07/09/19 S	45,751.0000	1.0000	0	45,751	45,751	0
07/10/19 S	25,717.6000	1.0000	0	25,718	25,718	0
07/11/19 S	18,795.6300	1.0000	0	18,796	18,796	0
07/12/19 S	32,662.3900	1.0000	0	32,662	32,662	0
07/15/19 S	59,724.7300	1.0000	0	59,725	59,725	0
07/16/19 S	38,462.1400	1.0000	0	38,462	38,462	0
07/17/19 S	48,400.2900	1.0000	0	48,400	48,400	0
07/18/19 S	46,593.7400	1.0000	0	46,594	46,594	0
07/23/19 S	4,148.8600	1.0000	0	4,149	4,149	0
07/26/19 S	50,031.1900	1.0000	0	50,031	50,031	0
07/30/19 S	158,336.2000	1.0000	0	158,336	158,336	0
07/31/19 S	73,131.2500	1.0000	0	73,131	73,131	0
08/01/19 S	22,909.2500	1.0000	0	22,909	22,909	0
08/02/19 S	156,776.4600	1.0000	0	156,776	156,776	0
08/05/19 S	49,737.4200	1.0000	0	49,737	49,737	0
08/06/19 S	18,896.4200	1.0000	0	18,896	18,896	0
08/07/19 S	50,239.9900	1.0000	0	50,240	50,240	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036738

PAGE 74

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
08/08/19 S	1,520.2700	1.0000	0	1,520	1,520	0
08/08/19 S	27,032.3500	1.0000	0	27,032	27,032	0
08/09/19 S	24,923.3500	1.0000	0	24,923	24,923	0
08/12/19 S	56,194.3400	1.0000	0	56,194	56,194	0
08/13/19 S	19,777.2100	1.0000	0	19,777	19,777	0
08/14/19 S	57,812.1500	1.0000	0	57,812	57,812	0
08/19/19 S	39,850.1100	1.0000	0	39,850	39,850	0
08/22/19 S	32,894.4900	1.0000	0	32,894	32,894	0
08/23/19 S	25,568.4200	1.0000	0	25,568	25,568	0
08/28/19 S	37,526.9300	1.0000	0	37,527	37,527	0
08/29/19 S	112,851.1200	1.0000	0	112,851	112,851	0
08/30/19 S	21,261.7100	1.0000	0	21,262	21,262	0
09/03/19 S	54,886.8200	1.0000	0	54,887	54,887	0
09/05/19 S	206,212.9400	1.0000	0	206,213	206,213	0
09/06/19 S	16,713.8200	1.0000	0	16,714	16,714	0
09/09/19 S	39,229.6300	1.0000	0	39,230	39,230	0
09/10/19 S	1,536.5600	1.0000	0	1,537	1,537	0
09/10/19 S	28,775.1000	1.0000	0	28,775	28,775	0
09/11/19 S	38,017.5500	1.0000	0	38,018	38,018	0
09/12/19 S	51,577.2800	1.0000	0	51,577	51,577	0
09/13/19 S	7,378.0800	1.0000	0	7,378	7,378	0
09/19/19 S	30,340.4700	1.0000	0	30,340	30,340	0
09/20/19 S	15,021.0900	1.0000	0	15,021	15,021	0
09/23/19 S	45,858.1800	1.0000	0	45,858	45,858	0
09/24/19 S	19,053.0800	1.0000	0	19,053	19,053	0
09/25/19 S	53,636.6300	1.0000	0	53,637	53,637	0
09/27/19 S	59,840.7700	1.0000	0	59,841	59,841	0
09/30/19 S	44,075.8600	1.0000	0	44,076	44,076	0
10/02/19 S	44,892.1600	1.0000	0	44,892	44,892	0
10/03/19 S	147,488.5000	1.0000	0	147,489	147,489	0
10/04/19 S	29,796.2100	1.0000	0	29,796	29,796	0
10/07/19 S	51,076.7000	1.0000	0	51,077	51,077	0
10/08/19 S	1,559.6900	1.0000	0	1,560	1,560	0
10/08/19 S	25,374.2000	1.0000	0	25,374	25,374	0
10/09/19 S	50,162.9300	1.0000	0	50,163	50,163	0
10/10/19 S	27,569.7400	1.0000	0	27,570	27,570	0
10/11/19 S	17,703.2300	1.0000	0	17,703	17,703	0
10/15/19 S	19,235.9900	1.0000	0	19,236	19,236	0
10/16/19 S	62,103.6300	1.0000	0	62,104	62,104	0
10/18/19 S	16,304.9700	1.0000	0	16,305	16,305	0
10/21/19 S	17,698.6800	1.0000	0	17,699	17,699	0
10/23/19 S	58,263.4800	1.0000	0	58,263	58,263	0
10/25/19 S	33,067.8000	1.0000	0	33,068	33,068	0
10/29/19 S	25,348.3600	1.0000	0	25,348	25,348	0
10/30/19 S	166,877.7700	1.0000	0	166,878	166,878	0
10/31/19 S	46,568.6400	1.0000	0	46,569	46,569	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036738

