

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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>NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH & WELFARE PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>510</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>510</u>	1c Effective date of plan <u>01/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>510</u>				
1c Effective date of plan <u>01/01/2000</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>GOVERNING COMMITTEE</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>251 - 18TH STREET, SOUTH, SUITE 750</u> <u>ARLINGTON, VA 22202</u> </div> <div style="width: 45%;"> <u>251 - 18TH STREET, SOUTH, SUITE 750</u> <u>ARLINGTON, VA 22202</u> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>80-0616629</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>571-336-7600</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>482110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>80-0616629</u>	2c Plan Sponsor's telephone number <u>571-336-7600</u>	2d Business code (see instructions) <u>482110</u>	
2b Employer Identification Number (EIN) <u>80-0616629</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.	10/14/2021	JEREMY FERGUSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	BRENDAN BRANON
	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 (2020)
v. 200204

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 106698
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) 38453 6a(2) 32601 6b 54276 6c 6d 86877 6e 6f 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 39
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A 4B 4Q	

9a Plan funding arrangement (check all that apply) (1) <input checked="" 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 checked="" 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 checked="" type="checkbox"/> <u>1</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
---	--	--

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH & WELFARE PLAN	B Three-digit plan number (PN) ▶ 510
C Plan sponsor's name as shown on line 2a of Form 5500 GOVERNING COMMITTEE	D Employer Identification Number (EIN) 80-0616629

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	105147	86877	01/01/2020	12/31/2020

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	
----------	---	-----------	--

c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		

(6) Total additions

7c(6)	0
--------------	---

d	Total of balance and additions (add lines 7b and 7c(6))	7d	
----------	--	-----------	--

e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)		

(5) Total deductions

7e(5)	0
--------------	---

f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	
----------	--	-----------	--

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☒ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☒ Other (specify) ▶ **ACCIDENTAL DEATH & DISMEMBERMENT**

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	4295086	
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)	4295086	
b Benefit charges (1) Claims paid	9b(1)	4826734	
(2) Increase (decrease) in claim reserves	9b(2)	935694	
(3) Incurred claims (add (1) and (2))	9b(3)	5762428	
(4) Claims charged	9b(4)	5762428	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)	284681	
(E) Taxes	9c(1)(E)	95418	
(F) Charges for risks or other contingencies	9c(1)(F)	33715	
(G) Other retention charges	9c(1)(G)	-1881156	
(H) Total retention	9c(1)(H)	-1467342	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)	2528220	
(3) Other reserves	9d(3)	12923073	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

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

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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH & WELFARE PLAN	B Three-digit plan number (PN) ▶	510
C Plan sponsor's name as shown on line 2a of Form 5500 GOVERNING COMMITTEE	D Employer Identification Number (EIN) 80-0616629	

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	
UNITEDHEALTHCARE	185 ASYLUM STREET HARTFORD, CT 06103
36-2739571	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
HIGHMARK	120 FIFTH AVENUE PITTSBURGH, PA 15222
56-2526063	

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

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

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

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

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

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

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

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

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

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

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

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

UNITEDHEALTHCARE

185 ASYLUM STREET
HARTFORD, CT 06103

36-2739571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(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	19254881	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)

HIGHMARK

120 FIFTH AVENUE
PITTSBURGH, PA 15222

56-2526063

(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	NONE	5597264	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AETNA US HEALTHCARE

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	NONE	2422936	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)

EXPRESS SCRIPTS, INC.

400 PARSONS POND DRIVE
FRANKLIN LAKES, NJ 07417

22-3461740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(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 99	NONE	1750831	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)

TELADOC HEALTH, INC

1945 LAKEPOINTE DR, SUITE 100
LEWISVILLE, TX 75057

04-3705970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(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?
99	NONE	625151	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	473037	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)

HEALTH ADVOCATE SOLUTIONS, INC.

3043 WALTON ROAD
PLYMOUTH MEETING, PA 19462

23-3080019

(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?
99	NONE	314479	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	241976	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)

PRICEWATERHOUSECOOPERS LLP

399 PARK AVENUE
NEW YORK, NY 10022-4617

13-4008324

(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?
16	NONE	70500	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)

MCMC, LLC

300 CROWN COLONY DRIVE SUITE 203
QUINCY, MA 02169

14-1847542

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(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?
16	NONE	67030	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WEAVER BROTHERS INSURANCE

7315 WISCONSIN AVENUE SUITE 900 EAS
BETHESDA, MD 20814

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	47445	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)

WILLIS TOWERS WATSON US, LLC

555 17TH STREET SUITE 2050
DENVER, CO 80202

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(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?
11	NONE	29025	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)

VITAL DECISIONS, LLC

379 THORNALL ST
EDISON, NJ 08837

90-0480858

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(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?
99	NONE	14300	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 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH & WELFARE PLAN</u>	B Three-digit plan number (PN) ►	<u>510</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GOVERNING COMMITTEE</u>	D Employer Identification Number (EIN) <u>80-0616629</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	1000000	600000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	40424027	37652658
(2) Participant contributions.....	1b(2)	7078484	6345495
(3) Other	1b(3)	14795389	23780812
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	203234945	99803360
(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)	14710315	12923074

		(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	281243160 181105399
Liabilities			
g	Benefit claims payable	1g	75366270 68333028
h	Operating payables	1h	1199888 820199
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	47896 51208
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	76614054 69204435
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	204629106 111900964

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
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	368902387
	(B) Participants	2a(1)(B)	74794106
	(C) Others (including rollovers).....	2a(1)(C)	60203
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	443756696
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	750608
	(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)	750608
(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		444507304

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	501006162	
(2) To insurance carriers for the provision of benefits	2e(2)	6115617	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		507121779
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)	1640967	
(2) Contract administrator fees	2i(2)	28053911	
(3) Investment advisory and management fees	2i(3)	241976	
(4) Other.....	2i(4)	176813	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		30113667
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		537235446

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-92728142
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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		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.)			
4d		X	
e Was this plan covered by a fidelity bond?	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		1060925
4g	X		1060925
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH AND WELFARE PLAN

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

DECEMBER 31, 2020 and 2019

NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH AND WELFARE 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 – 19
SUPPLEMENTARY INFORMATION	
Schedule of Assets (Held at End of Year)	20
Schedule of Reportable Transactions	21 – 29



INDEPENDENT AUDITOR'S REPORT

To the Governing Committee with respect to
National Railway Carriers and United Transportation Union Health and Welfare Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the National Railway Carriers and United Transportation Union Health and Welfare Plan (the Plan), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2020 and 2019, the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the year ended December 31, 2020, 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), 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, 2020 and 2019 and for the year ended December 31, 2020, 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, 2020, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink, appearing to read "TMDG" followed by a stylized flourish.

