

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 2020 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>THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT MAJOR MEDICAL BENEFIT 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>506</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1978</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>52-1036399</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>571-336-7600</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>482110</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>506</u>	1c Effective date of plan <u>08/01/1978</u>		2b Employer Identification Number (EIN) <u>52-1036399</u>		2c Plan Sponsor's telephone number <u>571-336-7600</u>		2d Business code (see instructions) <u>482110</u>	
1b Three-digit plan number (PN) ▶	<u>506</u>										
1c Effective date of plan <u>08/01/1978</u>											
2b Employer Identification Number (EIN) <u>52-1036399</u>											
2c Plan Sponsor's telephone number <u>571-336-7600</u>											
2d Business code (see instructions) <u>482110</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NATIONAL CARRIERS' CONFERENCE COMMITTEE</u> <div style="display: flex; justify-content: space-between;"> <div 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>											

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

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

Form 5500 (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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="width: 90%; text-align: right;">10098</td> </tr> </table>	5	10098																		
5	10098																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;">6a(1)</td> <td style="width: 90%;"></td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">8444</td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">8444</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> </tr> <tr> <td style="text-align: center;">6g</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>			6a(1)		6a(2)		6b	8444	6c		6d	8444	6e		6f		6g		6h	
6a(1)																					
6a(2)																					
6b	8444																				
6c																					
6d	8444																				
6e																					
6f																					
6g																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7</td> <td style="width: 90%; text-align: right;">42</td> </tr> </table>	7	42																		
7	42																				

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

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 THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT MAJOR MEDICAL BENEFIT PLAN	B Three-digit plan number (PN) ▶	506
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CARRIERS' CONFERENCE COMMITTEE	D Employer Identification Number (EIN) 52-1036399	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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	9337131	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)

EXPRESS SCRIPTS, INC

400 PARSONS POND DRIVE
FRANKLIN, 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	432229	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	146686	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SUNTRUST BANKS, INC

303 PEACHTREE STREET NE SUITE 3200
ATLANTA, GA 30308

58-0466330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	50770	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)

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	42948	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	19300	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WEAVER BROTHERS INSURANCE

7315 WISCONSIN AVENUE E SUITE 900
BETHESDA, MD 20814

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	7408	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>THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT MAJOR MEDICAL BENEFIT PLAN</u>	B Three-digit plan number (PN) ►	<u>506</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL CARRIERS' CONFERENCE COMMITTEE</u>	D Employer Identification Number (EIN) <u>52-1036399</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	700000	200000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	12537351	11240728
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	5350375	12185659
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	39702695	20930638
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	58290421 44557025
Liabilities			
g	Benefit claims payable	1g	13732774 10286964
h	Operating payables	1h	39231 52212
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	801727 725741
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	14573732 11064917
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	43716689 33492108

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)	133003840
	(B) Participants	2a(1)(B)	9745306
	(C) Others (including rollovers).....	2a(1)(C)	4200
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	142753346
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	112061
	(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)	112061
(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		142865407

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

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	143156254	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		143156254
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)	216342	
(2) Contract administrator fees	2i(2)	9666622	
(3) Investment advisory and management fees	2i(3)	50770	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9933734
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		153089988

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-10224581
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?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
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 _____.

THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT MAJOR MEDICAL BENEFIT PLAN

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

DECEMBER 31, 2020 and 2019

**THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT
MAJOR MEDICAL BENEFIT PLAN**

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR’S REPORT	1 – 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Statements of Plan Benefit Obligations	5
Statement of Changes in Plan Benefit Obligations	6
Notes to Financial Statements	7 – 17
SUPPLEMENTARY INFORMATION	
Schedule of Assets (Held at End of Year)	18
Schedule of Reportable Transactions	19 - 28



INDEPENDENT AUDITOR'S REPORT

To the National Carriers' Conference Committee with respect to
The Railroad Employees National Early Retirement Major Medical Benefit Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Railroad Employees National Early Retirement Major Medical Benefit 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

**THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT
MAJOR MEDICAL BENEFIT PLAN**

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

	2020	2019
<hr/>		
ASSETS		
Investments, at fair value:	\$ 20,930,638	\$ 39,702,695
	<hr/>	
Receivables:		
Participating railroads' contributions	11,240,728	12,537,351
Formulary rebates	12,183,214	5,299,548
Other	2,445	50,827
	<hr/>	
	23,426,387	17,887,726
	<hr/>	
Cash	200,000	700,000
	<hr/>	
Amounts due from participating railroads	-	-
	<hr/>	
Total assets	44,557,025	58,290,421
	<hr/>	
LIABILITIES		
Accounts payable and accrued expenses	52,212	39,231
Prepaid participants' COBRA contributions	725,741	801,727
	<hr/>	
Total liabilities	777,953	840,958
	<hr/>	
NET ASSETS AVAILABLE FOR BENEFITS	\$ 43,779,072	\$ 57,449,463
	<hr/>	

**THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT
MAJOR MEDICAL BENEFIT PLAN**

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

ADDITIONS

Investment income:

Interest income	\$ 112,061
Less investment expenses	<u>(50,770)</u>
	<u>61,291</u>

Participating railroads' contributions	133,003,840
Participants' COBRA contributions	9,745,306
Other	<u>4,200</u>
	<u>142,753,346</u>

Total additions	<u>142,814,637</u>
-----------------	--------------------

DEDUCTIONS

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

Health claims	104,934,390
Prescription drug claims	<u>41,667,674</u>
	<u>146,602,064</u>

Administrative expenses	<u>9,882,964</u>
-------------------------	------------------

Total deductions	<u>156,485,028</u>
------------------	--------------------

Net decrease	(13,670,391)
--------------	--------------

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>57,449,463</u>
End of year	<u><u>\$ 43,779,072</u></u>

**THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT
MAJOR MEDICAL BENEFIT 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	<u>\$ 3,746,642</u>	<u>\$ 5,742,154</u>
OTHER OBLIGATIONS FOR CURRENT BENEFITS COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Claims incurred but not reported	<u>6,540,322</u>	<u>7,990,620</u>
Total obligations other than post-retirement benefit obligations	<u>10,286,964</u>	<u>13,732,774</u>
POST-RETIREMENT BENEFIT OBLIGATIONS		
Current retirees	671,067,367	579,322,313
Other participants fully eligible for benefits	78,413,308	67,693,024
Other participants not yet fully eligible for benefits	<u>3,061,207,366</u>	<u>2,642,694,038</u>
	<u>3,810,688,041</u>	<u>3,289,709,375</u>
PLAN'S TOTAL BENEFIT OBLIGATION	<u>\$ 3,820,975,005</u>	<u>\$ 3,303,442,149</u>

**THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT
MAJOR MEDICAL BENEFIT 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	\$ 5,742,154
Claims reported and approved for payment	144,606,552
Claims paid (including disability)	<u>(146,602,064)</u>
Balance at end of year	<u>3,746,642</u>

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

Balance at beginning of year	7,990,620
Net change during the year:	
Other	<u>(1,450,298)</u>
Balance at end of year	<u>6,540,322</u>

Total obligations other than post-retirement benefit obligations	<u>10,286,964</u>
--	-------------------

POST-RETIREMENT BENEFIT OBLIGATIONS

Balance at beginning of year	3,289,709,375
Increase (decrease) during the year attributed to:	
Benefits earned and other changes	217,976,799
Benefits expected to be paid	(162,129,369)
Interest	107,511,968
Changes in actuarial assumptions	<u>357,619,268</u>
Balance at end of year	<u>3,810,688,041</u>

PLAN'S TOTAL BENEFIT OBLIGATION	<u><u>\$ 3,820,975,005</u></u>
---------------------------------	--------------------------------

THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT MAJOR MEDICAL BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

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

General: The Plan was established in 1978 pursuant to collective-bargaining and currently provides health and other related benefits to eligible early retired employees of participating railroads and their beneficiaries. The Plan is administered by the National Carriers' Conference Committee and is subject to the provisions of the Railway Labor Act, as amended, and the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Benefits: The Plan benefits are provided on a self-insured basis. Health claims are administered by UnitedHealthcare pursuant to an Administrative Service Only contract. 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, retirees of the participating railroads and their dependents are entitled to receive the benefits provided by the Plan. Extended benefit coverage provisions may also be available to retirees under certain circumstances.

Funding: The participating railroads' obligation to provide contributions to the Plan arises pursuant to the terms and conditions of the collective-bargaining agreements, Plan document, and related practices. Contributions to the Plan are provided by the participating railroads on a monthly basis in the amount determined after discussions with UnitedHealthcare. The railroads fund the obligations of the Plan as they become due and payable during the year. Additionally, the Plan is required to maintain a \$1 million cash reserve in the Trust. Should the cash reserve fall below \$1 million, contributions to the Plan will be increased to fund the reserve by the end of the following calendar year.

UnitedHealthcare monitors the activity of the Trust and the Plan's maintenance of the \$1 million cash reserve. As of December 31, 2020 and 2019, the cash reserve met the required reserve.

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

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.

THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT MAJOR MEDICAL BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (Continued)

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 4 for discussion of fair value measurements.

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

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

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

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

Participants' COBRA contributions: Participants and beneficiaries, who experience a qualifying event, as defined by Federal 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.

Formulary rebates and formulary rebates receivable: Formulary rebates are recorded by the Plan when earned. Formulary rebates totaling \$21,643,127 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.

THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT MAJOR MEDICAL BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies (Continued)

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 the outstanding amounts receivable from terminated or withdrawn railroads as it relates to the withdrawal liability were insignificant.

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 has evaluated subsequent events through October 14, 2021, the date the financial statements were available to be issued.

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	\$ 20,930,638	\$ 39,702,695
Accrued interest	211	48,593
Interest income	112,061	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.

THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT MAJOR MEDICAL BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

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

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
Money market funds	\$ 20,930,638	\$ -	\$ -	\$ 20,930,638
Total assets at fair value	\$ 20,930,638	\$ -	\$ -	\$ 20,930,638

THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT MAJOR MEDICAL BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements (Continued)

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 39,702,695	\$ -	\$ -	\$ 39,702,695
Total assets at fair value	\$ 39,702,695	\$ -	\$ -	\$ 39,702,695

Note 5. Post-Retirement Benefits

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 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 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. The following assumptions are based on the Plan Administrator's determination that the Plan qualifies for a retiree only plan exemption under the Patient Protection and Affordable Care Act. If the Plan did not qualify for this exemption, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the post-retirement obligation.

The Plan Sponsor has agreed to adopt a three-year roll forward cycle to coincide with the triennial release of updated actuarial assumptions by the Railroad Retirement Board (RRB). The RRB released the 27th Actuarial Valuation Report, which reflects assets and liabilities as of December 31, 2016, in September of 2018. In accordance with the agreed upon roll forward cycle, the December 31, 2020 valuation was based on a roll-forward of January 1, 2019 liabilities which used RRB valuation assumptions released in September 2018. The January 1, 2018 liabilities were based on a full valuation (not a roll-forward).

As part of the roll-forward process, adjustments are made, if needed, to reflect population changes, plan changes, and discount rate changes. These adjustments for the December 31, 2020 valuation are discussed below:

THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT MAJOR MEDICAL BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5. Post-Retirement Benefits (Continued)

Population Changes:

- Data was collected as of January 1, 2020 and reviewed at a high-level to determine if significant changes in the plan population occurred that would create a need for special adjustments. Fully eligible active headcount decreased by 16.3%, and non-fully eligible headcount decreased by 10.5%, for a net decrease of 10.7% in the active population from January 1, 2019. Average active age increased by 0.9 years. The roll-forward of service cost was based on the ultimate trend rate (and not a reduced amount) despite the decrease in active headcount, because of the increases in age and service for the active population.
- The headcount for participants currently receiving benefits decreased 15.1%. As in prior roll-forward years, no adjustment was made to the inactive liability related to this population change.