PAGE 75

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
11/04/19 S	53,038.1800	1.0000	0	53,038	53,038	0
11/05/19 S	22,222.4500	1.0000	0	22,222	22,222	0
11/06/19 S	66,456.6500	1.0000	0	66,457	66,457	0
11/07/19 S	86,096.8200	1.0000	0	86,097	86,097	0
11/08/19 S	1,601.8800	1.0000	0	1,602	1,602	0
11/08/19 S	35,184.6400	1.0000	0	35,185	35,185	0
11/12/19 S	52,386.4200	1.0000	0	52,386	52,386	0
11/14/19 S	165,335.7200	1.0000	0	165,336	165,336	0
11/21/19 S	60,501.7500	1.0000	0	60,502	60,502	0
11/22/19 S	28,836.3700	1.0000	0	28,836	28,836	0
11/26/19 S	132,947.1200	1.0000	0	132,947	132,947	0
11/27/19 S	48,338.2800	1.0000	0	48,338	48,338	0
12/02/19 S	38,193.5000	1.0000	0	38,194	38,194	0
12/03/19 S	155,852.3900	1.0000	0	155,852	155,852	0
12/04/19 S	19,124.3100	1.0000	0	19,124	19,124	0
12/05/19 S	85,453.9400	1.0000	0	85,454	85,454	0
12/06/19 S	22,074.0500	1.0000	0	22,074	22,074	0
12/09/19 S	1,620.6600	1.0000	0	1,621	1,621	0
12/09/19 S	39,291.5000	1.0000	0	39,292	39,292	0
12/11/19 S	10,390.8300	1.0000	0	10,391	10,391	0
12/12/19 S	32,012.3700	1.0000	0	32,012	32,012	0
12/13/19 S	28,563.8900	1.0000	0	28,564	28,564	0
12/18/19 S	76,563.5700	1.0000	0	76,564	76,564	0
12/19/19 S	20,744.8200	1.0000	0	20,745	20,745	0
12/23/19 S	47,088.5900	1.0000	0	47,089	47,089	0
12/26/19 S	87,989.3700	1.0000	0	87,989	87,989	0
12/31/19 S	32,342.1400	1.0000	0	32,342	32,342	0
SUB-TOTAL OF SALES # 198			0	8,971,395	8,971,395	0
SUB-TOTAL			0	20,932,237	20,932,237	0
GRAND TOTAL			0	20,932,237	20,932,237	0

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



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036738

PAGE 76

RAILROAD - MAINT WAY EMP SUPP SK

DATE
BOUGHT/SOLDSHARES
PAR VALUEUNIT
PRICEEXPENSE
INCURREDPRINCIPAL CASHERISA COSTERISA 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 - 0069**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**

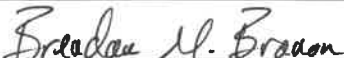
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ 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 MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN	1b Three-digit plan number (PN) ▶ 502
	1c Effective date of plan 07/01/1973
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 27,612
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> 6a(1) 27,612 6a(2) 26,438 6b 6c 6d 26,438 6e 6f 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 33
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: 4 F	

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 MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT 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 Number: 502