Baltimore, Maryland
October 14, 2021

FINANCIAL STATEMENTS

**NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION
HEALTH AND WELFARE PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2020 and 2019**

	2020	2019
ASSETS		
Investments, at fair value:	<u>\$ 100,864,285</u>	<u>\$ 204,288,666</u>
Receivables:		
Participating railroads' contributions	37,652,658	40,424,027
Participants' contributions	6,345,495	7,078,484
Formulary rebates	23,644,399	14,421,034
Federal government subsidy	38,253	38,478
Other	<u>98,160</u>	<u>335,877</u>
	<u>67,778,965</u>	<u>62,297,900</u>
Insurance premium stabilization reserve	<u>11,862,149</u>	<u>13,656,594</u>
Cash	<u>600,000</u>	<u>1,000,000</u>
Amounts due from participating railroads	<u>-</u>	<u>-</u>
Total assets	<u>181,105,399</u>	<u>281,243,160</u>
LIABILITIES		
Accounts payable and accrued expenses	820,199	1,199,888
Prepaid participants' COBRA contributions	<u>51,208</u>	<u>47,896</u>
Total liabilities	<u>871,407</u>	<u>1,247,784</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 180,233,992</u></u>	<u><u>\$ 279,995,376</u></u>

**NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION
HEALTH AND WELFARE PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2020**

ADDITIONS

Investment income:

Interest income	\$ 750,608
Less investment expenses	<u>(241,976)</u>

508,632

Participating railroads' contributions	368,902,387
Participants' contributions	73,560,844
Participants' COBRA contributions	1,233,262
Federal government subsidy	38,253
Other	<u>21,950</u>

443,756,696

Total additions	<u>444,265,328</u>
-----------------	--------------------

DEDUCTIONS

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

Health claims	419,582,216
Prescription drug claims	88,418,455
Insurance premiums	<u>6,154,350</u>

514,155,021

Administrative expenses	<u>29,871,691</u>
-------------------------	-------------------

Total deductions	<u>544,026,712</u>
------------------	--------------------

Net decrease	(99,761,384)
--------------	--------------

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>279,995,376</u>
End of year	<u><u>\$ 180,233,992</u></u>

**NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION
HEALTH AND WELFARE PLAN**

STATEMENTS OF PLAN BENEFIT OBLIGATIONS

(As Determined by UnitedHealthcare and the Plan's Consulting Actuary)

December 31, 2020 and 2019

	2020	2019
<hr/>		
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Claims payable	\$ 20,589,866	\$ 26,470,877
Insurance premiums payable	8,046	46,779
	<hr/>	<hr/>
	20,597,912	26,517,656
	<hr/>	<hr/>
OTHER OBLIGATIONS FOR CURRENT BENEFITS COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims incurred but not reported	47,735,116	48,848,614
Accumulated eligibility credit and extended benefit coverage	60,250,844	70,762,916
	<hr/>	<hr/>
	107,985,960	119,611,530
	<hr/>	<hr/>
Total obligations other than post-retirement benefit obligations	128,583,872	146,129,186
	<hr/>	<hr/>
POST-RETIREMENT BENEFIT OBLIGATIONS		
Current retirees	49,118,758	45,982,162
Other participants fully eligible for benefits	1,125,239	1,050,447
Other participants not yet fully eligible for benefits	7,467,242	6,970,911
	<hr/>	<hr/>
	57,711,239	54,003,520
	<hr/>	<hr/>
PLAN'S TOTAL BENEFIT OBLIGATION	\$ 186,295,111	\$ 200,132,706
	<hr/>	<hr/>

**NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION
HEALTH AND WELFARE PLAN**

**STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS
(As Determined by UnitedHealthcare and the Plan's Consulting Actuary)
Year Ended December 31, 2020**

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

Claims payable:

Balance at beginning of year	\$ 26,470,877
Claims reported and approved for payment	502,119,660
Claims paid (including disability)	<u>(508,000,671)</u>
Balance at end of year	<u>20,589,866</u>

Insurance premiums payable:

Balance at beginning of year	46,779
Premiums due	6,115,617
Premiums paid	<u>(6,154,350)</u>
Balance at end of year	<u>8,046</u>

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

Balance at beginning of year	119,611,530
Net change during the year:	
Other	<u>(11,625,570)</u>
Balance at end of year	<u>107,985,960</u>

Total obligations other than post-retirement benefit obligations	<u>128,583,872</u>
--	--------------------

POST-RETIREMENT BENEFIT OBLIGATIONS

Balance at beginning of year	54,003,520
Increase (decrease) during the year attributed to:	
Benefits earned and other changes	3,146,053
Benefits expected to be paid	(5,548,476)
Interest	1,716,947
Changes in actuarial assumptions	<u>4,393,195</u>
Balance at end of year	<u>57,711,239</u>

PLAN'S TOTAL BENEFIT OBLIGATION	<u><u>\$ 186,295,111</u></u>
---------------------------------	------------------------------

NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

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

General: The Plan and related Trust were established in 2000 pursuant to collective-bargaining to provide health and other related benefits to eligible employees and retirees of participating railroads and their beneficiaries. The Plan is administered by the Governing Committee, which consists of the United Transportation Union Health and Welfare Committee and National Carriers' Conference Committee, and is subject to the provisions of the Railway Labor Act, as amended, and the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits: The Plan benefits are provided on a self-insured basis, except for life insurance and accidental death and dismemberment insurance, which are provided by Metropolitan Life Insurance Company through an experience-rated insurance contract. Health claims are administered by several third party administrators (Aetna, Highmark, UnitedHealthcare, and United Behavioral Health), pursuant to Administrative Service Only contracts. Prescription drug claims are administered by Express Scripts, pursuant to a Master Services Agreement.

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

Funding: The participating railroads' and participants' obligation to provide contributions to the Plan arises pursuant to the terms and conditions of the collective-bargaining agreements, Plan document, and related practices. Contributions to the Plan are remitted by the participating railroads on a monthly basis in the amount determined after discussion with UnitedHealthcare. The railroads fund the obligations of the Plan as they become due and payable during the year.

Tax status: The Trust established under the Plan to hold the Plan's assets received an exemption letter from the Internal Revenue Service (IRS) stating that the Trust is tax-exempt under the provisions of Section 501(c)9 of the Internal Revenue Code (IRC). However, as a result of the Plan's funding policy, from time to time the Trust may be subject to income taxes. No federal or state income taxes have been recorded in 2020 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.

NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (Continued)

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

Plan termination: In the event of termination of the Plan, the Trust's remaining assets will be used to provide for the payment of any and all obligations of the Plan. Such payments shall be for the exclusive benefit of the Plan participants and beneficiaries and to defray the administrative expenses of the Plan.

