

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <b>2020</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
<b>A</b> 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>B</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)
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input checked="" type="checkbox"/>
<b>D</b> 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)

<b>Part II Basic Plan Information—enter all requested information</b>			
<b>1a</b> Name of plan <u>THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶	<u>505</u>	
	<b>1c</b> Effective date of plan	<u>03/01/1976</u>	
<b>2a</b> 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>	<b>2b</b> Employer Identification Number (EIN) <u>52-1036399</u>	<b>2c</b> Plan Sponsor's telephone number <u>571-336-7600</u>	
	<b>2d</b> Business code (see instructions) <u>482110</u>		

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	<u>10/14/2021</u>	<u>BRENDAN M. BRANON</u>
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

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

**Form 5500 (2020)**  
**v. 200204**

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 137312
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="text-align: center; vertical-align: top;"> <b>6a(1)</b> 137312  <b>6a(2)</b> 120432  <b>6b</b>  <b>6c</b>  <b>6d</b> 120432  <b>6e</b>  <b>6f</b>  <b>6g</b>  <b>6h</b> </div>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b> 46

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

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

4D

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

<b>SCHEDULE C</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2020</b>
		<b>This Form is Open to Public Inspection.</b>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
<b>A</b> Name of plan THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN	<b>B</b> Three-digit plan number (PN) ▶	505
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CARRIERS' CONFERENCE COMMITTEE	<b>D</b> Employer Identification Number (EIN) 52-1036399	

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

AETNA, INC.

151 FARMINGTON AVENUE  
HARTFORD, CT 06186

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15	NONE	3943724	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	142724	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UNITED HEALTHCARE

185 ASYLUM STREET  
HARTFORD, CT 06103

36-2739571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	55100	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	25497	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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2020</b>  <b>This Form is Open to Public Inspection</b>
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
<b>A</b> Name of plan <u>THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>	<u>505</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL CARRIERS' CONFERENCE COMMITTEE</u>	<b>D</b> Employer Identification Number (EIN) <u>52-1036399</u>	

Part I	Asset and Liability Statement		
<b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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
<b>a</b> Total noninterest-bearing cash.....		<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....		<b>1b(1)</b>	88670737280140
<b>(2)</b> Participant contributions.....		<b>1b(2)</b>	159146134055
<b>(3)</b> Other .....		<b>1b(3)</b>	482820801813
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....		<b>1c(1)</b>	99235819924265
<b>(2)</b> U.S. Government securities .....		<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....		<b>1c(3)(A)</b>	
<b>(B)</b> All other.....		<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....		<b>1c(4)(A)</b>	
<b>(B)</b> Common .....		<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....		<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....		<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants).....		<b>1c(7)</b>	
<b>(8)</b> Participant loans .....		<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....		<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....		<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....		<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....		<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....		<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....		<b>1c(14)</b>	
<b>(15)</b> Other.....		<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	19432620	18140273

**Liabilities**

<b>g</b> Benefit claims payable .....	<b>1g</b>	7572987	7378780
<b>h</b> Operating payables .....	<b>1h</b>	333541	257233
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	7906528	7636013

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	11526092	10504260
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**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.

**Income**

		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	86804957	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	1706883	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		88511840
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	26673	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		26673
(2) Dividends: <b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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 <b>income</b> amounts in column (b) and enter total.....	2d		88538513

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

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	85388942	
(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)		85388942
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)	147082	
(2) Contract administrator fees .....	2i(2)	3998824	
(3) Investment advisory and management fees .....	2i(3)	25497	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4) .....	2i(5)		4171403
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		89560345

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		-1021832
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>b</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.) .....			
<b>4b</b>		X	
<b>c</b> 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.) .....			
<b>4c</b>		X	
<b>d</b> 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.) .....			
<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond? .....	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>4f</b>		X	
<b>g</b> 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? .....			
<b>4g</b>		X	
<b>h</b> 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? .....			
<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	X		
<b>4i</b>	X		
<b>j</b> 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		
<b>4j</b>	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>4k</b>		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....		X	
<b>4m</b>		X	
<b>n</b> 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. ....			
<b>4n</b>			

**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 \_\_\_\_\_.

**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](http://www.irs.gov/Form5558) for the latest information.

OMB No. 1545-0212

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

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

**251 - 18TH STREET SOUTH SUITE 750**

City or town, state, and ZIP code

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

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

**52-1036399**

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

**C** Plan namePlan  
number

Plan year ending -

MM

DD

YYYY

**THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN****505****12****31****2020****Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA****1** ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.**2** I request an extension of time until **10/15/2021** to file Form 5500 series. See instructions.**Note:** A signature IS NOT required if you are requesting an extension to file Form 5500 series.**3** I request an extension of time until \_\_\_\_\_ to file Form 8955-SSA. See instructions.**Note:** A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

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

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

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

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

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

Signature ►

Date ►

# **THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN**

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

**DECEMBER 31, 2020 and 2019**



# **THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN**

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## **INDEPENDENT AUDITOR'S REPORT**

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

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of The Railroad Employees National Dental Plan (the Plan), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 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 LLC", with a stylized flourish above the letters.