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

SunTrust Bank

Account 70-04-102-7036738 (See attached schedule as prepared and reported by SunTrust Bank)



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036738

PAGE 68

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
		BEGINNING MARKET VALUE		5,540,312.15		
		COMPARATIVE VALUE (5%)		277,015.61		
		-----		-----		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/17/19 B	306,710.9000	1.0000	0	-306,711 *		306,711
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/18/19 B	295,835.7600	1.0000	0	-295,836 *		295,836
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
02/20/19 B	287,468.7800	1.0000	0	-287,469 *		287,469
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
03/19/19 B	447,931.9100	1.0000	0	-447,932 *		447,932
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/16/19 B	324,122.7700	1.0000	0	-324,123 *		324,123
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/23/19 B	309,961.7300	1.0000	0	-309,962 *		309,962
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
04/24/19 B	288,578.3200	1.0000	0	-288,578 *		288,578
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
05/16/19 B	304,695.1300	1.0000	0	-304,695 *		304,695
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
05/24/19 B	299,549.1500	1.0000	0	-299,549 *		299,549
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
06/19/19 B	290,104.8100	1.0000	0	-290,105 *		290,105
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/19/19 B	477,335.0300	1.0000	0	-477,335 *		477,335
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/22/19 B	294,441.6000	1.0000	0	-294,442 *		294,442
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
07/24/19 B	291,024.4700	1.0000	0	-291,024 *		291,024
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
08/26/19 B	291,445.9300	1.0000	0	-291,446 *		291,446
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
09/26/19 B	313,238.7400	1.0000	0	-313,239 *		313,239
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/01/19 B	354,815.2200	1.0000	0	-354,815 *		354,815
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/17/19 B	296,876.5100	1.0000	0	-296,877 *		296,877

00038 01 000000



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036738

PAGE 69

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
10/22/19 B	307,718.7100	1.0000	0	-307,719 *	307,719	
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
12/27/19 B	356,145.7900	1.0000	0	-356,146 *	356,146	
GRAND TOTAL			0	6,138,003	6,138,003	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	9,644.4800	1.0000	0	-9,644	9,644
01/16/19 B	128,789.2100	1.0000	0	-128,789	128,789
01/17/19 B	306,710.9000	1.0000	0	-306,711 *	306,711
01/18/19 B	295,835.7600	1.0000	0	-295,836 *	295,836
01/23/19 B	255,109.3200	1.0000	0	-255,109	255,109
01/31/19 B	26,276.7300	1.0000	0	-26,277	26,277
02/04/19 B	10,740.3500	1.0000	0	-10,740	10,740
02/15/19 B	178,413.0100	1.0000	0	-178,413	178,413
02/19/19 B	118,456.0500	1.0000	0	-118,456	118,456
02/20/19 B	287,468.7800	1.0000	0	-287,469 *	287,469
02/22/19 B	111,987.0000	1.0000	0	-111,987	111,987
02/25/19 B	230,793.5800	1.0000	0	-230,794	230,794
03/04/19 B	10,032.7900	1.0000	0	-10,033	10,033
03/15/19 B	149,840.5600	1.0000	0	-149,841	149,841
03/18/19 B	131,304.3000	1.0000	0	-131,304	131,304
03/19/19 B	447,931.9100	1.0000	0	-447,932 *	447,932