Plan Changes: No plan changes other than the normal anticipated changes in lifetime maximum benefits.

Discount rate changes: The obligation was adjusted to reflect the decrease in discount rate from 3.35% to 2.60%.

Medical trend experience: Based on actual claims paid in 2020, it was determined that:

- The current medical trend assumption was shifted forward one year, moving the year ultimate trend is reached from 2024 to 2025, and
- Liabilities should be adjusted to reflect favorable claims experience. Note that this has been factored into the obligations.
- These two adjustments, trend increasing obligations by 1% and claims experience decreasing obligations by 2%, resulted in a net 1% reduction in obligations.

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 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 does not believe the use of this data creates a material bias in the calculation.

THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT MAJOR MEDICAL BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5. Post-Retirement Benefits (Continued)

For measurement purposes, an annual rate of increase in the per capita cost of covered health care benefits of 6.00% was assumed as of and for the years ended December 31, 2020 and 2019. Additionally, as of December 31, 2020 this rate was assumed to decrease gradually to 5% by 2025 and to remain at that level thereafter. As of December 31, 2019, this rate was assumed to decrease gradually to 5% by 2024 and to remain at that level thereafter.

The health care cost trend rate assumption has a significant effect on the amounts reported. If the assumed rates increased by one percentage point, it would increase the obligation as of December 31, 2020 and 2019, by \$697,736,980 to \$4,508,425,021 and by \$578,462,497 to \$3,868,171,872, respectively.

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

	<u>2020</u>	<u>2019</u>
Weighted Average Discount Rate	2.60%	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 Assumptions

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

Disability Assumptions

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

Retirement Assumptions

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

Participation Assumptions

100%

THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT MAJOR MEDICAL BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5. Post-Retirement Benefits (Continued)

Spouse Assumption

Actual data was supplied for current inactive participants. 68% of participants are assumed to be married to a spouse based on Table S-15. Wife assumed to be three years younger than male participant, while husband assumed to be three years older than female participants.

COBRA Continuation

50% of eligible beneficiaries are assumed to elect COBRA coverage.

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.

The Plan's deficiency of net assets over benefit obligations as of December 31, 2020 and 2019 related primarily to the post-retirement benefit obligation, which will be funded on an annual basis, as it becomes due and payable, by participating railroads' contributions.

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

Note 6. Other Plan Benefit Obligations

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

Significant assumptions used in the calculation include the following:

	2020	2019
Run-out factor:		
Health claims	1.00	1.00
Prescription drug claims	0.50	0.50
Administrative load	5.50%	5.70%
Bank float	4.00%	5.00%

THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT MAJOR MEDICAL BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 6. Other Plan Benefit Obligations (Continued)

Upon termination of a Plan participant's coverage, the Plan may provide limited coverage for injuries that occurred, and sicknesses or pregnancies that commenced before or while the participant was covered by the Plan. This provision of the Plan covers benefits that were incurred during the calendar year in which the Plan participant's coverage ends, and for expenses that are incurred during the next calendar year as long as the disability is continuous. Benefits are not payable for any expenses that are covered under any other group insurance policy or group plan. Benefits are also not payable for an individual who incurs an expense on or after the date he/she becomes Medicare eligible.

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 7. Plan Benefit Changes

The maximum benefit per lifetime for covered health services received by an eligible member of the Plan, which is adjusted annually to reflect the increase in the medical cost components of the consumer price index, was increased from \$171,100 to \$175,700 as of January 1, 2021.

Note 8. Concentration of Participating Employers

There are approximately 42 railroads participating in the Plan, of which 4 Class I railroads comprised approximately 85% and 86% of the total Plan activity as of and for the years ended December 31, 2020 and 2019, respectively. This activity includes, but is not limited to, participating railroads contributions receivable 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	31.8%	31.2%
B	22.4%	23.5%
C	15.8%	16.9%
D	15.1%	14.5%

THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT MAJOR MEDICAL BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 9. 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	\$ 43,779,072	\$ 57,449,463
Benefit obligations currently payable	<u>(10,286,964)</u>	<u>(13,732,774)</u>
Net assets available for benefits as reported within the Form 5500	<u>\$ 33,492,108</u>	<u>\$ 43,716,689</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	\$ 146,602,064
Add: Amounts payable at end of year	10,286,964
Less: Amounts payable at beginning of year	<u>(13,732,774)</u>
Benefits paid to or for participants as reported within the Form 5500	<u>\$ 143,156,254</u>

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

Note 10. Party-in-Interest Transactions

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

THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT MAJOR MEDICAL BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 11. Risks and Uncertainties

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

The 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 and claims incurred but not reported), as calculated and reported to the Plan by UnitedHealthcare, and post-retirement benefits, as calculated and reported to the Plan by the Plan's consulting actuary, are based on certain assumptions pertaining to claim run-out factors, administrative load, bank float, participant data, interest rates, health care inflation, average retirement age, and other employee demographics, all of which are subject to change or may not be reflective of actual experience. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 12. Contingencies

See Note 6 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.