Baltimore, Maryland  
October 14, 2021

## **FINANCIAL STATEMENTS**

# THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2020 and 2019

	2020	2019
ASSETS		
Investments, at fair value:	<u>\$ 9,924,265</u>	<u>\$ 9,923,581</u>
Receivables:		
Participating railroads' contributions	7,280,140	8,867,073
Participants' COBRA contributions	134,055	159,146
Accrued interest	<u>115</u>	<u>17,532</u>
	<u>7,414,310</u>	<u>9,043,751</u>
Amounts due from participating railroads	<u>801,698</u>	<u>465,288</u>
Total assets	<u>18,140,273</u>	<u>19,432,620</u>
LIABILITIES		
Accounts payable and accrued expenses	<u>257,233</u>	<u>333,541</u>
Total liabilities	<u>257,233</u>	<u>333,541</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 17,883,040</u>	<u>\$ 19,099,079</u>

## **THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN**

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

---

#### **ADDITIONS**

##### **Investment income:**

Interest income	\$ 26,673
Less investment expenses	<u>(25,497)</u>

1,176

Participating railroads' contributions 86,804,957

Participants' COBRA contributions 1,706,883

88,511,840

Total additions 88,513,016

#### **DEDUCTIONS**

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

Dental claims 85,583,149

Administrative expenses 4,145,906

Total deductions 89,729,055

Net decrease (1,216,039)

#### **NET ASSETS AVAILABLE FOR BENEFITS**

Beginning of year 19,099,079

End of year \$ 17,883,040

## THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

### STATEMENTS OF PLAN BENEFIT OBLIGATIONS

(As Determined by the Plan Sponsor and Aetna)

December 31, 2020 and 2019

	2020	2019
<hr/>		
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Dental claims payable	<u>\$ 1,723,401</u>	<u>\$ 1,921,431</u>
OTHER OBLIGATIONS FOR CURRENT BENEFITS COVERAGE, AT PRESENT VALUE OF ESTIMATED AMOUNTS		
Dental claims incurred but not reported	5,655,379	5,651,556
Accumulated eligibility credit and extended benefit coverage	<u>10,504,260</u>	<u>11,526,092</u>
	<u>16,159,639</u>	<u>17,177,648</u>
PLAN'S TOTAL BENEFIT OBLIGATION	<u><u>\$ 17,883,040</u></u>	<u><u>\$ 19,099,079</u></u>

## THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

### STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS

(As Determined by the Plan Sponsor and Aetna)

Year Ended December 31, 2020

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

##### Claims payable:

Balance at beginning of year	\$ 1,921,431
Claims reported and approved for payment	85,385,119
Dental claims paid	<u>(85,583,149)</u>

Balance at end of year	<u>1,723,401</u>
------------------------	------------------

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

Balance at beginning of year	17,177,648
Net change during the year:	
Other	<u>(1,018,009)</u>

Balance at end of year	<u>16,159,639</u>
------------------------	-------------------

PLAN'S TOTAL BENEFIT OBLIGATION	<u><u>\$ 17,883,040</u></u>
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# THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

## NOTES TO FINANCIAL STATEMENTS

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### Note 1. Description of the Plan

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

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

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

**Eligibility:** Upon satisfying the eligibility and coverage requirements, as outlined in the Plan's Summary Plan Description, employees of the participating railroads and their dependents are entitled to receive the benefits provided by the Plan. Additional extended benefit coverage provisions may be available for certain participants who become disabled (including pregnancy), furloughed, suspended, or dismissed. (See Note 5 regarding the liability for financial statement reporting purposes for extended benefit coverage.)

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

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

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

# THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

## NOTES TO FINANCIAL STATEMENTS

---

### Note 2. Significant Accounting Policies

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

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

**Valuation of investments and income recognition:** Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

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

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

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

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

**Terminated and withdrawing railroads' withdrawal liability receivable:** Upon termination or withdrawal from the Plan in whole or in part, a railroad is assessed a withdrawal liability, as provided for pursuant to the Plan document, which approximates the individual railroad's claim run-out liability. This run-out liability is due and payable 10 days subsequent to the railroad's receipt of a bill for such payment. As of December 31, 2020 and 2019, there are no outstanding amounts receivable from terminating or withdrawing railroads as it relates to the withdrawal liability.

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

# THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

## NOTES TO FINANCIAL STATEMENTS

---

### Note 2. Significant Accounting Policies (Continued)

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

**Subsequent events:** The Plan Administrator has evaluated subsequent events through October 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	\$ 9,924,265	\$ 9,923,581
Accrued interest	115	17,532
Interest income	26,673	N/A

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

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

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

### Note 4. Fair Value Measurements

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

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

# THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

## NOTES TO FINANCIAL STATEMENTS

---

### Note 4. Fair Value Measurements (Continued)

**Level 2** Inputs to the valuation methodology include:

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

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

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

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

The valuation methodology used for assets measured at fair value as of December 31, 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	\$ 9,924,265	\$ -	\$ -	\$ 9,924,265
Total assets at fair value	\$ 9,924,265	\$ -	\$ -	\$ 9,924,265

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 9,923,581	\$ -	\$ -	\$ 9,923,581
Total assets at fair value	\$ 9,923,581	\$ -	\$ -	\$ 9,923,581

# THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

## NOTES TO FINANCIAL STATEMENTS

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

The Plan provides no post-retirement benefits.

Plan obligations as of December 31<sup>st</sup> for dental claims payable and dental claims incurred by participants but not reported as of that date are estimated by Aetna. Accumulated eligibility credit and extended benefit coverage available to Plan participants are estimated by the Plan Administrator. These estimated amounts are reported in the accompanying statement of plan benefit obligations at present value. Based on the current nature of the obligation, generally within three months of year end, discounting the obligation was not necessary.