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036738

PAGE 70

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
03/26/19 B	257,850.1700	1.0000	0	-257,850	257,850	
04/02/19 B	11,842.6200	1.0000	0	-11,843	11,843	
04/16/19 B	324,122.7700	1.0000	0	-324,123 *	324,123	
04/22/19 B	127,709.5000	1.0000	0	-127,710	127,710	
04/23/19 B	309,961.7300	1.0000	0	-309,962 *	309,962	
04/24/19 B	288,578.3200	1.0000	0	-288,578 *	288,578	
05/02/19 B	11,981.0500	1.0000	0	-11,981	11,981	
05/16/19 B	304,695.1300	1.0000	0	-304,695 *	304,695	
05/17/19 B	128,700.0100	1.0000	0	-128,700	128,700	
05/22/19 B	38,784.8800	1.0000	0	-38,785	38,785	
05/23/19 B	268,216.6900	1.0000	0	-268,217	268,217	
05/24/19 B	299,549.1500	1.0000	0	-299,549 *	299,549	
06/04/19 B	12,926.9900	1.0000	0	-12,927	12,927	
06/14/19 B	175,862.3200	1.0000	0	-175,862	175,862	
06/17/19 B	140,097.9600	1.0000	0	-140,098	140,098	
06/18/19 B	71,495.3300	1.0000	0	-71,495	71,495	
06/19/19 B	290,104.8100	1.0000	0	-290,105 *	290,105	
06/21/19 B	275,291.4100	1.0000	0	-275,291	275,291	
07/02/19 B	12,864.5000	1.0000	0	-12,865	12,865	
07/19/19 B	477,335.0300	1.0000	0	-477,335 *	477,335	
07/22/19 B	294,441.6000	1.0000	0	-294,442 *	294,442	
07/24/19 B	291,024.4700	1.0000	0	-291,024 *	291,024	
07/29/19 B	32,744.2700	1.0000	0	-32,744	32,744	
08/02/19 B	13,514.2000	1.0000	0	-13,514	13,514	
08/15/19 B	17,016.2600	1.0000	0	-17,016	17,016	
08/16/19 B	148,973.8600	1.0000	0	-148,974	148,974	
08/20/19 B	54,984.6300	1.0000	0	-54,985	54,985	
08/21/19 B	270,938.8400	1.0000	0	-270,939	270,939	
08/26/19 B	291,445.9300	1.0000	0	-291,446 *	291,446	
08/27/19 B	41,628.5700	1.0000	0	-41,629	41,629	
09/04/19 B	12,402.9600	1.0000	0	-12,403	12,403	
09/04/19 B	173,872.8000	1.0000	0	-173,873	173,873	
09/16/19 B	104,335.9400	1.0000	0	-104,336	104,336	
09/17/19 B	144,855.3800	1.0000	0	-144,855	144,855	
09/18/19 B	7,867.2200	1.0000	0	-7,867	7,867	
09/26/19 B	313,238.7400	1.0000	0	-313,239 *	313,239	
10/01/19 B	354,815.2200	1.0000	0	-354,815 *	354,815	
10/02/19 B	12,139.2800	1.0000	0	-12,139	12,139	
10/17/19 B	296,876.5100	1.0000	0	-296,877 *	296,877	
10/22/19 B	307,718.7100	1.0000	0	-307,719 *	307,719	
10/24/19 B	207,996.3200	1.0000	0	-207,996	207,996	
10/28/19 B	62,818.0200	1.0000	0	-62,818	62,818	
11/01/19 B	22,320.7200	1.0000	0	-22,321	22,321	
11/04/19 B	11,518.0500	1.0000	0	-11,518	11,518	
11/15/19 B	155,366.4200	1.0000	0	-155,366	155,366	
11/18/19 B	153,141.5500	1.0000	0	-153,142	153,142	