SUPPLEMENTARY INFORMATION

**THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT
MAJOR MEDICAL BENEFIT 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: 52-1036399
Plan No. 506

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		Cost	Current Value
<i>Cash and cash equivalents</i>				
* SunTrust Bank Account 70-04-102-7036736	Money Market Fund Federated Trsy Obligs MM-I #68 FFS		\$ 20,930,638	\$ 20,930,638

* Known party-in-interest to the Plan

**THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT
MAJOR MEDICAL BENEFIT PLAN**

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

Schedule H, Form 5500
Part IV, Line 4j – Schedule of Reportable Transactions
EIN: 52-1036399
Plan No. 506

(a)	(b)	(c)	(d)	(g)	(h)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Asset Cost	Current Value
<hr/>					
SunTrust Bank					
Account 70-04-102-7036736	(See attached schedule as prepared and reported by SunTrust Bank)				



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036736

PAGE 87

RAILROAD - EMP EARLY RETIRE MMB

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
BEGINNING MARKET VALUE				39,751,287.40		
COMPARATIVE VALUE (5%)				1,987,564.37		

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/03/20 S	3,061,005.8800	1.0000	0	3,061,006 *	3,061,006	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
01/17/20 S	2,759,951.7500	1.0000	0	2,759,952 *	2,759,952	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
01/29/20 B	11,410,769.0400	1.0000	0	-11,410,769 *	11,410,769	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
01/31/20 S	3,555,979.7400	1.0000	0	3,555,980 *	3,555,980	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
02/27/20 B	8,448,119.4500	1.0000	0	-8,448,119 *	8,448,119	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
02/28/20 S	2,829,526.0200	1.0000	0	2,829,526 *	2,829,526	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
03/13/20 S	2,959,066.9100	1.0000	0	2,959,067 *	2,959,067	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
03/27/20 B	6,401,443.9600	1.0000	0	-6,401,444 *	6,401,444	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
03/31/20 S	2,058,722.5700	1.0000	0	2,058,723 *	2,058,723	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
04/09/20 S	2,697,691.4600	1.0000	0	2,697,691 *	2,697,691	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
04/24/20 S	2,643,366.0100	1.0000	0	2,643,366 *	2,643,366	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
04/28/20 B	11,224,563.9000	1.0000	0	-11,224,564 *	11,224,564	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
05/07/20 B	4,386,556.0800	1.0000	0	-4,386,556 *	4,386,556	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
05/08/20 S	2,693,023.4700	1.0000	0	2,693,023 *	2,693,023	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
05/22/20 S	2,409,579.3900	1.0000	0	2,409,579 *	2,409,579	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
05/28/20 B	11,040,999.7900	1.0000	0	-11,041,000 *	11,041,000	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
06/05/20 S	2,900,299.4600	1.0000	0	2,900,299 *	2,900,299	0

1/1/20 THROUGH 12/31/20

ACCOUNT 7036736

PAGE 88

RAILROAD - EMP EARLY RETIRE MMB

DATE BOUGHT/STOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
06/19/20 S	2,839,829.9700	1.0000	0	2,839,830 *	2,839,830	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
06/29/20 B	10,176,314.1500	1.0000	0	-10,176,314 *	10,176,314	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
07/02/20 S	2,787,484.4500	1.0000	0	2,787,484 *	2,787,484	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
07/08/20 S	2,578,549.7500	1.0000	0	2,578,550 *	2,578,550	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
07/17/20 S	2,302,834.2400	1.0000	0	2,302,834 *	2,302,834	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
07/23/20 B	4,683,163.8900	1.0000	0	-4,683,164 *	4,683,164	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
07/29/20 B	10,042,830.6600	1.0000	0	-10,042,831 *	10,042,831	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
07/31/20 S	3,618,406.9000	1.0000	0	3,618,407 *	3,618,407	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
08/14/20 S	2,202,746.4900	1.0000	0	2,202,746 *	2,202,746	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
08/28/20 B	8,154,498.1300	1.0000	0	-8,154,498 *	8,154,498	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
09/11/20 S	2,735,579.4400	1.0000	0	2,735,579 *	2,735,579	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
09/25/20 B	8,314,148.9900	1.0000	0	-8,314,149 *	8,314,149	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
10/01/20 B	4,110,364.8300	1.0000	0	-4,110,365 *	4,110,365	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
10/09/20 S	2,645,515.2300	1.0000	0	2,645,515 *	2,645,515	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
10/23/20 S	2,346,765.1000	1.0000	0	2,346,765 *	2,346,765	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
10/29/20 B	10,621,585.3200	1.0000	0	-10,621,585 *	10,621,585	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
11/06/20 S	2,613,658.8900	1.0000	0	2,613,659 *	2,613,659	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
11/20/20 S	2,895,036.5700	1.0000	0	2,895,037 *	2,895,037	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
11/25/20 B	8,237,200.8700	1.0000	0	-8,237,201 *	8,237,201	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
12/04/20 S	2,327,434.5700	1.0000	0	2,327,435 *	2,327,435	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG						
12/18/20 S	2,794,071.0200	1.0000	0	2,794,071 *	2,794,071	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG						
12/28/20 B	4,615,241.4600	1.0000	0	-4,615,241 *	4,615,241	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG						
12/31/20 S	3,155,274.0200	1.0000	0	3,155,274 *	3,155,274	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036736

PAGE 89

RAILROAD - EMP EARLY RETIRE MMB

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
GRAND TOTAL			0	190,279,198	190,279,198	0

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

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

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

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

01/03/20 B	48,592.5900	1.0000	0	-48,593	48,593
01/16/20 B	67,613.2300	1.0000	0	-67,613	67,613
01/29/20 B	11,410,769.0400	1.0000	0	-11,410,769 *	11,410,769
02/04/20 B	41,891.1600	1.0000	0	-41,891	41,891
02/18/20 B	178,424.6400	1.0000	0	-178,425	178,425
02/26/20 B	1,373,873.8800	1.0000	0	-1,373,874	1,373,874
02/27/20 B	8,448,119.4500	1.0000	0	-8,448,119 *	8,448,119
03/03/20 B	36,329.3500	1.0000	0	-36,329	36,329
03/16/20 B	117,850.3300	1.0000	0	-117,850	117,850
03/26/20 B	1,917,864.6200	1.0000	0	-1,917,865	1,917,865
03/27/20 B	6,401,443.9600	1.0000	0	-6,401,444 *	6,401,444
04/02/20 B	19,220.2200	1.0000	0	-19,220	19,220
04/15/20 B	357,520.9800	1.0000	0	-357,521	357,521
04/28/20 B	11,224,563.9000	1.0000	0	-11,224,564 *	11,224,564
05/04/20 B	3,989.2300	1.0000	0	-3,989	3,989
05/07/20 B	4,386,556.0800	1.0000	0	-4,386,556 *	4,386,556
05/14/20 B	765,734.7400	1.0000	0	-765,735	765,735
05/15/20 B	139,056.6800	1.0000	0	-139,057	139,057
05/28/20 B	11,040,999.7900	1.0000	0	-11,041,000 *	11,041,000
06/02/20 B	3,047.7500	1.0000	0	-3,048	3,048