Note 2. Significant Accounting Policies

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

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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

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

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

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

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

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

NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (Continued)

Participants' COBRA contributions: Participants and beneficiaries, who experience a qualifying event, as defined by Federal Consolidated Omnibus Budget Reconciliation Act (COBRA) guidelines, may self-pay to continue coverage in the Plan for a limited period of time. Participants' COBRA contributions are recognized when due and payable.

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

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

Formulary rebates and formulary rebates receivable: Formulary rebates are recorded by the Plan when earned. Formulary rebates totaling \$39,042,685 have been earned by the Plan and were netted against prescription drug claims in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2020.

Terminated and withdrawing railroads' withdrawal liability receivable: Upon termination or withdrawal from the Plan in whole or in part, a railroad is assessed a withdrawal liability, as provided for pursuant to the Plan document, which approximates the individual railroad's claim run-out liability. This run-out liability is due and payable 10 days subsequent to the railroad's receipt of a bill for such payment. As of December 31, 2020 and 2019, there were outstanding amounts receivable of \$22,352 from terminated or withdrawn railroads as it relates to the withdrawal liability.

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

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

Subsequent events: The Plan Administrator has evaluated subsequent events through October 14, 2021, the date the financial statements were available to be issued.

NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH AND WELFARE 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.

	2020	2019
Money Market Fund*:		
Investments	\$ 99,803,360	\$ 203,234,945
Accrued interest	808	238,525
Interest income	656,694	N/A

* Investments held as of December 31, 2020 and 2019 were in Federated Treasury Obligations MM-I #68 FFS.

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

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

Note 4. Funding Agreement

In 2008, the Plan entered into a Funding Agreement (Agreement) with Metropolitan Life Insurance Company (MetLife). Under the Agreement, an initial deposit was made from the Plan's premium stabilization reserve to MetLife. These funds were invested in the fixed component of the Agreement, which had a one-year term and earned interest at a set rate that was credited to the account upon maturity.

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

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

On January 27, 2013, the funds were invested in the short-term component of the Agreement and earned interest based on the discount rate on the six month Treasury Bills set at the first weekly auction in the month plus 0.25%. The funds remained in the short-term component through the end of the 2020 calendar year. The balances of the Agreement as of December 31, 2020 and 2019, principal plus accrued interest, were \$1,060,925 and \$1,053,721, respectively.

NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5. Premium Stabilization Reserve

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

Note 6. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, provides the framework for measuring fair value. The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

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

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

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

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

NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

Note 6. Fair Value Measurements (Continued)

The valuation methodology used for assets measured at fair value as of December 31, 2020 and 2019 is as follows:

Money market funds: Shares of a money market portfolio are considered cash equivalents and are valued at their carrying amount due to their short-term nature.

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

The following tables present by level, within the fair value hierarchy, the Plan's assets measured at fair value as of December 31, 2020 and 2019:

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Assets:				
Money market funds	\$ 99,803,360	\$ -	\$ -	\$ 99,803,360
Funding agreement (see Note 4)	-	-	1,060,925	1,060,925
Total assets at fair value	\$ 99,803,360	\$ -	\$ 1,060,925	\$ 100,864,285

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Assets:				
Money market funds	\$ 203,234,945	\$ -	\$ -	\$ 203,234,945
Funding agreement (see Note 4)	-	-	1,053,721	1,053,721
Total assets at fair value	\$ 203,234,945	\$ -	\$ 1,053,721	\$ 204,288,666

NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

Note 6. Fair Value Measurements (Continued)

Level 3 Gains and Losses

The following table presents a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2020:

Level 3 Assets Year Ended December 31, 2020	
Balance, beginning of year	\$ 1,053,721
Interest credited during the year	<u>7,204</u>
Balance, end of year	<u><u>\$ 1,060,925</u></u>

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

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2020 and 2019, and the significant unobservable inputs:

	Instrument	Fair Value	Principle Valuation Technique	Significant Unobservable Input	Significant Input Value
	Funding		Cost plus		
December 31, 2020	Agreement	\$ 1,060,925	accrued interest	Interest rate	0.68%**
	Funding		Cost plus		
December 31, 2019	Agreement	\$ 1,053,721	accrued interest	Interest rate	2.33%**

*As of December 31, 2020 and 2019, all funds were invested in the short-term component of the Funding Agreement (see Note 4). Pursuant to the Funding Agreement, the short-term component does not expire. Amounts will remain invested in the short-term component until further direction is given by the Plan Administrator.

**Represents the discount rate on the six month Treasury Bills set at the first weekly auction in December 2020 and 2019 plus 0.25%.

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

NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

Note 7. Plan Contributions

The participating railroads do not differentiate their monthly contributions to the Plan between that which is paid on behalf of the participating railroad and that which is paid on behalf of the Plan participant. Therefore, the Plan Administrator estimates participants' contributions receivable and participants' contributions by applying blended employee cost sharing contribution rates to the respective payment employee counts. The resulting amounts are reclassified from the total participating railroads' contributions receivable and participating railroads' annual contributions and reported as participant contributions receivable and participant contributions, respectively. This methodology was utilized in both 2020 and 2019.

Note 8. Post-Retirement Benefits

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

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

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

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

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

The Plan participant data was not available at the level of detail that is typically used in valuations of this type. Therefore, the Plan's consulting actuary used reasonable and appropriate extrapolation techniques

NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

Note 8. Post-Retirement Benefits (Continued)

pursuant to Actuarial Standards of Practice (ASOP No. 23) on Data Quality to develop the data that was needed for valuation purposes. The Plan's consulting actuary did not believe the use of this data created a material bias in the calculation.

In prior years, an additional data quality check was applied to offset the effect of any potential missing retiree data. Actual paid claims were analyzed. Mortality tables prepared by the Railroad Retirement Board were applied to prepare a theoretical retiree population supporting this claims data. Plan retiree obligations were prepared based on this theoretical population. To the extent that this obligation was greater than the retiree obligation based on retiree data submitted, that percentage in excess of 100% of the ratio of these obligations was used to prepare a load on the obligation based on actual data. A three-year average load was maintained in order to mitigate volatility. In the past, this process was completed in roll-forward years as well as in full valuation years.

In the current year, the actuary utilized a new methodology for estimating the retiree population. This analysis includes a reduction to counts related to actual paid claims. Therefore, the liability load used in prior years is no longer being determined. The inactive liability and expected benefit payments for retirees have already been reflected in the roll-forward process via the change in headcounts.

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

	<u>2020</u>	<u>2019</u>
Weighted Average Discount Rate	2.65%	3.35%

Mortality Assumption

Healthy:

Active 2012 RRB Active Service Mortality Table S-4

Retired 2013 RRB Annuitants Mortality Table S-1

Disabled 2013 RRB Disabled Mortality Table S-2

Termination Assumption

RRB Table S-13 - 30 Year Select and Ultimate Table

Disability Assumption

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

Retirement Assumption

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

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

NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

Note 8. Post-Retirement Benefits (Continued)

The Plan's deficiency of net assets over benefit obligations as of December 31, 2020 related primarily to the post retirement benefit obligation, which will be funded on an annual basis, as it becomes due and payable, by the participating railroads' contributions.