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036738

PAGE 71

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
11/19/19 B	125,159.6200	1.0000	0	-125,160	125,160	
11/20/19 B	274,479.1300	1.0000	0	-274,479	274,479	
11/25/19 B	248,630.0300	1.0000	0	-248,630	248,630	
11/29/19 B	63,165.6000	1.0000	0	-63,166	63,166	
12/03/19 B	10,118.4700	1.0000	0	-10,118	10,118	
12/16/19 B	137,487.8000	1.0000	0	-137,488	137,488	
12/17/19 B	156,146.4100	1.0000	0	-156,146	156,146	
12/20/19 B	263,879.2600	1.0000	0	-263,879	263,879	
12/27/19 B	356,145.7900	1.0000	0	-356,146 *	356,146	
12/30/19 B	326.7200	1.0000	0	-327	327	
SUB-TOTAL OF BUYS # 72			0	11,960,842	11,960,842	
01/02/19 S	145,233.5100	1.0000	0	145,234	145,234	0
01/03/19 S	30,996.3500	1.0000	0	30,996	30,996	0
01/04/19 S	22,347.0800	1.0000	0	22,347	22,347	0
01/07/19 S	9,501.5200	1.0000	0	9,502	9,502	0
01/08/19 S	7,907.6500	1.0000	0	7,908	7,908	0
01/09/19 S	1,269.9500	1.0000	0	1,270	1,270	0
01/09/19 S	109,571.9500	1.0000	0	109,572	109,572	0
01/10/19 S	31,299.5200	1.0000	0	31,300	31,300	0
01/11/19 S	71,903.4600	1.0000	0	71,903	71,903	0
01/14/19 S	52,081.3500	1.0000	0	52,081	52,081	0
01/15/19 S	23,469.6600	1.0000	0	23,470	23,470	0
01/22/19 S	27,317.7000	1.0000	0	27,318	27,318	0
01/24/19 S	58,315.4700	1.0000	0	58,315	58,315	0
01/25/19 S	15,087.7700	1.0000	0	15,088	15,088	0
01/28/19 S	30,766.6400	1.0000	0	30,767	30,767	0
01/29/19 S	32,319.9200	1.0000	0	32,320	32,320	0
01/30/19 S	90,790.5300	1.0000	0	90,791	90,791	0
02/01/19 S	20,958.8100	1.0000	0	20,959	20,959	0
02/04/19 S	157,864.8200	1.0000	0	157,865	157,865	0
02/05/19 S	14,665.0500	1.0000	0	14,665	14,665	0
02/06/19 S	47,839.2900	1.0000	0	47,839	47,839	0
02/07/19 S	40,965.4400	1.0000	0	40,965	40,965	0
02/08/19 S	1,314.3300	1.0000	0	1,314	1,314	0
02/08/19 S	15,566.4400	1.0000	0	15,566	15,566	0
02/11/19 S	41,198.4800	1.0000	0	41,198	41,198	0
02/12/19 S	27,469.0700	1.0000	0	27,469	27,469	0
02/13/19 S	47,003.3400	1.0000	0	47,003	47,003	0
02/14/19 S	27,726.7000	1.0000	0	27,727	27,727	0
02/21/19 S	24,294.7400	1.0000	0	24,295	24,295	0
02/26/19 S	16,947.6000	1.0000	0	16,948	16,948	0
02/27/19 S	65,756.1900	1.0000	0	65,756	65,756	0
02/28/19 S	41,941.8700	1.0000	0	41,942	41,942	0
03/01/19 S	164,950.1400	1.0000	0	164,950	164,950	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036738