For measurement purposes, the claim obligation calculations relating to claims payable and dental claims incurred by participants but not reported as of December 31<sup>st</sup> are developed from historical run-out patterns. The accumulated eligibility credit and extended benefit coverage calculations are developed by applying the contract rate or its equivalent to the total estimated number of months of future Plan coverage that is attributable to employee service rendered to December 31<sup>st</sup>. If the actual claims experience of these employees is more favorable than that provided by the contract rate or its equivalent, actual future costs will be lower. Alternatively, if the actual claims experience of the Plan is less favorable than that provided by the contract rate or its equivalent, actual future cost will be higher.

### **Note 6. Concentration of Participating Railroads**

There are approximately 46 railroads participating in the Plan, of which 5 Class I railroads comprised approximately 87% and 89% 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 and amounts due from participating railroads as of December 31, 2020 and 2019, and participating railroads' contributions for the year ended December 31, 2020 as follows:

	<b>Percentage of Total Plan Activity 2020</b>	<b>Percentage of Total Plan Activity 2019</b>
Railroad:		
A	<b>26.3%</b>	25.9%
B	<b>23.1%</b>	24.7%
C	<b>13.3%</b>	14.9%
D	<b>12.4%</b>	11.7%
E	<b>12.2%</b>	11.8%

## THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### Note 7. 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	\$ 17,883,040	\$ 19,099,079
Benefit obligations currently payable	<u>(7,378,780)</u>	<u>(7,572,987)</u>
<b>Net assets available for benefits as reported within the Form 5500</b>	<b><u>\$ 10,504,260</u></b>	<b><u>\$ 11,526,092</u></b>

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	\$ 85,583,149
Add: Amounts payable at end of year	7,378,780
Less: Amounts payable at beginning of year	<u>(7,572,987)</u>
<b>Benefits paid to or for participants as reported within the Form 5500</b>	<b><u>\$ 85,388,942</u></b>

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 31<sup>st</sup> but not yet paid as of that date and for incurred but not reported benefit claims as of December 31<sup>st</sup>.

#### Note 8. Party in Interest Transactions

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

## THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN

### NOTES TO FINANCIAL STATEMENTS

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#### **Note 9. Risks and Uncertainties**

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

The total obligations for claims payable, claims incurred but not reported, accumulated eligibility, and extended benefit coverage as calculated and reported to the Plan by Aetna or as determined by the Plan Sponsor are based on certain assumptions pertaining to contract rates and its equivalent, total estimated number of months of future Plan coverage that is attributable to employee service rendered to December 31<sup>st</sup>, participant data, interest rates, health care trend and inflation, and other employee demographics, all of which are subject to change or may not be reflective of actual experience. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

## **SUPPLEMENTARY INFORMATION**



# THE RAILROAD EMPLOYEES NATIONAL DENTAL 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. 505

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value	
<i>Cash and cash equivalents</i>				
* SunTrust Bank Account 70-04-102-7036737	Money Market Fund Federated Trsy Obligs MM-I #68 FFS	\$ 9,924,265	\$ 9,924,265	

\* Known party-in-interest to the Plan

**THE RAILROAD EMPLOYEES NATIONAL DENTAL 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. 505

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

SunTrust Bank

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



## REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036737

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## RAILROAD - EMP DENTAL PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
BEGINNING MARKET VALUE			9,941,113.04			
COMPARATIVE VALUE (5%)			497,055.65			
-----			-----			
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/03/20 S	515,577.6800	1.0000	0	515,578 *	515,578	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/07/20 S	762,051.4800	1.0000	0	762,051 *	762,051	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
01/28/20 B	559,516.9500	1.0000	0	-559,517 *	559,517	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
01/29/20 S	523,719.1100	1.0000	0	523,719 *	523,719	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
01/30/20 B	5,099,515.2200	1.0000	0	-5,099,515 *	5,099,515	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
02/05/20 S	765,308.3000	1.0000	0	765,308 *	765,308	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
02/12/20 S	507,251.9000	1.0000	0	507,252 *	507,252	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
02/18/20 B	927,959.3700	1.0000	0	-927,959 *	927,959	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
02/26/20 S	514,311.8600	1.0000	0	514,312 *	514,312	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
02/27/20 B	1,193,387.1100	1.0000	0	-1,193,387 *	1,193,387	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
02/28/20 B	4,721,468.6900	1.0000	0	-4,721,469 *	4,721,469	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
03/03/20 S	723,701.7700	1.0000	0	723,702 *	723,702	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
03/17/20 B	761,101.3800	1.0000	0	-761,101 *	761,101	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
03/27/20 B	1,955,212.3800	1.0000	0	-1,955,212 *	1,955,212	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
03/30/20 B	4,304,902.0500	1.0000	0	-4,304,902 *	4,304,902	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
04/03/20 S	522,987.0600	1.0000	0	522,987 *	522,987	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
04/23/20 B	933,836.9100	1.0000	0	-933,837 *	933,837	



## REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036737

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RAILROAD - EMP DENTAL PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
04/29/20 B	6,641,603.5300	1.0000	0	-6,641,604 *	6,641,604	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
05/26/20 B	844,972.3400	1.0000	0	-844,972 *	844,972	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
05/29/20 B	5,263,094.0100	1.0000	0	-5,263,094 *	5,263,094	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
06/01/20 B	793,792.6600	1.0000	0	-793,793 *	793,793	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
06/02/20 S	542,745.2900	1.0000	0	542,745 *	542,745	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
06/18/20 B	990,320.1600	1.0000	0	-990,320 *	990,320	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
06/26/20 B	951,751.2400	1.0000	0	-951,751 *	951,751	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
06/29/20 B	5,207,211.4500	1.0000	0	-5,207,211 *	5,207,211	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
07/02/20 S	578,769.2400	1.0000	0	578,769 *	578,769	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
07/06/20 S	917,294.0500	1.0000	0	917,294 *	917,294	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
07/07/20 S	1,813,702.3500	1.0000	0	1,813,702 *	1,813,702	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
07/08/20 S	1,553,296.0700	1.0000	0	1,553,296 *	1,553,296	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
07/17/20 B	851,023.7400	1.0000	0	-851,024 *	851,024	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
07/30/20 B	4,504,096.8600	1.0000	0	-4,504,097 *	4,504,097	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
08/03/20 S	572,287.0800	1.0000	0	572,287 *	572,287	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
08/18/20 B	711,855.3500	1.0000	0	-711,855 *	711,855	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
08/24/20 B	692,115.4900	1.0000	0	-692,115 *	692,115	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
08/28/20 B	674,720.5300	1.0000	0	-674,721 *	674,721	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
08/31/20 B	3,837,863.0300	1.0000	0	-3,837,863 *	3,837,863	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
09/02/20 S	733,468.6900	1.0000	0	733,469 *	733,469	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
09/09/20 S	635,350.5300	1.0000	0	635,351 *	635,351	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
09/17/20 B	1,032,080.6900	1.0000	0	-1,032,081 *	1,032,081	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
09/22/20 B	577,940.1300	1.0000	0	-577,940 *	577,940	



## REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036737

RAILROAD - EMP DENTAL PLAN

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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
09/29/20 B	4,972,705.6700	1.0000	0	-4,972,706 *	4,972,706	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
10/02/20 S	670,905.7600	1.0000	0	670,906 *	670,906	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
10/13/20 S	497,847.1500	1.0000	0	497,847 *	497,847	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
10/21/20 B	1,517,613.7600	1.0000	0	-1,517,614 *	1,517,614	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
10/30/20 B	4,903,096.2600	1.0000	0	-4,903,096 *	4,903,096	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
11/02/20 S	540,072.6400	1.0000	0	540,073 *	540,073	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
11/23/20 B	989,423.5900	1.0000	0	-989,424 *	989,424	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
11/25/20 B	726,893.8900	1.0000	0	-726,894 *	726,894	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
11/27/20 B	4,725,322.8700	1.0000	0	-4,725,323 *	4,725,323	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
11/30/20 S	536,528.5000	1.0000	0	536,529 *	536,529	0
GRAND TOTAL			0	86,293,574	86,293,574	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



## REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036737

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## RAILROAD - EMP DENTAL PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
01/03/20 B	17,532.2200	1.0000	0	-17,532	17,532	
01/21/20 B	456,662.1300	1.0000	0	-456,662	456,662	
01/27/20 B	64,246.1900	1.0000	0	-64,246	64,246	
01/28/20 B	559,516.9500	1.0000	0	-559,517 *	559,517	
01/30/20 B	5,099,515.2200	1.0000	0	-5,099,515 *	5,099,515	
02/04/20 B	8,322.9100	1.0000	0	-8,323	8,323	
02/18/20 B	927,959.3700	1.0000	0	-927,959 *	927,959	
02/27/20 B	1,193,387.1100	1.0000	0	-1,193,387 *	1,193,387	
02/28/20 B	4,721,468.6900	1.0000	0	-4,721,469 *	4,721,469	
03/03/20 B	7,364.9600	1.0000	0	-7,365	7,365	
03/17/20 B	761,101.3800	1.0000	0	-761,101 *	761,101	
03/27/20 B	1,955,212.3800	1.0000	0	-1,955,212 *	1,955,212	
03/30/20 B	4,304,902.0500	1.0000	0	-4,304,902 *	4,304,902	
04/02/20 B	4,280.0200	1.0000	0	-4,280	4,280	
04/17/20 B	228,785.2800	1.0000	0	-228,785	228,785	
04/23/20 B	933,836.9100	1.0000	0	-933,837 *	933,837	
04/29/20 B	6,641,603.5300	1.0000	0	-6,641,604 *	6,641,604	
05/04/20 B	1,229.1400	1.0000	0	-1,229	1,229	
05/14/20 B	57,416.4000	1.0000	0	-57,416	57,416	
05/18/20 B	46,519.7600	1.0000	0	-46,520	46,520	
05/26/20 B	844,972.3400	1.0000	0	-844,972 *	844,972	
05/29/20 B	5,263,094.0100	1.0000	0	-5,263,094 *	5,263,094	
06/01/20 B	793,792.6600	1.0000	0	-793,793 *	793,793	
06/02/20 B	1,360.7400	1.0000	0	-1,361	1,361	
06/18/20 B	990,320.1600	1.0000	0	-990,320 *	990,320	
06/26/20 B	951,751.2400	1.0000	0	-951,751 *	951,751	
06/29/20 B	5,207,211.4500	1.0000	0	-5,207,211 *	5,207,211	
07/02/20 B	1,429.2700	1.0000	0	-1,429	1,429	
07/17/20 B	851,023.7400	1.0000	0	-851,024 *	851,024	
07/30/20 B	4,504,096.8600	1.0000	0	-4,504,097 *	4,504,097	
07/31/20 B	490,495.7100	1.0000	0	-490,496	490,496	
08/04/20 B	1,310.8100	1.0000	0	-1,311	1,311	
08/10/20 B	2,812.9100	1.0000	0	-2,813	2,813	
08/18/20 B	711,855.3500	1.0000	0	-711,855 *	711,855	
08/24/20 B	692,115.4900	1.0000	0	-692,115 *	692,115	
08/28/20 B	674,720.5300	1.0000	0	-674,721 *	674,721	
08/31/20 B	3,837,863.0300	1.0000	0	-3,837,863 *	3,837,863	
09/02/20 B	730.1200	1.0000	0	-730	730	
09/17/20 B	1,032,080.6900	1.0000	0	-1,032,081 *	1,032,081	
09/22/20 B	577,940.1300	1.0000	0	-577,940 *	577,940	
09/29/20 B	4,972,705.6700	1.0000	0	-4,972,706 *	4,972,706	
10/02/20 B	277.2600	1.0000	0	-277	277	
10/19/20 B	59,296.3200	1.0000	0	-59,296	59,296	
10/21/20 B	1,517,613.7600	1.0000	0	-1,517,614 *	1,517,614	
10/30/20 B	4,903,096.2600	1.0000	0	-4,903,096 *	4,903,096	
11/03/20 B	121.0800	1.0000	0	-121	121	



# REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036737

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## RAILROAD - EMP DENTAL PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
11/23/20 B	989,423.5900	1.0000	0	-989,424 *	989,424	
11/25/20 B	726,893.8900	1.0000	0	-726,894 *	726,894	
11/27/20 B	4,725,322.8700	1.0000	0	-4,725,323 *	4,725,323	
12/02/20 B	131.0400	1.0000	0	-131	131	
SUB-TOTAL OF BUYS # 50			0	73,316,720	73,316,720	
01/02/20 S	423,866.5200	1.0000	0	423,867	423,867	0
01/03/20 S	515,577.6800	1.0000	0	515,578 *	515,578	0
01/06/20 S	365,898.9700	1.0000	0	365,899	365,899	0
01/07/20 S	762,051.4800	1.0000	0	762,051 *	762,051	0
01/08/20 S	302,950.6100	1.0000	0	302,951	302,951	0
01/09/20 S	2,371.0200	1.0000	0	2,371	2,371	0
01/09/20 S	384,576.2200	1.0000	0	384,576	384,576	0
01/10/20 S	409,696.2000	1.0000	0	409,696	409,696	0
01/13/20 S	301,146.2800	1.0000	0	301,146	301,146	0
01/14/20 S	385,091.9000	1.0000	0	385,092	385,092	0
01/15/20 S	324,436.4800	1.0000	0	324,436	324,436	0
01/16/20 S	322,157.7900	1.0000	0	322,158	322,158	0
01/17/20 S	113,104.7500	1.0000	0	113,105	113,105	0
01/22/20 S	453,169.1200	1.0000	0	453,169	453,169	0
01/23/20 S	382,389.8700	1.0000	0	382,390	382,390	0
01/24/20 S	464,220.0600	1.0000	0	464,220	464,220	0
01/29/20 S	523,719.1100	1.0000	0	523,719 *	523,719	0
01/31/20 S	473,590.7400	1.0000	0	473,591	473,591	0
02/03/20 S	338,179.1900	1.0000	0	338,179	338,179	0
02/04/20 S	441,543.5300	1.0000	0	441,544	441,544	0
02/05/20 S	765,308.3000	1.0000	0	765,308 *	765,308	0
02/06/20 S	389,642.2400	1.0000	0	389,642	389,642	0
02/07/20 S	410,672.6000	1.0000	0	410,673	410,673	0
02/10/20 S	1,457.5200	1.0000	0	1,458	1,458	0
02/10/20 S	151,699.9100	1.0000	0	151,700	151,700	0
02/11/20 S	399,066.6600	1.0000	0	399,067	399,067	0
02/12/20 S	507,251.9000	1.0000	0	507,252 *	507,252	0
02/13/20 S	334,739.6600	1.0000	0	334,740	334,740	0
02/14/20 S	420,511.6400	1.0000	0	420,512	420,512	0
02/19/20 S	446,325.8200	1.0000	0	446,326	446,326	0
02/20/20 S	389,318.1100	1.0000	0	389,318	389,318	0
02/21/20 S	481,216.6000	1.0000	0	481,217	481,217	0
02/24/20 S	351,744.0800	1.0000	0	351,744	351,744	0
02/25/20 S	432,840.9500	1.0000	0	432,841	432,841	0
02/26/20 S	514,311.8600	1.0000	0	514,312 *	514,312	0
03/02/20 S	359,637.7900	1.0000	0	359,638	359,638	0
03/03/20 S	723,701.7700	1.0000	0	723,702 *	723,702	0
03/04/20 S	462,119.9700	1.0000	0	462,120	462,120	0
03/05/20 S	370,379.8200	1.0000	0	370,380	370,380	0