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

Note 9. Other Plan Benefit Obligations

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

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

	2020	2019
Run-out factor:		
Health claims:		
On-duty injury claims	3.4	3.3
Other than on-duty injury claims	1.3	1.3
Prescription drug claims	0.5	0.5
Administrative load:		
On-duty injury claims	4.90%	5.00%
Other than on-duty injury claims	4.90%	5.00%
Bank float	4.17%	5.00%

The obligation relating to accumulated eligibility of participants is determined by the Plan Sponsor by applying the average cost of benefits per eligible participant to accumulated eligibility credits. The average cost of benefits per eligible participant was calculated using claim lag studies and historical run-out patterns. If the actual claims experience of these employees is more favorable than that provided by the average cost of benefits per eligible participant, actual future costs will be lower. Alternatively, if the actual claims experience of the Plan is less favorable than that provided by the average cost of benefits per eligible participant, actual future cost will be higher.

NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

Note 9. Other Plan Benefit Obligations (Continued)

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

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

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

Note 10. Concentration of Participating Railroads

There are approximately 39 railroads participating in the Plan, of which 4 Class I railroads comprised approximately 85% and 86% of the total Plan activity as of December 31, 2020 and 2019, respectively. This activity includes, but is not limited to, participating railroads' contributions receivable and amounts due from participating railroads as of December 31, 2020 and 2019, and participating railroads' contributions for the year ended December 31, 2020 as follows:

	Percentage of Total Plan Activity 2020	Percentage of Total Plan Activity 2019
Railroad:		
A	31.3%	32.2%
B	24.2%	26.0%
C	15.9%	16.5%
D	13.3%	11.6%

NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

Note 11. Contingencies

See Note 9 regarding the Other Plan Benefit Obligations contingency.

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

Note 12. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2020 and 2019 financial statements to the Form 5500:

	<u>2020</u>	<u>2019</u>
Net assets available for benefits as reported within the financial statements	\$ 180,233,992	\$ 279,995,376
Benefit obligations currently payable	(68,324,982)	(75,319,491)
Insurance premiums payable	(8,046)	(46,779)
Net assets available for benefits as reported within the Form 5500	<u>\$ 111,900,964</u>	<u>\$ 204,629,106</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the year ended December 31, 2020:

	<u>2020</u>
Benefits paid to or for participants as reported within the financial statements	\$ 508,000,671
Add: Amounts payable at end of year	68,324,982
Less: Amounts payable at beginning of year	(75,319,491)
Benefits paid to or for participants as reported within the Form 5500	<u>\$ 501,006,162</u>

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

NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH AND WELFARE PLAN

NOTES TO FINANCIAL STATEMENTS

Note 12. Reconciliation of Financial Statements to Form 5500 (Continued)

The following is a reconciliation of premiums paid for participants per the financial statements to the Form 5500 for the year ended December 31, 2020.

	<u>2020</u>
Insurance premiums paid for participants as reported within the financial statements	\$ 6,154,350
Add: Amounts payable as of the end of year	8,046
Less: Amounts payable as beginning of year	<u>(46,779)</u>
Insurance premiums paid for participants as reported within the Form 5500	<u><u>\$ 6,115,617</u></u>

Note 13. Party-in-Interest Transactions

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

Note 14. Risks and Uncertainties

The Plan's investments consist of funds held in money market funds with SunTrust Bank. This investment, along with the premium stabilization reserve with MetLife, is exposed to credit risk. Due to the level of risk associated with these investments given the current economic condition and uncertainty in the market place, it is at least reasonably possible that changes in the value of these investments may occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and changes in net assets available for benefits.

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

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

SUPPLEMENTARY INFORMATION

**NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION
HEALTH AND WELFARE PLAN**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2020**

Schedule H, Form 5500

Part IV, Line 4i – Schedule of Assets (Held at End of Year)

EIN: 80-0616629

Plan No. 510

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value
	<i>Cash and cash equivalents</i>			
*	SunTrust Bank Account 70-04-102-7036735	Money Market Fund Federated Trsy Obligs MM-I #68 FFS	\$ 99,803,360	\$ 99,803,360
	<i>Insurance contract</i>			
*	Metropolitan Life Insurance Co. Account 143324-7-4	Funding Agreement, 6 month Treasury Bill + 0.25%	1,060,925	1,060,925
			<u>\$ 100,864,285</u>	<u>\$ 100,864,285</u>

* Known party-in-interest to the Plan

**NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION
HEALTH AND WELFARE PLAN**

**SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2020**

Schedule H, Form 5500

Part IV, Line 4j – Schedule of Reportable Transactions

EIN: 80-0616629

Plan No. 510

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

SunTrust Bank

Account 70-04-102-7036735

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



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036735

PAGE 136

RAILROAD - NRC / UTU HLTH&WELFARE

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
		BEGINNING MARKET VALUE		203,473,469.17		
		COMPARATIVE VALUE (5%)		10,173,673.46		
		-----		-----		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
01/29/20 B	36,695,463.6200	1.0000	0	-36,695,464 *	36,695,464	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
02/27/20 B	23,044,178.9300	1.0000	0	-23,044,179 *	23,044,179	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
03/27/20 B	23,670,697.7100	1.0000	0	-23,670,698 *	23,670,698	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
04/28/20 B	42,319,255.8200	1.0000	0	-42,319,256 *	42,319,256	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
05/28/20 B	28,946,729.1100	1.0000	0	-28,946,729 *	28,946,729	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
09/25/20 B	26,354,555.6700	1.0000	0	-26,354,556 *	26,354,556	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
10/29/20 B	31,064,883.3800	1.0000	0	-31,064,883 *	31,064,883	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
11/25/20 B	21,934,655.9200	1.0000	0	-21,934,656 *	21,934,656	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG						
12/28/20 B	31,597,905.3600	1.0000	0	-31,597,905 *	31,597,905	
GRAND TOTAL			0	265,628,326	265,628,326	0