PAGE 72

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
03/04/19 S	30,532.7600	1.0000	0	30,533	30,533	0
03/05/19 S	24,777.0400	1.0000	0	24,777	24,777	0
03/06/19 S	36,120.4400	1.0000	0	36,120	36,120	0
03/07/19 S	30,918.4300	1.0000	0	30,918	30,918	0
03/08/19 S	1,339.5600	1.0000	0	1,340	1,340	0
03/08/19 S	36,357.6500	1.0000	0	36,358	36,358	0
03/11/19 S	55,757.7900	1.0000	0	55,758	55,758	0
03/12/19 S	14,212.0400	1.0000	0	14,212	14,212	0
03/13/19 S	52,918.8400	1.0000	0	52,919	52,919	0
03/14/19 S	27,377.5800	1.0000	0	27,378	27,378	0
03/20/19 S	43,257.2000	1.0000	0	43,257	43,257	0
03/21/19 S	34,489.8300	1.0000	0	34,490	34,490	0
03/22/19 S	26,129.1300	1.0000	0	26,129	26,129	0
03/25/19 S	42,138.5200	1.0000	0	42,139	42,139	0
03/27/19 S	51,563.3800	1.0000	0	51,563	51,563	0
03/28/19 S	79,277.7700	1.0000	0	79,278	79,278	0
03/29/19 S	21,575.8000	1.0000	0	21,576	21,576	0
04/01/19 S	31,470.4000	1.0000	0	31,470	31,470	0
04/02/19 S	147,137.0200	1.0000	0	147,137	147,137	0
04/03/19 S	741.0100	1.0000	0	741	741	0
04/04/19 S	15,193.7700	1.0000	0	15,194	15,194	0
04/05/19 S	24,410.4500	1.0000	0	24,410	24,410	0
04/08/19 S	1,382.3700	1.0000	0	1,382	1,382	0
04/08/19 S	53,982.1200	1.0000	0	53,982	53,982	0
04/09/19 S	26,250.6500	1.0000	0	26,251	26,251	0
04/10/19 S	24,321.8200	1.0000	0	24,322	24,322	0
04/11/19 S	47,870.9800	1.0000	0	47,871	47,871	0
04/12/19 S	20,452.6800	1.0000	0	20,453	20,453	0
04/15/19 S	23,868.1800	1.0000	0	23,868	23,868	0
04/17/19 S	65,925.5600	1.0000	0	65,926	65,926	0
04/18/19 S	51,180.9000	1.0000	0	51,181	51,181	0
04/25/19 S	33,992.3300	1.0000	0	33,992	33,992	0
04/26/19 S	22,843.2000	1.0000	0	22,843	22,843	0
04/29/19 S	68,490.4800	1.0000	0	68,490	68,490	0
04/30/19 S	25,397.6600	1.0000	0	25,398	25,398	0
05/01/19 S	175,353.6000	1.0000	0	175,354	175,354	0
05/02/19 S	36,533.4700	1.0000	0	36,533	36,533	0
05/03/19 S	23,482.5100	1.0000	0	23,483	23,483	0
05/06/19 S	36,231.0400	1.0000	0	36,231	36,231	0
05/07/19 S	27,003.4700	1.0000	0	27,003	27,003	0
05/08/19 S	1,412.1500	1.0000	0	1,412	1,412	0
05/08/19 S	53,383.9300	1.0000	0	53,384	53,384	0
05/09/19 S	22,638.1500	1.0000	0	22,638	22,638	0
05/10/19 S	10,144.5100	1.0000	0	10,145	10,145	0
05/13/19 S	38,214.2600	1.0000	0	38,214	38,214	0
05/14/19 S	17,191.3000	1.0000	0	17,191	17,191	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036738

PAGE 73

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
05/15/19 S	41,300.4000	1.0000	0	41,300	41,300	0
05/20/19 S	43,764.3000	1.0000	0	43,764	43,764	0
05/21/19 S	45,831.7500	1.0000	0	45,832	45,832	0
05/28/19 S	44,441.2600	1.0000	0	44,441	44,441	0
05/29/19 S	24,542.7400	1.0000	0	24,543	24,543	0
05/30/19 S	154,515.7800	1.0000	0	154,516	154,516	0
05/31/19 S	26,205.4700	1.0000	0	26,205	26,205	0
06/03/19 S	40,561.6400	1.0000	0	40,562	40,562	0
06/04/19 S	155,021.7600	1.0000	0	155,022	155,022	0
06/05/19 S	35,995.6800	1.0000	0	35,996	35,996	0
06/06/19 S	44,281.5700	1.0000	0	44,282	44,282	0
06/07/19 S	28,139.4200	1.0000	0	28,139	28,139	0
06/10/19 S	1,458.9700	1.0000	0	1,459	1,459	0
06/10/19 S	32,973.4000	1.0000	0	32,973	32,973	0
06/11/19 S	32,044.5400	1.0000	0	32,045	32,045	0
06/12/19 S	26,669.4100	1.0000	0	26,669	26,669	0
06/13/19 S	37,581.1400	1.0000	0	37,581	37,581	0
06/20/19 S	28,454.4300	1.0000	0	28,454	28,454	0
06/24/19 S	37,533.1100	1.0000	0	37,533	37,533	0
06/25/19 S	33,373.0200	1.0000	0	33,373	33,373	0
06/26/19 S	37,211.1300	1.0000	0	37,211	37,211	0
06/27/19 S	72,373.9900	1.0000	0	72,374	72,374	0
06/28/19 S	20,216.7200	1.0000	0	20,217	20,217	0
07/01/19 S	48,690.5100	1.0000	0	48,691	48,691	0
07/02/19 S	34,913.9100	1.0000	0	34,914	34,914	0
07/03/19 S	45,317.1000	1.0000	0	45,317	45,317	0
07/05/19 S	147,507.5400	1.0000	0	147,508	147,508	0
07/08/19 S	36,064.5200	1.0000	0	36,065	36,065	0
07/09/19 S	1,497.2800	1.0000	0	1,497	1,497	0
07/09/19 S	45,751.0000	1.0000	0	45,751	45,751	0
07/10/19 S	25,717.6000	1.0000	0	25,718	25,718	0
07/11/19 S	18,795.6300	1.0000	0	18,796	18,796	0
07/12/19 S	32,662.3900	1.0000	0	32,662	32,662	0
07/15/19 S	59,724.7300	1.0000	0	59,725	59,725	0
07/16/19 S	38,462.1400	1.0000	0	38,462	38,462	0
07/17/19 S	48,400.2900	1.0000	0	48,400	48,400	0
07/18/19 S	46,593.7400	1.0000	0	46,594	46,594	0
07/23/19 S	4,148.8600	1.0000	0	4,149	4,149	0
07/26/19 S	50,031.1900	1.0000	0	50,031	50,031	0
07/30/19 S	158,336.2000	1.0000	0	158,336	158,336	0
07/31/19 S	73,131.2500	1.0000	0	73,131	73,131	0
08/01/19 S	22,909.2500	1.0000	0	22,909	22,909	0
08/02/19 S	156,776.4600	1.0000	0	156,776	156,776	0
08/05/19 S	49,737.4200	1.0000	0	49,737	49,737	0
08/06/19 S	18,896.4200	1.0000	0	18,896	18,896	0
08/07/19 S	50,239.9900	1.0000	0	50,240	50,240	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036738