## REPORTABLE TRANSACTIONS WORKSHEET

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## RAILROAD - EMP DENTAL PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
03/06/20 S	443,147.3500	1.0000	0	443,147	443,147	0
03/09/20 S	1,406.1200	1.0000	0	1,406	1,406	0
03/09/20 S	147,020.5800	1.0000	0	147,021	147,021	0
03/10/20 S	464,992.0500	1.0000	0	464,992	464,992	0
03/11/20 S	470,318.2800	1.0000	0	470,318	470,318	0
03/12/20 S	403,110.3400	1.0000	0	403,110	403,110	0
03/13/20 S	406,642.7600	1.0000	0	406,643	406,643	0
03/16/20 S	169,143.6600	1.0000	0	169,144	169,144	0
03/18/20 S	312,371.5500	1.0000	0	312,372	312,372	0
03/19/20 S	380,281.7900	1.0000	0	380,282	380,282	0
03/20/20 S	463,042.7100	1.0000	0	463,043	463,043	0
03/23/20 S	312,181.6300	1.0000	0	312,182	312,182	0
03/24/20 S	409,636.3500	1.0000	0	409,636	409,636	0
03/25/20 S	488,863.6300	1.0000	0	488,864	488,864	0
03/26/20 S	326,454.3700	1.0000	0	326,454	326,454	0
03/31/20 S	278,485.6800	1.0000	0	278,486	278,486	0
04/01/20 S	316,608.7400	1.0000	0	316,609	316,609	0
04/02/20 S	285,418.5400	1.0000	0	285,419	285,419	0
04/03/20 S	522,987.0600	1.0000	0	522,987 *	522,987	0
04/06/20 S	166,065.6100	1.0000	0	166,066	166,066	0
04/07/20 S	27,478.3100	1.0000	0	27,478	27,478	0
04/08/20 S	1,364.4500	1.0000	0	1,364	1,364	0
04/08/20 S	234,773.8500	1.0000	0	234,774	234,774	0
04/09/20 S	210,142.2600	1.0000	0	210,142	210,142	0
04/13/20 S	270,500.5200	1.0000	0	270,501	270,501	0
04/14/20 S	126,742.0400	1.0000	0	126,742	126,742	0
04/15/20 S	9,348.4600	1.0000	0	9,348	9,348	0
04/16/20 S	146,449.2900	1.0000	0	146,449	146,449	0
04/20/20 S	114,888.9800	1.0000	0	114,889	114,889	0
04/21/20 S	140,613.2000	1.0000	0	140,613	140,613	0
04/22/20 S	128,121.6700	1.0000	0	128,122	128,122	0
04/24/20 S	107,232.4300	1.0000	0	107,232	107,232	0
04/27/20 S	90,454.3600	1.0000	0	90,454	90,454	0
04/28/20 S	97,080.0900	1.0000	0	97,080	97,080	0
04/30/20 S	98,859.2800	1.0000	0	98,859	98,859	0
05/01/20 S	373,362.7700	1.0000	0	373,363	373,363	0
05/04/20 S	72,861.3600	1.0000	0	72,861	72,861	0
05/05/20 S	53,942.3700	1.0000	0	53,942	53,942	0
05/06/20 S	111,071.8700	1.0000	0	111,072	111,072	0
05/07/20 S	74,413.8200	1.0000	0	74,414	74,414	0
05/08/20 S	1,562.7000	1.0000	0	1,563	1,563	0
05/08/20 S	122,810.4300	1.0000	0	122,810	122,810	0
05/11/20 S	27,829.3100	1.0000	0	27,829	27,829	0
05/12/20 S	144,104.2700	1.0000	0	144,104	144,104	0
05/13/20 S	176,811.2000	1.0000	0	176,811	176,811	0
05/15/20 S	14,071.9200	1.0000	0	14,072	14,072	0