00039 01 000000



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036736

PAGE 90

RAILROAD - EMP EARLY RETIRE MMB

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
06/15/20 B	537,700.0900	1.0000	0	-537,700	537,700	
06/29/20 B	10,176,314.1500	1.0000	0	-10,176,314 *	10,176,314	
07/02/20 B	2,581.8000	1.0000	0	-2,582	2,582	
07/14/20 B	11,747.6400	1.0000	0	-11,748	11,748	
07/15/20 B	622,549.2600	1.0000	0	-622,549	622,549	
07/16/20 B	361,837.1600	1.0000	0	-361,837	361,837	
07/23/20 B	4,683,163.8900	1.0000	0	-4,683,164 *	4,683,164	
07/29/20 B	10,042,830.6600	1.0000	0	-10,042,831 *	10,042,831	
08/04/20 B	2,251.5600	1.0000	0	-2,252	2,252	
08/13/20 B	248,529.7400	1.0000	0	-248,530	248,530	
08/20/20 B	25,914.7000	1.0000	0	-25,915	25,915	
08/28/20 B	8,154,498.1300	1.0000	0	-8,154,498 *	8,154,498	
09/02/20 B	1,470.2500	1.0000	0	-1,470	1,470	
09/15/20 B	244,297.9500	1.0000	0	-244,298	244,298	
09/16/20 B	204,804.4700	1.0000	0	-204,804	204,804	
09/25/20 B	8,314,148.9900	1.0000	0	-8,314,149 *	8,314,149	
10/01/20 B	4,110,364.8300	1.0000	0	-4,110,365 *	4,110,365	
10/02/20 B	559.6900	1.0000	0	-560	560	
10/15/20 B	490,426.8900	1.0000	0	-490,427	490,427	
10/29/20 B	10,621,585.3200	1.0000	0	-10,621,585 *	10,621,585	
11/03/20 B	256.9500	1.0000	0	-257	257	
11/16/20 B	310,794.3600	1.0000	0	-310,794	310,794	
11/24/20 B	1,144,301.0600	1.0000	0	-1,144,301	1,144,301	
11/25/20 B	8,237,200.8700	1.0000	0	-8,237,201 *	8,237,201	
12/02/20 B	252.6200	1.0000	0	-253	253	
12/14/20 B	70,065.1300	1.0000	0	-70,065	70,065	
12/28/20 B	4,615,241.4600	1.0000	0	-4,615,241 *	4,615,241	
SUB-TOTAL OF BUYS # 47			0	131,219,152	131,219,152	
01/02/20 S	321,801.6200	1.0000	0	321,802	321,802	0
01/03/20 S	3,061,005.8800	1.0000	0	3,061,006 *	3,061,006	0
01/06/20 S	288,017.5300	1.0000	0	288,018	288,018	0
01/07/20 S	573,295.9400	1.0000	0	573,296	573,296	0
01/08/20 S	252,362.3700	1.0000	0	252,362	252,362	0
01/09/20 S	5,392.7100	1.0000	0	5,393	5,393	0
01/09/20 S	248,501.6200	1.0000	0	248,502	248,502	0
01/10/20 S	449,035.1400	1.0000	0	449,035	449,035	0
01/13/20 S	689,005.8600	1.0000	0	689,006	689,006	0
01/14/20 S	28,300.5900	1.0000	0	28,301	28,301	0
01/15/20 S	516,089.9700	1.0000	0	516,090	516,090	0
01/17/20 S	2,759,951.7500	1.0000	0	2,759,952 *	2,759,952	0
01/21/20 S	410,885.4500	1.0000	0	410,885	410,885	0
01/22/20 S	1,079,335.8900	1.0000	0	1,079,336	1,079,336	0
01/23/20 S	281,168.5700	1.0000	0	281,169	281,169	0
01/24/20 S	110,179.2900	1.0000	0	110,179	110,179	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036736