PAGE 74

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
08/08/19 S	1,520.2700	1.0000	0	1,520	1,520	0
08/08/19 S	27,032.3500	1.0000	0	27,032	27,032	0
08/09/19 S	24,923.3500	1.0000	0	24,923	24,923	0
08/12/19 S	56,194.3400	1.0000	0	56,194	56,194	0
08/13/19 S	19,777.2100	1.0000	0	19,777	19,777	0
08/14/19 S	57,812.1500	1.0000	0	57,812	57,812	0
08/19/19 S	39,850.1100	1.0000	0	39,850	39,850	0
08/22/19 S	32,894.4900	1.0000	0	32,894	32,894	0
08/23/19 S	25,568.4200	1.0000	0	25,568	25,568	0
08/28/19 S	37,526.9300	1.0000	0	37,527	37,527	0
08/29/19 S	112,851.1200	1.0000	0	112,851	112,851	0
08/30/19 S	21,261.7100	1.0000	0	21,262	21,262	0
09/03/19 S	54,886.8200	1.0000	0	54,887	54,887	0
09/05/19 S	206,212.9400	1.0000	0	206,213	206,213	0
09/06/19 S	16,713.8200	1.0000	0	16,714	16,714	0
09/09/19 S	39,229.6300	1.0000	0	39,230	39,230	0
09/10/19 S	1,536.5600	1.0000	0	1,537	1,537	0
09/10/19 S	28,775.1000	1.0000	0	28,775	28,775	0
09/11/19 S	38,017.5500	1.0000	0	38,018	38,018	0
09/12/19 S	51,577.2800	1.0000	0	51,577	51,577	0
09/13/19 S	7,378.0800	1.0000	0	7,378	7,378	0
09/19/19 S	30,340.4700	1.0000	0	30,340	30,340	0
09/20/19 S	15,021.0900	1.0000	0	15,021	15,021	0
09/23/19 S	45,858.1800	1.0000	0	45,858	45,858	0
09/24/19 S	19,053.0800	1.0000	0	19,053	19,053	0
09/25/19 S	53,636.6300	1.0000	0	53,637	53,637	0
09/27/19 S	59,840.7700	1.0000	0	59,841	59,841	0
09/30/19 S	44,075.8600	1.0000	0	44,076	44,076	0
10/02/19 S	44,892.1600	1.0000	0	44,892	44,892	0
10/03/19 S	147,488.5000	1.0000	0	147,489	147,489	0
10/04/19 S	29,796.2100	1.0000	0	29,796	29,796	0
10/07/19 S	51,076.7000	1.0000	0	51,077	51,077	0
10/08/19 S	1,559.6900	1.0000	0	1,560	1,560	0
10/08/19 S	25,374.2000	1.0000	0	25,374	25,374	0
10/09/19 S	50,162.9300	1.0000	0	50,163	50,163	0
10/10/19 S	27,569.7400	1.0000	0	27,570	27,570	0
10/11/19 S	17,703.2300	1.0000	0	17,703	17,703	0
10/15/19 S	19,235.9900	1.0000	0	19,236	19,236	0
10/16/19 S	62,103.6300	1.0000	0	62,104	62,104	0
10/18/19 S	16,304.9700	1.0000	0	16,305	16,305	0
10/21/19 S	17,698.6800	1.0000	0	17,699	17,699	0
10/23/19 S	58,263.4800	1.0000	0	58,263	58,263	0
10/25/19 S	33,067.8000	1.0000	0	33,068	33,068	0
10/29/19 S	25,348.3600	1.0000	0	25,348	25,348	0
10/30/19 S	166,877.7700	1.0000	0	166,878	166,878	0
10/31/19 S	46,568.6400	1.0000	0	46,569	46,569	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036738