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

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



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036735

RAILROAD - NRC / UTU HLTH&WELFARE

PAGE 137

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

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

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

01/03/20 B	238,524.6500	1.0000	0	-238,525	238,525
01/09/20 B	4,041,588.4800	1.0000	0	-4,041,588	4,041,588
01/29/20 B	36,695,463.6200	1.0000	0	-36,695,464 *	36,695,464
02/04/20 B	233,364.6400	1.0000	0	-233,365	233,365
02/07/20 B	5,664,320.4100	1.0000	0	-5,664,320	5,664,320
02/18/20 B	38,477.5500	1.0000	0	-38,478	38,478
02/26/20 B	5,352,928.8600	1.0000	0	-5,352,929	5,352,929
02/27/20 B	23,044,178.9300	1.0000	0	-23,044,179 *	23,044,179
03/03/20 B	214,317.5100	1.0000	0	-214,318	214,318
03/06/20 B	6,400,828.3200	1.0000	0	-6,400,828	6,400,828
03/26/20 B	3,577,443.9600	1.0000	0	-3,577,444	3,577,444
03/27/20 B	23,670,697.7100	1.0000	0	-23,670,698 *	23,670,698
04/02/20 B	120,784.5600	1.0000	0	-120,785	120,785
04/28/20 B	42,319,255.8200	1.0000	0	-42,319,256 *	42,319,256
05/04/20 B	28,272.6000	1.0000	0	-28,273	28,273
05/08/20 B	1,461,851.5300	1.0000	0	-1,461,852	1,461,852
05/28/20 B	28,946,729.1100	1.0000	0	-28,946,729 *	28,946,729
06/02/20 B	19,808.1300	1.0000	0	-19,808	19,808
06/08/20 B	1,320,880.8300	1.0000	0	-1,320,881	1,320,881
06/09/20 B	6,291,881.5000	1.0000	0	-6,291,882	6,291,882
07/01/20 B	2,215,136.6900	1.0000	0	-2,215,137	2,215,137
07/02/20 B	16,450.5700	1.0000	0	-16,451	16,451
07/09/20 B	4,089,843.1700	1.0000	0	-4,089,843	4,089,843
07/15/20 B	22,293.3700	1.0000	0	-22,293	22,293
07/28/20 B	5,340,171.1700	1.0000	0	-5,340,171	5,340,171
08/04/20 B	12,739.8100	1.0000	0	-12,740	12,740
08/07/20 B	6,091,435.1300	1.0000	0	-6,091,435	6,091,435
08/20/20 B	984,499.3800	1.0000	0	-984,499	984,499
09/02/20 B	6,358.4700	1.0000	0	-6,358	6,358
09/08/20 B	4,332,856.8900	1.0000	0	-4,332,857	4,332,857
09/25/20 B	26,354,555.6700	1.0000	0	-26,354,556 *	26,354,556
10/01/20 B	6,363,163.4400	1.0000	0	-6,363,163	6,363,163
10/02/20 B	2,024.7900	1.0000	0	-2,025	2,025
10/08/20 B	1,275,633.6900	1.0000	0	-1,275,634	1,275,634



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036735

PAGE 138

RAILROAD - NRC / UTU HLTH&WELFARE

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
10/09/20 B	1,425,463.7400	1.0000	0	-1,425,464	1,425,464	
10/29/20 B	31,064,883.3800	1.0000	0	-31,064,883 *	31,064,883	
11/03/20 B	867.5600	1.0000	0	-868	868	
11/09/20 B	67,890.6500	1.0000	0	-67,891	67,891	
11/10/20 B	5,378,297.0000	1.0000	0	-5,378,297	5,378,297	
11/24/20 B	3,984,903.2700	1.0000	0	-3,984,903	3,984,903	
11/25/20 B	21,934,655.9200	1.0000	0	-21,934,656 *	21,934,656	
12/02/20 B	897.3300	1.0000	0	-897	897	
12/09/20 B	894,845.7500	1.0000	0	-894,846	894,846	
12/10/20 B	4,082,964.3600	1.0000	0	-4,082,964	4,082,964	
12/28/20 B	31,597,905.3600	1.0000	0	-31,597,905 *	31,597,905	
SUB-TOTAL OF BUYS # 45			0	347,222,338	347,222,338	
01/02/20 S	3,211,340.6300	1.0000	0	3,211,341	3,211,341	0
01/03/20 S	5,855,167.6100	1.0000	0	5,855,168	5,855,168	0
01/06/20 S	1,284,805.9900	1.0000	0	1,284,806	1,284,806	0
01/07/20 S	1,617,259.6700	1.0000	0	1,617,260	1,617,260	0
01/08/20 S	1,063,838.3400	1.0000	0	1,063,838	1,063,838	0
01/09/20 S	24,794.0100	1.0000	0	24,794	24,794	0
01/10/20 S	1,413,683.0400	1.0000	0	1,413,683	1,413,683	0
01/13/20 S	379,707.4000	1.0000	0	379,707	379,707	0
01/14/20 S	837,051.1400	1.0000	0	837,051	837,051	0
01/15/20 S	1,983,260.2800	1.0000	0	1,983,260	1,983,260	0
01/16/20 S	2,730,577.6500	1.0000	0	2,730,578	2,730,578	0
01/17/20 S	5,955,845.8400	1.0000	0	5,955,846	5,955,846	0
01/21/20 S	3,753,280.7500	1.0000	0	3,753,281	3,753,281	0
01/22/20 S	4,546,218.7500	1.0000	0	4,546,219	4,546,219	0
01/23/20 S	3,462,230.6800	1.0000	0	3,462,231	3,462,231	0
01/24/20 S	1,745,909.7700	1.0000	0	1,745,910	1,745,910	0
01/27/20 S	483,877.5700	1.0000	0	483,878	483,878	0
01/28/20 S	683,249.9200	1.0000	0	683,250	683,250	0
01/30/20 S	3,729,631.9400	1.0000	0	3,729,632	3,729,632	0
01/31/20 S	7,744,925.7000	1.0000	0	7,744,926	7,744,926	0
02/03/20 S	1,794,152.9000	1.0000	0	1,794,153	1,794,153	0
02/04/20 S	2,260,378.0100	1.0000	0	2,260,378	2,260,378	0
02/05/20 S	2,539,621.8300	1.0000	0	2,539,622	2,539,622	0
02/06/20 S	1,042,538.8600	1.0000	0	1,042,539	1,042,539	0
02/10/20 S	24,819.9100	1.0000	0	24,820	24,820	0
02/10/20 S	1,141,845.1200	1.0000	0	1,141,845	1,141,845	0
02/11/20 S	833,401.5300	1.0000	0	833,402	833,402	0
02/12/20 S	917,608.6900	1.0000	0	917,609	917,609	0
02/13/20 S	3,095,363.4800	1.0000	0	3,095,363	3,095,363	0
02/14/20 S	4,842,155.7800	1.0000	0	4,842,156	4,842,156	0
02/18/20 S	609,276.7800	1.0000	0	609,277	609,277	0
02/19/20 S	2,718,101.7900	1.0000	0	2,718,102	2,718,102	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036735