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## RAILROAD - EMP DENTAL PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
05/19/20 S	72,474.1900	1.0000	0	72,474	72,474	0
05/20/20 S	224,171.2000	1.0000	0	224,171	224,171	0
05/21/20 S	132,647.1300	1.0000	0	132,647	132,647	0
05/22/20 S	205,722.3000	1.0000	0	205,722	205,722	0
05/27/20 S	457,772.5500	1.0000	0	457,773	457,773	0
05/28/20 S	169,812.8400	1.0000	0	169,813	169,813	0
06/02/20 S	542,745.2900	1.0000	0	542,745 *	542,745	0
06/03/20 S	309,973.9700	1.0000	0	309,974	309,974	0
06/04/20 S	241,034.9200	1.0000	0	241,035	241,035	0
06/05/20 S	284,076.8000	1.0000	0	284,077	284,077	0
06/08/20 S	2,244.0000	1.0000	0	2,244	2,244	0
06/08/20 S	219,209.7100	1.0000	0	219,210	219,210	0
06/09/20 S	175,542.4700	1.0000	0	175,542	175,542	0
06/10/20 S	366,036.1600	1.0000	0	366,036	366,036	0
06/11/20 S	249,611.3400	1.0000	0	249,611	249,611	0
06/12/20 S	335,325.9700	1.0000	0	335,326	335,326	0
06/15/20 S	250,816.7700	1.0000	0	250,817	250,817	0
06/16/20 S	200,725.9800	1.0000	0	200,726	200,726	0
06/17/20 S	465,845.2600	1.0000	0	465,845	465,845	0
06/19/20 S	357,458.4300	1.0000	0	357,458	357,458	0
07/02/20 S	578,769.2400	1.0000	0	578,769 *	578,769	0
07/06/20 S	917,294.0500	1.0000	0	917,294 *	917,294	0
07/07/20 S	1,813,702.3500	1.0000	0	1,813,702 *	1,813,702	0
07/08/20 S	1,553,296.0700	1.0000	0	1,553,296 *	1,553,296	0
07/08/20 S	2,650.8200	1.0000	0	2,651	2,651	0
07/09/20 S	286,247.8300	1.0000	0	286,248	286,248	0
07/10/20 S	181,780.2600	1.0000	0	181,780	181,780	0
07/13/20 S	252,527.3300	1.0000	0	252,527	252,527	0
07/14/20 S	421,009.8400	1.0000	0	421,010	421,010	0
07/15/20 S	457,222.5100	1.0000	0	457,223	457,223	0
07/16/20 S	189,615.8100	1.0000	0	189,616	189,616	0
07/20/20 S	289,747.5200	1.0000	0	289,748	289,748	0
07/21/20 S	401,232.8200	1.0000	0	401,233	401,233	0
07/22/20 S	457,987.6200	1.0000	0	457,988	457,988	0
07/23/20 S	316,447.8600	1.0000	0	316,448	316,448	0
07/24/20 S	421,105.4200	1.0000	0	421,105	421,105	0
07/27/20 S	268,319.2600	1.0000	0	268,319	268,319	0
07/28/20 S	23,384.0500	1.0000	0	23,384	23,384	0
07/29/20 S	480,410.7900	1.0000	0	480,411	480,411	0
08/03/20 S	572,287.0800	1.0000	0	572,287 *	572,287	0
08/04/20 S	463,809.3200	1.0000	0	463,809	463,809	0
08/05/20 S	404,471.5100	1.0000	0	404,472	404,472	0
08/06/20 S	316,844.4500	1.0000	0	316,844	316,844	0
08/07/20 S	244,488.0500	1.0000	0	244,488	244,488	0
08/10/20 S	264,017.6200	1.0000	0	264,018	264,018	0
08/11/20 S	421,475.3100	1.0000	0	421,475	421,475	0



## REPORTABLE TRANSACTIONS WORKSHEET

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RAILROAD - EMP DENTAL PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
08/12/20 S	475,852.3800	1.0000	0	475,852	475,852	0
08/13/20 S	308,679.7600	1.0000	0	308,680	308,680	0
08/14/20 S	376,821.4100	1.0000	0	376,821	376,821	0
08/17/20 S	21,267.6300	1.0000	0	21,268	21,268	0
08/19/20 S	491,017.0700	1.0000	0	491,017	491,017	0
08/20/20 S	321,343.1700	1.0000	0	321,343	321,343	0
08/21/20 S	448,981.7500	1.0000	0	448,982	448,982	0
08/25/20 S	467,680.3700	1.0000	0	467,680	467,680	0
08/26/20 S	476,075.3100	1.0000	0	476,075	476,075	0
08/27/20 S	391,159.4100	1.0000	0	391,159	391,159	0
09/01/20 S	446,283.1700	1.0000	0	446,283	446,283	0
09/02/20 S	733,468.6900	1.0000	0	733,469 *	733,469	0
09/03/20 S	352,295.2100	1.0000	0	352,295	352,295	0
09/04/20 S	412,745.3500	1.0000	0	412,745	412,745	0
09/08/20 S	138,906.0800	1.0000	0	138,906	138,906	0
09/09/20 S	635,350.5300	1.0000	0	635,351 *	635,351	0
09/09/20 S	2,488.1100	1.0000	0	2,488	2,488	0
09/10/20 S	281,685.8400	1.0000	0	281,686	281,686	0
09/11/20 S	378,117.7100	1.0000	0	378,118	378,118	0
09/14/20 S	276,594.7900	1.0000	0	276,595	276,595	0
09/15/20 S	267,431.9600	1.0000	0	267,432	267,432	0
09/16/20 S	405,807.7600	1.0000	0	405,808	405,808	0
09/18/20 S	406,021.0000	1.0000	0	406,021	406,021	0
09/21/20 S	281,359.7600	1.0000	0	281,360	281,360	0
09/23/20 S	364,124.9900	1.0000	0	364,125	364,125	0
09/24/20 S	289,361.7700	1.0000	0	289,362	289,362	0
09/25/20 S	405,364.4800	1.0000	0	405,364	405,364	0
09/28/20 S	282,273.6300	1.0000	0	282,274	282,274	0
09/30/20 S	457,421.1600	1.0000	0	457,421	457,421	0
10/01/20 S	356,643.7700	1.0000	0	356,644	356,644	0
10/02/20 S	670,905.7600	1.0000	0	670,906 *	670,906	0
10/05/20 S	299,524.3600	1.0000	0	299,524	299,524	0
10/06/20 S	372,335.0900	1.0000	0	372,335	372,335	0
10/07/20 S	236,510.3900	1.0000	0	236,510	236,510	0
10/08/20 S	2,425.0500	1.0000	0	2,425	2,425	0
10/08/20 S	300,465.0200	1.0000	0	300,465	300,465	0
10/09/20 S	384,110.8900	1.0000	0	384,111	384,111	0
10/13/20 S	497,847.1500	1.0000	0	497,847 *	497,847	0
10/14/20 S	412,241.6400	1.0000	0	412,242	412,242	0
10/15/20 S	363,588.1900	1.0000	0	363,588	363,588	0
10/16/20 S	329,366.3800	1.0000	0	329,366	329,366	0
10/20/20 S	371,398.7300	1.0000	0	371,399	371,399	0
10/22/20 S	299,721.1800	1.0000	0	299,721	299,721	0
10/23/20 S	378,175.0100	1.0000	0	378,175	378,175	0
10/26/20 S	258,744.3400	1.0000	0	258,744	258,744	0
10/27/20 S	352,334.1800	1.0000	0	352,334	352,334	0



