

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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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:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. <input checked="" type="checkbox"/>	
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

Part II Basic Plan Information —enter all requested information			
1a Name of plan THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN	1b Three-digit plan number (PN) ▶	502	
1c Effective date of plan 07/01/1973			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NATIONAL CARRIERS' CONFERENCE COMMITTEE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 251 - 18TH STREET SOUTH SUITE 750 ARLINGTON, VA 22202 </div> <div style="width: 45%;"> 251 - 18TH STREET, SOUTH, SUITE 750 ARLINGTON, VA 22202 </div> </div>	2b Employer Identification Number (EIN) 52-1036399	2c Plan Sponsor's telephone number 571-336-7600	
2d Business code (see instructions) 482110			

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

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

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

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="width: 90%; text-align: right;">26438</td> </tr> </table>	5	26438																		
5	26438																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;">6a(1)</td> <td style="width: 90%; text-align: right;">26438</td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">24510</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">24510</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> </tr> <tr> <td style="text-align: center;">6g</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>			6a(1)	26438	6a(2)	24510	6b		6c		6d	24510	6e		6f		6g		6h	
6a(1)	26438																				
6a(2)	24510																				
6b																					
6c																					
6d	24510																				
6e																					
6f																					
6g																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7</td> <td style="width: 90%; text-align: right;">32</td> </tr> </table>	7	32																		
7	32																				
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: <div style="color: blue;">4F</div>																					

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CARRIERS' CONFERENCE COMMITTEE	D Employer Identification Number (EIN) 52-1036399	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
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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	903122	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)

THE HARTFORD

ONE HARTFORD PLAZA
HARTFORD, CT 06155

06-0838648

(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	626289	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	124399	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	19394	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN</u>		B Three-digit plan number (PN) <u>502</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL CARRIERS' CONFERENCE COMMITTEE</u>		D Employer Identification Number (EIN) <u>52-1036399</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	63364	83696
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1019482	958586
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	87586	146329
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8520114	7154588
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	9690546 8343199
Liabilities			
g	Benefit claims payable	1g	4503177 5795248
h	Operating payables	1h	172880 347839
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	56142
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	4676057 6199229
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5014489 2143970

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	12141029
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	12141029
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	29719
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	29719
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		12170748

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	13324658	
(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)		13324658
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)	126277	
(2) Contract administrator fees	2i(2)	1529411	
(3) Investment advisory and management fees	2i(3)	19394	
(4) Other.....	2i(4)	41527	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1716609
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		15041267

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2870519
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

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

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

(1) Name: TMDG, LLC

(2) EIN: 03-0583064

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

**Application for Extension of Time
To File Certain Employee Plan Returns**

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.

► Go to www.irs.gov/Form5558 for the latest information.

OMB No. 1545-0212

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

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

251 - 18TH STREET SOUTH SUITE 750

City or town, state, and ZIP code

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

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

52-1036399

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

C Plan namePlan
number

Plan year ending -

MM

DD

YYYY

THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL**502****12****31****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 MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN

FINANCIAL STATEMENTS
(Together with Report of Independent Public Accountants)

DECEMBER 31, 2020 and 2019

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

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INDEPENDENT AUDITOR'S REPORT

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Maintenance of Way Employees Supplemental Sickness Benefit Plan (the Plan), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 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 MAINTENANCE OF WAY EMPLOYEES
SUPPLEMENTAL SICKNESS BENEFIT PLAN**

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

	2020	2019
ASSETS		
Investments, at fair value	<u>\$ 7,154,588</u>	<u>\$ 8,520,114</u>
Receivables:		
Participating railroads' contributions	958,586	1,019,482
Plan benefit overpayments, net	146,268	77,145
Accrued interest	<u>61</u>	<u>10,441</u>
	<u>1,104,915</u>	<u>1,107,068</u>
Cash	<u>83,696</u>	<u>63,364</u>
Amounts due from participating railroads	<u>-</u>	<u>-</u>
Total assets	<u>8,343,199</u>	<u>9,690,546</u>
LIABILITIES		
Accounts payable and accrued expenses	347,839	172,880
Participating railroad contribution overpayment	<u>56,142</u>	<u>-</u>
Total liabilities	<u>403,981</u>	<u>172,880</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 7,939,218</u></u>	<u><u>\$ 9,517,666</u></u>