PAGE 139

RAILROAD - NRC / UTU HLTH&WELFARE

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
02/20/20 S	5,029,603.8300	1.0000	0	5,029,604	5,029,604	0
02/21/20 S	1,431,437.4000	1.0000	0	1,431,437	1,431,437	0
02/24/20 S	1,161,272.5200	1.0000	0	1,161,273	1,161,273	0
02/25/20 S	1,683,369.0000	1.0000	0	1,683,369	1,683,369	0
02/28/20 S	5,370,367.6000	1.0000	0	5,370,368	5,370,368	0
03/02/20 S	2,432,569.8400	1.0000	0	2,432,570	2,432,570	0
03/03/20 S	3,423,476.1700	1.0000	0	3,423,476	3,423,476	0
03/04/20 S	532,575.9400	1.0000	0	532,576	532,576	0
03/05/20 S	482,767.2600	1.0000	0	482,767	482,767	0
03/09/20 S	24,262.5400	1.0000	0	24,263	24,263	0
03/09/20 S	727,699.3000	1.0000	0	727,699	727,699	0
03/10/20 S	1,754,724.8800	1.0000	0	1,754,725	1,754,725	0
03/11/20 S	2,032,440.6900	1.0000	0	2,032,441	2,032,441	0
03/12/20 S	4,179,596.9700	1.0000	0	4,179,597	4,179,597	0
03/13/20 S	5,905,505.6900	1.0000	0	5,905,506	5,905,506	0
03/16/20 S	348,464.5400	1.0000	0	348,465	348,465	0
03/17/20 S	644,256.8700	1.0000	0	644,257	644,257	0
03/18/20 S	1,382,177.6200	1.0000	0	1,382,178	1,382,178	0
03/19/20 S	3,383,273.1800	1.0000	0	3,383,273	3,383,273	0
03/20/20 S	1,376,183.1500	1.0000	0	1,376,183	1,376,183	0
03/23/20 S	1,510,735.2500	1.0000	0	1,510,735	1,510,735	0
03/24/20 S	2,139,791.4900	1.0000	0	2,139,791	2,139,791	0
03/25/20 S	1,751,630.9000	1.0000	0	1,751,631	1,751,631	0
03/31/20 S	3,476,611.2700	1.0000	0	3,476,611	3,476,611	0
04/01/20 S	1,251,106.5900	1.0000	0	1,251,107	1,251,107	0
04/02/20 S	3,400,810.1000	1.0000	0	3,400,810	3,400,810	0
04/03/20 S	1,012,578.7700	1.0000	0	1,012,579	1,012,579	0
04/06/20 S	1,194,753.7100	1.0000	0	1,194,754	1,194,754	0
04/07/20 S	1,736,445.3400	1.0000	0	1,736,445	1,736,445	0
04/08/20 S	23,902.3200	1.0000	0	23,902	23,902	0
04/08/20 S	1,709,989.5300	1.0000	0	1,709,990	1,709,990	0
04/09/20 S	543,472.7700	1.0000	0	543,473	543,473	0
04/13/20 S	3,807,455.1700	1.0000	0	3,807,455	3,807,455	0
04/14/20 S	453,169.4700	1.0000	0	453,169	453,169	0
04/15/20 S	1,496,484.3600	1.0000	0	1,496,484	1,496,484	0
04/16/20 S	1,238,356.7800	1.0000	0	1,238,357	1,238,357	0
04/17/20 S	1,241,430.4100	1.0000	0	1,241,430	1,241,430	0
04/20/20 S	1,077,722.2700	1.0000	0	1,077,722	1,077,722	0
04/21/20 S	544,319.1900	1.0000	0	544,319	544,319	0
04/22/20 S	158,138.2900	1.0000	0	158,138	158,138	0
04/23/20 S	1,640,230.5100	1.0000	0	1,640,231	1,640,231	0
04/24/20 S	4,873,612.2300	1.0000	0	4,873,612	4,873,612	0
04/27/20 S	213,673.4800	1.0000	0	213,673	213,673	0
04/29/20 S	1,302,881.5500	1.0000	0	1,302,882	1,302,882	0
04/30/20 S	4,121,321.9800	1.0000	0	4,121,322	4,121,322	0
05/01/20 S	636,607.0700	1.0000	0	636,607	636,607	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036735

PAGE 140

RAILROAD - NRC / UTU HLTH&WELFARE

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
05/04/20 S	420,835.2300	1.0000	0	420,835	420,835	0
05/05/20 S	1,184,548.9300	1.0000	0	1,184,549	1,184,549	0
05/06/20 S	180,685.0100	1.0000	0	180,685	180,685	0
05/07/20 S	524,664.3300	1.0000	0	524,664	524,664	0
05/08/20 S	23,168.2800	1.0000	0	23,168	23,168	0
05/11/20 S	703,392.1000	1.0000	0	703,392	703,392	0
05/12/20 S	1,109,545.9800	1.0000	0	1,109,546	1,109,546	0
05/13/20 S	574,306.5600	1.0000	0	574,307	574,307	0
05/14/20 S	1,490,117.2800	1.0000	0	1,490,117	1,490,117	0
05/15/20 S	533,873.4900	1.0000	0	533,873	533,873	0
05/18/20 S	786,401.4500	1.0000	0	786,401	786,401	0
05/19/20 S	919,266.9300	1.0000	0	919,267	919,267	0
05/20/20 S	1,157,360.9300	1.0000	0	1,157,361	1,157,361	0
05/21/20 S	2,753,088.7800	1.0000	0	2,753,089	2,753,089	0
05/22/20 S	5,454,038.1000	1.0000	0	5,454,038	5,454,038	0
05/26/20 S	694,507.2400	1.0000	0	694,507	694,507	0
05/27/20 S	2,340,561.4000	1.0000	0	2,340,561	2,340,561	0
05/29/20 S	2,114,117.0200	1.0000	0	2,114,117	2,114,117	0
06/01/20 S	2,030,274.8700	1.0000	0	2,030,275	2,030,275	0
06/02/20 S	1,851,283.1600	1.0000	0	1,851,283	1,851,283	0
06/03/20 S	388,573.0600	1.0000	0	388,573	388,573	0
06/04/20 S	1,278,811.6100	1.0000	0	1,278,812	1,278,812	0
06/05/20 S	6,400,706.4200	1.0000	0	6,400,706	6,400,706	0
06/08/20 S	25,247.7000	1.0000	0	25,248	25,248	0
06/10/20 S	610,097.3200	1.0000	0	610,097	610,097	0
06/11/20 S	2,313,984.8700	1.0000	0	2,313,985	2,313,985	0
06/15/20 S	968,909.9200	1.0000	0	968,910	968,910	0
06/16/20 S	1,130,352.0700	1.0000	0	1,130,352	1,130,352	0
06/17/20 S	1,317,910.6600	1.0000	0	1,317,911	1,317,911	0
06/18/20 S	2,591,788.3600	1.0000	0	2,591,788	2,591,788	0
06/19/20 S	5,601,805.2100	1.0000	0	5,601,805	5,601,805	0
06/22/20 S	2,240,004.6700	1.0000	0	2,240,005	2,240,005	0
06/23/20 S	3,369,993.4200	1.0000	0	3,369,993	3,369,993	0
06/24/20 S	479,086.2800	1.0000	0	479,086	479,086	0
06/25/20 S	3,205,994.2000	1.0000	0	3,205,994	3,205,994	0
06/26/20 S	561,036.3100	1.0000	0	561,036	561,036	0
06/29/20 S	163,648.7800	1.0000	0	163,649	163,649	0
07/01/20 S	1,723,510.4800	1.0000	0	1,723,510	1,723,510	0
07/02/20 S	7,290,054.6100	1.0000	0	7,290,055	7,290,055	0
07/06/20 S	2,049,182.9100	1.0000	0	2,049,183	2,049,183	0
07/08/20 S	25,047.6000	1.0000	0	25,048	25,048	0
07/08/20 S	640,009.0200	1.0000	0	640,009	640,009	0
07/10/20 S	813,606.7200	1.0000	0	813,607	813,607	0
07/13/20 S	1,442,204.3300	1.0000	0	1,442,204	1,442,204	0
07/14/20 S	2,033,165.5900	1.0000	0	2,033,166	2,033,166	0
07/16/20 S	2,439,067.5500	1.0000	0	2,439,068	2,439,068	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036735