## REPORTABLE TRANSACTIONS WORKSHEET

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## RAILROAD - EMP DENTAL PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
10/28/20 S	385,691.9300	1.0000	0	385,692	385,692	0
10/29/20 S	296,261.5900	1.0000	0	296,262	296,262	0
11/02/20 S	540,072.6400	1.0000	0	540,073 *	540,073	0
11/03/20 S	361,189.9700	1.0000	0	361,190	361,190	0
11/04/20 S	381,045.5400	1.0000	0	381,046	381,046	0
11/05/20 S	281,842.0000	1.0000	0	281,842	281,842	0
11/06/20 S	229,443.7200	1.0000	0	229,444	229,444	0
11/09/20 S	2,407.0100	1.0000	0	2,407	2,407	0
11/09/20 S	252,415.4100	1.0000	0	252,415	252,415	0
11/10/20 S	363,216.6700	1.0000	0	363,217	363,217	0
11/12/20 S	483,645.7100	1.0000	0	483,646	483,646	0
11/13/20 S	460,523.7900	1.0000	0	460,524	460,524	0
11/16/20 S	346,450.6600	1.0000	0	346,451	346,451	0
11/17/20 S	279,536.8000	1.0000	0	279,537	279,537	0
11/18/20 S	404,973.0500	1.0000	0	404,973	404,973	0
11/19/20 S	286,894.6200	1.0000	0	286,895	286,895	0
11/20/20 S	372,790.8200	1.0000	0	372,791	372,791	0
11/24/20 S	367,661.2300	1.0000	0	367,661	367,661	0
11/30/20 S	536,528.5000	1.0000	0	536,529 *	536,529	0
12/01/20 S	481,693.1900	1.0000	0	481,693	481,693	0
12/02/20 S	365,171.5200	1.0000	0	365,172	365,172	0
12/03/20 S	306,495.6200	1.0000	0	306,496	306,496	0
12/04/20 S	264,371.7400	1.0000	0	264,372	264,372	0
12/07/20 S	72,939.2700	1.0000	0	72,939	72,939	0
12/08/20 S	2,443.9200	1.0000	0	2,444	2,444	0
12/08/20 S	385,006.2600	1.0000	0	385,006	385,006	0
12/09/20 S	405,826.3700	1.0000	0	405,826	405,826	0
12/10/20 S	322,917.3900	1.0000	0	322,917	322,917	0
12/11/20 S	387,396.7500	1.0000	0	387,397	387,397	0
12/14/20 S	280,417.9200	1.0000	0	280,418	280,418	0
12/15/20 S	401,947.0300	1.0000	0	401,947	401,947	0
12/16/20 S	402,355.1100	1.0000	0	402,355	402,355	0
12/17/20 S	325,700.4300	1.0000	0	325,700	325,700	0
12/18/20 S	286,465.5600	1.0000	0	286,466	286,466	0
12/21/20 S	308,566.3500	1.0000	0	308,566	308,566	0
12/22/20 S	404,348.9700	1.0000	0	404,349	404,349	0
12/23/20 S	404,941.6800	1.0000	0	404,942	404,942	0
12/24/20 S	277,023.5500	1.0000	0	277,024	277,024	0
12/28/20 S	409,827.4500	1.0000	0	409,827	409,827	0
12/29/20 S	421,345.9700	1.0000	0	421,346	421,346	0
12/30/20 S	384,848.4100	1.0000	0	384,848	384,848	0
12/31/20 S	288,930.9400	1.0000	0	288,931	288,931	0
SUB-TOTAL OF SALES # 219			0	73,316,040	73,316,040	0



## REPORTABLE TRANSACTIONS WORKSHEET

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## RAILROAD - EMP DENTAL PLAN

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
			-----	-----	-----	-----
	SUB-TOTAL		0	146,632,760	146,632,760	0
			-----	-----	-----	-----
	GRAND TOTAL		0	146,632,760	146,632,760	0

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

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

## F O O T N O T E S

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

**Form 5500**Department 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

<b>1a</b> Name of plan <b>THE RAILROAD EMPLOYEES NATIONAL DENTAL PLAN</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>505</b>
	<b>1c</b> Effective date of plan <b>03/01/1976</b>
<b>2a</b> 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) <b>NATIONAL CARRIERS' CONFERENCE COMMITTEE</b>  <b>251 - 18TH STREET SOUTH SUITE 750</b>  <b>ARLINGTON VA 22202</b>	<b>2b</b> Employer Identification Number (EIN) <b>52-1036399</b> <b>2c</b> Plan Sponsor's telephone number <b>571-336-7600</b> <b>2d</b> Business code (see instructions) <b>482110</b>

**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.

<b>SIGN HERE</b>	<i>Brendan M. Branon</i> Signature of plan administrator	<i>10-14-2021</i> Date	<b>BRENDAN M. BRANON</b> Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
--	--

<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
--	-----------------------------------

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	137,312
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	137,312
<b>a (2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	120,432
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c	<b>6d</b>	120,432
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e	<b>6f</b>	
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	46

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

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

**4D**

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_