PAGE 91

RAILROAD - EMP EARLY RETIRE MMB

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
01/27/20 S	347,635.3000	1.0000	0	347,635	347,635	0
01/28/20 S	339,939.9600	1.0000	0	339,940	339,940	0
01/30/20 S	198,790.1700	1.0000	0	198,790	198,790	0
01/31/20 S	3,555,979.7400	1.0000	0	3,555,980 *	3,555,980	0
02/03/20 S	768,501.6100	1.0000	0	768,502	768,502	0
02/04/20 S	571,964.8800	1.0000	0	571,965	571,965	0
02/05/20 S	556,223.3700	1.0000	0	556,223	556,223	0
02/06/20 S	204,713.5600	1.0000	0	204,714	204,714	0
02/07/20 S	198,453.0000	1.0000	0	198,453	198,453	0
02/10/20 S	4,818.2600	1.0000	0	4,818	4,818	0
02/10/20 S	1,379,725.8100	1.0000	0	1,379,726	1,379,726	0
02/11/20 S	541,166.5600	1.0000	0	541,167	541,167	0
02/12/20 S	474,899.0500	1.0000	0	474,899	474,899	0
02/13/20 S	194,665.6900	1.0000	0	194,666	194,666	0
02/14/20 S	1,723,017.5600	1.0000	0	1,723,018	1,723,018	0
02/19/20 S	1,397,089.2200	1.0000	0	1,397,089	1,397,089	0
02/20/20 S	313,166.5100	1.0000	0	313,167	313,167	0
02/21/20 S	325,631.1700	1.0000	0	325,631	325,631	0
02/24/20 S	1,302,274.0700	1.0000	0	1,302,274	1,302,274	0
02/25/20 S	756,715.0700	1.0000	0	756,715	756,715	0
02/28/20 S	2,829,526.0200	1.0000	0	2,829,526 *	2,829,526	0
03/02/20 S	401,987.2300	1.0000	0	401,987	401,987	0
03/03/20 S	569,430.0200	1.0000	0	569,430	569,430	0
03/04/20 S	153,800.8600	1.0000	0	153,801	153,801	0
03/05/20 S	76,735.7400	1.0000	0	76,736	76,736	0
03/06/20 S	371,168.4000	1.0000	0	371,168	371,168	0
03/09/20 S	4,496.3700	1.0000	0	4,496	4,496	0
03/09/20 S	321,650.7900	1.0000	0	321,651	321,651	0
03/10/20 S	702,400.7200	1.0000	0	702,401	702,401	0
03/11/20 S	348,481.2500	1.0000	0	348,481	348,481	0
03/12/20 S	263,466.2100	1.0000	0	263,466	263,466	0
03/13/20 S	2,959,066.9100	1.0000	0	2,959,067 *	2,959,067	0
03/17/20 S	380,508.4900	1.0000	0	380,508	380,508	0
03/18/20 S	998,133.7900	1.0000	0	998,134	998,134	0
03/19/20 S	373,129.2000	1.0000	0	373,129	373,129	0
03/20/20 S	248,498.7200	1.0000	0	248,499	248,499	0
03/23/20 S	369,260.9000	1.0000	0	369,261	369,261	0
03/24/20 S	704,173.3400	1.0000	0	704,173	704,173	0
03/25/20 S	340,000.6400	1.0000	0	340,001	340,001	0
03/31/20 S	2,058,722.5700	1.0000	0	2,058,723 *	2,058,723	0
04/01/20 S	396,060.4100	1.0000	0	396,060	396,060	0
04/02/20 S	308,603.6400	1.0000	0	308,604	308,604	0
04/03/20 S	463,382.2500	1.0000	0	463,382	463,382	0
04/06/20 S	150,259.6700	1.0000	0	150,260	150,260	0
04/07/20 S	556,114.3600	1.0000	0	556,114	556,114	0
04/08/20 S	4,136.8800	1.0000	0	4,137	4,137	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036736

PAGE 92

RAILROAD - EMP EARLY RETIRE MMB

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
04/08/20 S	472,749.4900	1.0000	0	472,749	472,749	0
04/09/20 S	2,697,691.4600	1.0000	0	2,697,691 *	2,697,691	0
04/13/20 S	1,377,801.5500	1.0000	0	1,377,802	1,377,802	0
04/14/20 S	78,934.6200	1.0000	0	78,935	78,935	0
04/16/20 S	75,660.3600	1.0000	0	75,660	75,660	0
04/17/20 S	266,134.3400	1.0000	0	266,134	266,134	0
04/20/20 S	10,099.3900	1.0000	0	10,099	10,099	0
04/21/20 S	104,212.4600	1.0000	0	104,212	104,212	0
04/22/20 S	344,876.3800	1.0000	0	344,876	344,876	0
04/23/20 S	307,246.3600	1.0000	0	307,246	307,246	0
04/24/20 S	2,643,366.0100	1.0000	0	2,643,366 *	2,643,366	0
04/27/20 S	336,585.1100	1.0000	0	336,585	336,585	0
04/29/20 S	289,962.1200	1.0000	0	289,962	289,962	0
04/30/20 S	955,835.8000	1.0000	0	955,836	955,836	0
05/01/20 S	205,123.0800	1.0000	0	205,123	205,123	0
05/04/20 S	166,310.9800	1.0000	0	166,311	166,311	0
05/05/20 S	323,003.0900	1.0000	0	323,003	323,003	0
05/06/20 S	58,330.7200	1.0000	0	58,331	58,331	0
05/08/20 S	2,693,023.4700	1.0000	0	2,693,023 *	2,693,023	0
05/08/20 S	3,671.2200	1.0000	0	3,671	3,671	0
05/11/20 S	445,163.0000	1.0000	0	445,163	445,163	0
05/12/20 S	481,601.7000	1.0000	0	481,602	481,602	0
05/13/20 S	361,096.9800	1.0000	0	361,097	361,097	0
05/18/20 S	195,610.2300	1.0000	0	195,610	195,610	0
05/19/20 S	153,053.1200	1.0000	0	153,053	153,053	0
05/20/20 S	77,408.2600	1.0000	0	77,408	77,408	0
05/21/20 S	187,001.2000	1.0000	0	187,001	187,001	0
05/22/20 S	2,409,579.3900	1.0000	0	2,409,579 *	2,409,579	0
05/26/20 S	511,359.2200	1.0000	0	511,359	511,359	0
05/27/20 S	1,362,064.6200	1.0000	0	1,362,065	1,362,065	0
05/29/20 S	862,910.9500	1.0000	0	862,911	862,911	0
06/01/20 S	25,654.7400	1.0000	0	25,655	25,655	0
06/02/20 S	56,941.7900	1.0000	0	56,942	56,942	0
06/03/20 S	156,573.2800	1.0000	0	156,573	156,573	0
06/04/20 S	141,655.7500	1.0000	0	141,656	141,656	0
06/05/20 S	2,900,299.4600	1.0000	0	2,900,299 *	2,900,299	0
06/08/20 S	4,258.2200	1.0000	0	4,258	4,258	0
06/08/20 S	278,072.0300	1.0000	0	278,072	278,072	0
06/09/20 S	527,968.8600	1.0000	0	527,969	527,969	0
06/10/20 S	844,412.0800	1.0000	0	844,412	844,412	0
06/11/20 S	226,874.0600	1.0000	0	226,874	226,874	0
06/16/20 S	336,487.4200	1.0000	0	336,487	336,487	0
06/17/20 S	385,185.8800	1.0000	0	385,186	385,186	0
06/18/20 S	357,364.9300	1.0000	0	357,365	357,365	0
06/19/20 S	2,839,829.9700	1.0000	0	2,839,830 *	2,839,830	0
06/22/20 S	365,087.1400	1.0000	0	365,087	365,087	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036736