PAGE 141

RAILROAD - NRC / UTU HLTH&WELFARE

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
07/17/20 S	5,465,169.6400	1.0000	0	5,465,170	5,465,170	0
07/20/20 S	847,198.8000	1.0000	0	847,199	847,199	0
07/21/20 S	2,149,687.6300	1.0000	0	2,149,688	2,149,688	0
07/22/20 S	1,460,704.5100	1.0000	0	1,460,705	1,460,705	0
07/23/20 S	2,851,509.1800	1.0000	0	2,851,509	2,851,509	0
07/24/20 S	1,269,109.4300	1.0000	0	1,269,109	1,269,109	0
07/27/20 S	1,081,286.5500	1.0000	0	1,081,287	1,081,287	0
07/29/20 S	593,411.2300	1.0000	0	593,411	593,411	0
07/30/20 S	2,810,992.8000	1.0000	0	2,810,993	2,810,993	0
07/31/20 S	7,014,050.8100	1.0000	0	7,014,051	7,014,051	0
08/03/20 S	1,540,380.8800	1.0000	0	1,540,381	1,540,381	0
08/04/20 S	1,259,635.2800	1.0000	0	1,259,635	1,259,635	0
08/05/20 S	1,478,126.0100	1.0000	0	1,478,126	1,478,126	0
08/06/20 S	1,758,646.0900	1.0000	0	1,758,646	1,758,646	0
08/10/20 S	18,392.5800	1.0000	0	18,393	18,393	0
08/10/20 S	593,163.9200	1.0000	0	593,164	593,164	0
08/11/20 S	1,455,556.0800	1.0000	0	1,455,556	1,455,556	0
08/12/20 S	1,042,941.7500	1.0000	0	1,042,942	1,042,942	0
08/13/20 S	3,372,437.7800	1.0000	0	3,372,438	3,372,438	0
08/14/20 S	5,158,746.3700	1.0000	0	5,158,746	5,158,746	0
08/17/20 S	1,347,538.4000	1.0000	0	1,347,538	1,347,538	0
08/18/20 S	1,279,127.3900	1.0000	0	1,279,127	1,279,127	0
08/19/20 S	1,603,001.0800	1.0000	0	1,603,001	1,603,001	0
08/21/20 S	1,546,645.9700	1.0000	0	1,546,646	1,546,646	0
08/24/20 S	2,169,615.7600	1.0000	0	2,169,616	2,169,616	0
08/25/20 S	1,404,512.8000	1.0000	0	1,404,513	1,404,513	0
08/26/20 S	3,038,218.5800	1.0000	0	3,038,219	3,038,219	0
08/27/20 S	294,467.6400	1.0000	0	294,468	294,468	0
08/28/20 S	2,002,518.0100	1.0000	0	2,002,518	2,002,518	0
08/31/20 S	1,343,742.5100	1.0000	0	1,343,743	1,343,743	0
09/01/20 S	2,181,727.3300	1.0000	0	2,181,727	2,181,727	0
09/02/20 S	4,133,315.9600	1.0000	0	4,133,316	4,133,316	0
09/03/20 S	306,254.0500	1.0000	0	306,254	306,254	0
09/04/20 S	873,088.5700	1.0000	0	873,089	873,089	0
09/09/20 S	17,790.0700	1.0000	0	17,790	17,790	0
09/09/20 S	1,231,577.2800	1.0000	0	1,231,577	1,231,577	0
09/10/20 S	579,033.6800	1.0000	0	579,034	579,034	0
09/11/20 S	4,742,671.1500	1.0000	0	4,742,671	4,742,671	0
09/14/20 S	1,289,902.0900	1.0000	0	1,289,902	1,289,902	0
09/15/20 S	3,093,051.3100	1.0000	0	3,093,051	3,093,051	0
09/16/20 S	1,669,010.2300	1.0000	0	1,669,010	1,669,010	0
09/17/20 S	754,248.5900	1.0000	0	754,249	754,249	0
09/18/20 S	645,063.7700	1.0000	0	645,064	645,064	0
09/21/20 S	1,361,184.6800	1.0000	0	1,361,185	1,361,185	0
09/22/20 S	1,670,156.3900	1.0000	0	1,670,156	1,670,156	0
09/23/20 S	3,407,155.3400	1.0000	0	3,407,155	3,407,155	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036735