PAGE 75

RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
11/04/19 S	53,038.1800	1.0000	0	53,038	53,038	0
11/05/19 S	22,222.4500	1.0000	0	22,222	22,222	0
11/06/19 S	66,456.6500	1.0000	0	66,457	66,457	0
11/07/19 S	86,096.8200	1.0000	0	86,097	86,097	0
11/08/19 S	1,601.8800	1.0000	0	1,602	1,602	0
11/08/19 S	35,184.6400	1.0000	0	35,185	35,185	0
11/12/19 S	52,386.4200	1.0000	0	52,386	52,386	0
11/14/19 S	165,335.7200	1.0000	0	165,336	165,336	0
11/21/19 S	60,501.7500	1.0000	0	60,502	60,502	0
11/22/19 S	28,836.3700	1.0000	0	28,836	28,836	0
11/26/19 S	132,947.1200	1.0000	0	132,947	132,947	0
11/27/19 S	48,338.2800	1.0000	0	48,338	48,338	0
12/02/19 S	38,193.5000	1.0000	0	38,194	38,194	0
12/03/19 S	155,852.3900	1.0000	0	155,852	155,852	0
12/04/19 S	19,124.3100	1.0000	0	19,124	19,124	0
12/05/19 S	85,453.9400	1.0000	0	85,454	85,454	0
12/06/19 S	22,074.0500	1.0000	0	22,074	22,074	0
12/09/19 S	1,620.6600	1.0000	0	1,621	1,621	0
12/09/19 S	39,291.5000	1.0000	0	39,292	39,292	0
12/11/19 S	10,390.8300	1.0000	0	10,391	10,391	0
12/12/19 S	32,012.3700	1.0000	0	32,012	32,012	0
12/13/19 S	28,563.8900	1.0000	0	28,564	28,564	0
12/18/19 S	76,563.5700	1.0000	0	76,564	76,564	0
12/19/19 S	20,744.8200	1.0000	0	20,745	20,745	0
12/23/19 S	47,088.5900	1.0000	0	47,089	47,089	0
12/26/19 S	87,989.3700	1.0000	0	87,989	87,989	0
12/31/19 S	32,342.1400	1.0000	0	32,342	32,342	0
SUB-TOTAL OF SALES # 198			0	8,971,395	8,971,395	0
SUB-TOTAL			0	20,932,237	20,932,237	0
GRAND TOTAL			0	20,932,237	20,932,237	0

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



REPORTABLE TRANSACTIONS WORKSHEET

1/1/19 THROUGH 12/31/19

ACCOUNT 7036738

PAGE 76

RAILROAD - MAINT WAY EMP SUPP SK

DATE
BOUGHT/SOLDSHARES
PAR VALUEUNIT
PRICEEXPENSE
INCURREDPRINCIPAL CASHERISA COSTERISA 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