PAGE 93

RAILROAD - EMP EARLY RETIRE MMB

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
06/23/20 S	434,799.4000	1.0000	0	434,799	434,799	0
06/24/20 S	464,356.1700	1.0000	0	464,356	464,356	0
06/25/20 S	193,313.9400	1.0000	0	193,314	193,314	0
06/26/20 S	350,100.7700	1.0000	0	350,101	350,101	0
07/01/20 S	1,155,342.8600	1.0000	0	1,155,343	1,155,343	0
07/01/20 S	331,016.6700	1.0000	0	331,017	331,017	0
07/02/20 S	2,787,484.4500	1.0000	0	2,787,484 *	2,787,484	0
07/06/20 S	1,009,353.5400	1.0000	0	1,009,354	1,009,354	0
07/08/20 S	2,578,549.7500	1.0000	0	2,578,550 *	2,578,550	0
07/08/20 S	4,291.6400	1.0000	0	4,292	4,292	0
07/09/20 S	52,810.9900	1.0000	0	52,811	52,811	0
07/10/20 S	19,248.4900	1.0000	0	19,248	19,248	0
07/13/20 S	413,318.2300	1.0000	0	413,318	413,318	0
07/17/20 S	2,302,834.2400	1.0000	0	2,302,834 *	2,302,834	0
07/20/20 S	349,152.6400	1.0000	0	349,153	349,153	0
07/21/20 S	401,350.1700	1.0000	0	401,350	401,350	0
07/22/20 S	446,569.4500	1.0000	0	446,569	446,569	0
07/24/20 S	271,716.4300	1.0000	0	271,716	271,716	0
07/27/20 S	175,751.5500	1.0000	0	175,752	175,752	0
07/28/20 S	365,756.4600	1.0000	0	365,756	365,756	0
07/30/20 S	237,388.4300	1.0000	0	237,388	237,388	0
07/31/20 S	3,618,406.9000	1.0000	0	3,618,407 *	3,618,407	0
08/03/20 S	312,213.4200	1.0000	0	312,213	312,213	0
08/04/20 S	478,102.4700	1.0000	0	478,102	478,102	0
08/05/20 S	321,763.4600	1.0000	0	321,763	321,763	0
08/06/20 S	212,443.3800	1.0000	0	212,443	212,443	0
08/07/20 S	376,333.1200	1.0000	0	376,333	376,333	0
08/10/20 S	3,616.0100	1.0000	0	3,616	3,616	0
08/10/20 S	251,120.8900	1.0000	0	251,121	251,121	0
08/11/20 S	505,938.2300	1.0000	0	505,938	505,938	0
08/12/20 S	440,705.2200	1.0000	0	440,705	440,705	0
08/14/20 S	2,202,746.4900	1.0000	0	2,202,746 *	2,202,746	0
08/17/20 S	156,460.6400	1.0000	0	156,461	156,461	0
08/18/20 S	732,740.5300	1.0000	0	732,741	732,741	0
08/19/20 S	8,587.3000	1.0000	0	8,587	8,587	0
08/21/20 S	463,029.9600	1.0000	0	463,030	463,030	0
08/24/20 S	945,592.1600	1.0000	0	945,592	945,592	0
08/25/20 S	1,407,604.1300	1.0000	0	1,407,604	1,407,604	0
08/26/20 S	76,175.3800	1.0000	0	76,175	76,175	0
08/27/20 S	24,147.0100	1.0000	0	24,147	24,147	0
08/31/20 S	730,061.4400	1.0000	0	730,061	730,061	0
09/01/20 S	231,839.5000	1.0000	0	231,840	231,840	0
09/02/20 S	363,143.9400	1.0000	0	363,144	363,144	0
09/03/20 S	117,724.2400	1.0000	0	117,724	117,724	0
09/04/20 S	585,671.2800	1.0000	0	585,671	585,671	0
09/08/20 S	260,243.3400	1.0000	0	260,243	260,243	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036736

PAGE 94

RAILROAD - EMP EARLY RETIRE MMB

DATE BOUGHT/ SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
09/09/20 S	4,397.4500	1.0000	0	4,397	4,397	0
09/09/20 S	1,033,978.7800	1.0000	0	1,033,979	1,033,979	0
09/10/20 S	161,318.5000	1.0000	0	161,319	161,319	0
09/11/20 S	2,735,579.4400	1.0000	0	2,735,579 *	2,735,579	0
09/14/20 S	1,253,002.7700	1.0000	0	1,253,003	1,253,003	0
09/17/20 S	30,237.1800	1.0000	0	30,237	30,237	0
09/18/20 S	59,508.5300	1.0000	0	59,509	59,509	0
09/21/20 S	262,520.4600	1.0000	0	262,520	262,520	0
09/22/20 S	626,574.7200	1.0000	0	626,575	626,575	0
09/23/20 S	524,610.1200	1.0000	0	524,610	524,610	0
09/24/20 S	264,024.1100	1.0000	0	264,024	264,024	0
09/28/20 S	355,986.0900	1.0000	0	355,986	355,986	0
09/29/20 S	372,801.3600	1.0000	0	372,801	372,801	0
09/30/20 S	890,967.7100	1.0000	0	890,968	890,968	0
10/02/20 S	362,295.4300	1.0000	0	362,295	362,295	0
10/05/20 S	296,643.6000	1.0000	0	296,644	296,644	0
10/06/20 S	494,627.5200	1.0000	0	494,628	494,628	0
10/07/20 S	852,540.6500	1.0000	0	852,541	852,541	0
10/08/20 S	4,245.6000	1.0000	0	4,246	4,246	0
10/08/20 S	297,723.9800	1.0000	0	297,724	297,724	0
10/09/20 S	2,645,515.2300	1.0000	0	2,645,515 *	2,645,515	0
10/13/20 S	269,125.2500	1.0000	0	269,125	269,125	0
10/14/20 S	723,065.7500	1.0000	0	723,066	723,066	0
10/16/20 S	176,320.5700	1.0000	0	176,321	176,321	0
10/19/20 S	241,994.1800	1.0000	0	241,994	241,994	0
10/20/20 S	513,605.6100	1.0000	0	513,606	513,606	0
10/21/20 S	434,410.0400	1.0000	0	434,410	434,410	0
10/22/20 S	267,137.1500	1.0000	0	267,137	267,137	0
10/23/20 S	2,346,765.1000	1.0000	0	2,346,765 *	2,346,765	0
10/26/20 S	789,175.8600	1.0000	0	789,176	789,176	0
10/28/20 S	1,294,070.0100	1.0000	0	1,294,070	1,294,070	0
10/28/20 S	496,609.9700	1.0000	0	496,610	496,610	0
10/30/20 S	912,326.3900	1.0000	0	912,326	912,326	0
11/02/20 S	234,044.8000	1.0000	0	234,045	234,045	0
11/03/20 S	789,347.5900	1.0000	0	789,348	789,348	0
11/04/20 S	575,507.7300	1.0000	0	575,508	575,508	0
11/05/20 S	255,902.9700	1.0000	0	255,903	255,903	0
11/06/20 S	2,613,658.8900	1.0000	0	2,613,659 *	2,613,659	0
11/09/20 S	4,398.5700	1.0000	0	4,399	4,399	0
11/09/20 S	261,379.7900	1.0000	0	261,380	261,380	0
11/10/20 S	723,987.2100	1.0000	0	723,987	723,987	0
11/12/20 S	900,209.7200	1.0000	0	900,210	900,210	0
11/13/20 S	576,574.7900	1.0000	0	576,575	576,575	0
11/17/20 S	49,680.6100	1.0000	0	49,681	49,681	0
11/18/20 S	101,392.7900	1.0000	0	101,393	101,393	0
11/19/20 S	77,681.9200	1.0000	0	77,682	77,682	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036736