PAGE 142

RAILROAD - NRC / UTU HLTH&WELFARE

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
09/24/20 S	1,585,883.3000	1.0000	0	1,585,883	1,585,883	0
09/28/20 S	1,051,279.6200	1.0000	0	1,051,280	1,051,280	0
09/29/20 S	1,462,830.8100	1.0000	0	1,462,831	1,462,831	0
09/30/20 S	4,940,508.7200	1.0000	0	4,940,509	4,940,509	0
10/02/20 S	2,148,013.9800	1.0000	0	2,148,014	2,148,014	0
10/05/20 S	1,274,448.7300	1.0000	0	1,274,449	1,274,449	0
10/06/20 S	1,932,218.3600	1.0000	0	1,932,218	1,932,218	0
10/07/20 S	3,661,806.4800	1.0000	0	3,661,806	3,661,806	0
10/08/20 S	14,616.1300	1.0000	0	14,616	14,616	0
10/13/20 S	852,343.6500	1.0000	0	852,344	852,344	0
10/14/20 S	5,115,302.8000	1.0000	0	5,115,303	5,115,303	0
10/15/20 S	167,163.4500	1.0000	0	167,163	167,163	0
10/16/20 S	1,461,893.5500	1.0000	0	1,461,894	1,461,894	0
10/19/20 S	944,835.1300	1.0000	0	944,835	944,835	0
10/20/20 S	1,502,507.1800	1.0000	0	1,502,507	1,502,507	0
10/21/20 S	3,417,627.4800	1.0000	0	3,417,627	3,417,627	0
10/22/20 S	445,690.5000	1.0000	0	445,691	445,691	0
10/23/20 S	5,858,225.6800	1.0000	0	5,858,226	5,858,226	0
10/26/20 S	1,664,912.0900	1.0000	0	1,664,912	1,664,912	0
10/27/20 S	75,664.2800	1.0000	0	75,664	75,664	0
10/28/20 S	2,822,724.3300	1.0000	0	2,822,724	2,822,724	0
10/28/20 S	2,510,749.5100	1.0000	0	2,510,750	2,510,750	0
10/30/20 S	1,834,821.9700	1.0000	0	1,834,822	1,834,822	0
11/02/20 S	1,244,174.7800	1.0000	0	1,244,175	1,244,175	0
11/03/20 S	1,723,261.6100	1.0000	0	1,723,262	1,723,262	0
11/04/20 S	3,138,689.0100	1.0000	0	3,138,689	3,138,689	0
11/05/20 S	302,699.8200	1.0000	0	302,700	302,700	0
11/06/20 S	5,616,653.9300	1.0000	0	5,616,654	5,616,654	0
11/09/20 S	14,255.9200	1.0000	0	14,256	14,256	0
11/12/20 S	4,615,839.0200	1.0000	0	4,615,839	4,615,839	0
11/13/20 S	968,363.8900	1.0000	0	968,364	968,364	0
11/16/20 S	1,927,088.5300	1.0000	0	1,927,089	1,927,089	0
11/17/20 S	776,328.5800	1.0000	0	776,329	776,329	0
11/18/20 S	3,106,592.7900	1.0000	0	3,106,593	3,106,593	0
11/19/20 S	558,709.7300	1.0000	0	558,710	558,710	0
11/20/20 S	5,569,175.3700	1.0000	0	5,569,175	5,569,175	0
11/23/20 S	801,681.5100	1.0000	0	801,682	801,682	0
11/27/20 S	800,000.0000	1.0000	0	800,000	800,000	0
11/30/20 S	3,145,711.2100	1.0000	0	3,145,711	3,145,711	0
12/01/20 S	1,614,189.7900	1.0000	0	1,614,190	1,614,190	0
12/02/20 S	2,275,003.1600	1.0000	0	2,275,003	2,275,003	0
12/03/20 S	533,774.3500	1.0000	0	533,774	533,774	0
12/04/20 S	5,031,589.6900	1.0000	0	5,031,590	5,031,590	0
12/07/20 S	208,197.1200	1.0000	0	208,197	208,197	0
12/08/20 S	14,024.6200	1.0000	0	14,025	14,025	0
12/08/20 S	1,125,364.8400	1.0000	0	1,125,365	1,125,365	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036735

PAGE 143

RAILROAD - NRC / UTU HLTH&WELFARE

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
12/11/20 S	773,779.8800	1.0000	0	773,780	773,780	0
12/14/20 S	1,129,499.9300	1.0000	0	1,129,500	1,129,500	0
12/15/20 S	1,938,588.3800	1.0000	0	1,938,588	1,938,588	0
12/16/20 S	2,732,618.3100	1.0000	0	2,732,618	2,732,618	0
12/17/20 S	903,652.0700	1.0000	0	903,652	903,652	0
12/18/20 S	6,399,290.5100	1.0000	0	6,399,291	6,399,291	0
12/21/20 S	3,032,156.6800	1.0000	0	3,032,157	3,032,157	0
12/22/20 S	575,185.8200	1.0000	0	575,186	575,186	0
12/23/20 S	3,598,416.8400	1.0000	0	3,598,417	3,598,417	0
12/28/20 S	1,734,207.1100	1.0000	0	1,734,207	1,734,207	0
12/29/20 S	1,970,269.3200	1.0000	0	1,970,269	1,970,269	0
12/30/20 S	2,366,130.4900	1.0000	0	2,366,130	2,366,130	0
12/31/20 S	6,297,907.9600	1.0000	0	6,297,908	6,297,908	0
SUB-TOTAL OF SALES # 229			0	450,653,927	450,653,927	0
SUB-TOTAL			0	797,876,265	797,876,265	0
GRAND TOTAL			0	797,876,265	797,876,265	0

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

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

FOOTNOTES

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

**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)**GOVERNING 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)

80-0616629

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

C Plan namePlan
number

Plan year ending -

MM

DD

YYYY

NATIONAL RAILWAY CARRIERS AND UNITED TRANSPOR**510****12****31****2020****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 **10/15/2021** 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 NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION
UNION HEALTH AND WELFARE PLAN**

EIN: 80-0616629

**STATEMENT ATTACHED TO AND MADE PART OF FORM 5500
FOR THE YEAR ENDED DECEMBER 31, 2020**

PART II, 2a, Sponsor's Name and Address

The Plan Sponsor is the Governing Committee, consisting of:

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

and

United Transportation Union Health & Welfare Committee
24950 Country Club Blvd.
Suite 340
North Olmsted, Ohio 44070

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2020****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2020 or fiscal plan year beginning **01/01/2020** and ending **12/31/2020**


- 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 NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH & WELFARE PLAN	1b Three-digit plan number (PN) ▶ 510
	1c Effective date of plan 01/01/2000
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) GOVERNING COMMITTEE 251 - 18TH STREET, SOUTH, SUITE 750 ARLINGTON VA 22202	2b Employer Identification Number (EIN) 80-0616629 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		10/14/21	JEREMY FERGUSON
	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 (2020)
v. 200204**

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

► **Complete all entries in accordance with
the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2020****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2020 or fiscal plan year beginning **01/01/2020** and ending **12/31/2020**

- 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 NATIONAL RAILWAY CARRIERS AND UNITED TRANSPORTATION UNION HEALTH & WELFARE PLAN	1b Three-digit plan number (PN) ► 510
	1c Effective date of plan 01/01/2000
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) GOVERNING COMMITTEE 251 - 18TH STREET, SOUTH, SUITE 750 ARLINGTON VA 22202	2b Employer Identification Number (EIN) 80-0616629 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	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Brendan M. Branon</i> Signature of employer/plan sponsor	<i>10.14.2021</i> Date	BRENDAN BRANON 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 (2020)
v. 200204**

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	106,698
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	38,453
a (2) Total number of active participants at the end of the plan year	6a(2)	32,601
b Retired or separated participants receiving benefits	6b	54,276
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	86,877
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	39

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A 4B 4Q

9a Plan funding arrangement (check all that apply) (1) <input checked="" 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 checked="" 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) ☒ 1 **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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____