PAGE 95

RAILROAD - EMP EARLY RETIRE MMB

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
11/20/20 S	2,895,036.5700	1.0000	0	2,895,037 *	2,895,037	0
11/23/20 S	582,061.4200	1.0000	0	582,061	582,061	0
11/27/20 S	400,000.0000	1.0000	0	400,000	400,000	0
11/30/20 S	1,194,701.4500	1.0000	0	1,194,701	1,194,701	0
12/01/20 S	487,088.5800	1.0000	0	487,089	487,089	0
12/02/20 S	55,087.8200	1.0000	0	55,088	55,088	0
12/03/20 S	68,791.4100	1.0000	0	68,791	68,791	0
12/04/20 S	2,327,434.5700	1.0000	0	2,327,435 *	2,327,435	0
12/07/20 S	82,929.6600	1.0000	0	82,930	82,930	0
12/08/20 S	4,142.5400	1.0000	0	4,143	4,143	0
12/08/20 S	373,206.1100	1.0000	0	373,206	373,206	0
12/09/20 S	313,765.8900	1.0000	0	313,766	313,766	0
12/10/20 S	169,703.4100	1.0000	0	169,703	169,703	0
12/11/20 S	494,296.8900	1.0000	0	494,297	494,297	0
12/15/20 S	581,153.7000	1.0000	0	581,154	581,154	0
12/16/20 S	241,900.4900	1.0000	0	241,900	241,900	0
12/17/20 S	38,635.8200	1.0000	0	38,636	38,636	0
12/18/20 S	2,794,071.0200	1.0000	0	2,794,071 *	2,794,071	0
12/21/20 S	539,753.5800	1.0000	0	539,754	539,754	0
12/22/20 S	441,684.7300	1.0000	0	441,685	441,685	0
12/23/20 S	433,510.6900	1.0000	0	433,511	433,511	0
12/28/20 S	488,723.8600	1.0000	0	488,724	488,724	0
12/29/20 S	612,522.7200	1.0000	0	612,523	612,523	0
12/30/20 S	400,313.4700	1.0000	0	400,313	400,313	0
12/31/20 S	3,155,274.0200	1.0000	0	3,155,274 *	3,155,274	0
SUB-TOTAL OF SALES \$ 225			0	149,991,207	149,991,207	0
SUB-TOTAL			0	281,210,359	281,210,359	0
GRAND TOTAL			0	281,210,359	281,210,359	0

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

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



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036736

PAGE 96

RAILROAD - EMP EARLY RETIRE MMB

DATE
BOUGHT/SOLDSHARES
PAR VALUEUNIT
PRICEEXPENSE
INCURREDPRINCIPAL CASHERISA COSTERISA COST
GAIN/LOSSF O O T N O T E S

* = 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)**NATIONAL CARRIERS' CONFERENCE COMMITTEE**

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

251 - 18TH STREET, SOUTH, SUITE 750

City or town, state, and ZIP code

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

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

52-1036399

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

C Plan namePlan
number

Plan year ending -

MM

DD

YYYY

THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREM**506****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 ▶

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 THE RAILROAD EMPLOYEES NATIONAL EARLY RETIREMENT MAJOR MEDICAL BENEFIT PLAN	1b Three-digit plan number (PN) ▶ 506
	1c Effective date of plan 08/01/1978
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NATIONAL CARRIERS' CONFERENCE COMMITTEE 251 - 18TH STREET, SOUTH, SUITE 750 ARLINGTON VA 22202	2b Employer Identification Number (EIN) 52-1036399 2c Plan Sponsor's telephone number (571) 336-7600 2d Business code (see instructions) 482110

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

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

SIGN HERE	<i>Brendan M. Branon</i> Signature of plan administrator	<i>10.14.2021</i> Date	BRENDAN M. BRANON Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	 Date	 Enter name of individual signing as employer or plan sponsor
SIGN HERE	 Signature of DFE	 Date	 Enter name of individual signing as DFE

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

Form 5500 (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	10,098
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)	
a (2) Total number of active participants at the end of the plan year	6a(2)	
b Retired or separated participants receiving benefits	6b	8,444
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	8,444
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	42

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____