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

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

ADDITIONS	
Investment income:	
Interest income	\$ 29,719
Less investment expenses	<u>(19,394)</u>
	<u>10,325</u>
Participating railroads' contributions	<u>12,141,029</u>
Total additions	<u>12,151,354</u>
DEDUCTIONS	
Benefits paid to participants	12,032,587
Administrative expenses	<u>1,697,215</u>
Total deductions	<u>13,729,802</u>
Net decrease	(1,578,448)
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	<u>9,517,666</u>
End of year	<u><u>\$ 7,939,218</u></u>

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

**STATEMENTS OF PLAN BENEFIT OBLIGATIONS
(As Determined By The Hartford)
December 31, 2020 and 2019**

	2020	2019
<hr/>		
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS		
Claims payable and claims incurred but not reported	<u>\$ 5,795,248</u>	<u>\$ 4,503,177</u>

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

**STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS
(As Determined By The Hartford)
Year Ended December 31, 2020**

AMOUNTS CURRENTLY PAYABLE
TO OR FOR PARTICIPANTS

Balance at beginning of year	\$ 4,503,177
Claims approved for payment and claims incurred but not reported	13,324,658
Claims paid	<u>(12,032,587)</u>
Balance at end of year	<u>\$ 5,795,248</u>

THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

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

General: The Plan was established in 1973 pursuant to collective-bargaining to supplement the sickness benefits provided pursuant to the Railroad Unemployment Insurance Act for eligible Maintenance of Way employees of participating railroads. The Plan is administered by the National Carriers' Conference Committee and is subject to the provisions of the Railway Labor Act, as amended, and the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

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

Eligibility: Upon satisfying the eligibility and coverage requirements, as outlined in the Plan's Summary Plan Description, employees of the participating railroads are entitled to receive the benefits provided by the Plan.

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

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

NOTES TO FINANCIAL STATEMENTS

Note 2. Significant Accounting Policies

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

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

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

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

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

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

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

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

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

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

THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 3. Information Certified by the Plan's Trustee

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

	2020	2019
Money Market Fund:*		
Investments	\$ 7,154,588	\$ 8,520,114
Accrued interest	61	10,441
Interest income	29,719	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.

Level 2 Inputs to the valuation methodology include:

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

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

THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4. Fair Value Measurements (Continued)

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

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

The valuation methodology used for assets measured at fair value as of December 31, 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	\$ 7,154,588	\$ -	\$ -	\$ 7,154,588
Total assets at fair value	\$ 7,154,588	\$ -	\$ -	\$ 7,154,588

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 8,520,114	\$ -	\$ -	\$ 8,520,114
Total assets at fair value	\$ 8,520,114	\$ -	\$ -	\$ 8,520,114

Note 5. Plan Benefit Overpayment Receivable

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

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

THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 5. Plan Benefit Overpayment Receivable (Continued)

Based on current and historical collection patterns, the Plan Administrator has determined that any amounts not repaid by Plan participants within one year of receipt of such payments will be deemed uncollectible. The following table represents the balances of the plan benefit overpayment receivable as of December 31, 2020 and 2019 which only includes amounts that have been reported to and recorded by The Hartford as of December 31st:

	2020	2019
Total plan benefit overpayment receivable	\$ 622,636	\$ 711,843
Allowance	(476,368)	(634,698)
Net plan benefit overpayment receivable	<u>\$ 146,268</u>	<u>\$ 77,145</u>

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

Note 6. Post-Retirement Benefits and Other Plan Obligations

The Plan provides no post-retirement benefits.

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

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

Note 7. Concentration of Participating Railroads

There are approximately 32 railroads participating in the Plan, of which 5 participating railroads comprised approximately 87% and 88% of the total Plan activity as of and for the years ended December 31, 2020 and 2019, respectively.

THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 7. Concentration of Participating Railroads (Continued)

This activity includes, but is not limited to, participating railroad contributions receivable and amounts due from participating railroads as of December 31, 2020 and 2019, and participating railroads' contributions for the year ended December 31, 2020 as follows:

Railroad	Percentage of Total Plan Activity	
	2020	2019
A	26.3%	27.1%
B	24.4%	24.2%
C	14.1%	14.3%
D	12.2%	12.6%
E	10.4%	9.4%

Note 8. 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.

	2020	2019
Net assets available for benefits as reported within the financial statements	\$ 7,939,218	\$ 9,517,666
Benefit obligations currently payable	(5,795,248)	(4,503,177)
Net assets available for benefits as reported within the Form 5500	<u>\$ 2,143,970</u>	<u>\$ 5,014,489</u>

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

Benefits paid to participants as reported within the financial statements	\$ 12,032,587
Add: Amounts payable at end of year	5,795,248
Less: Amounts payable at beginning of year	<u>(4,503,177)</u>
Benefits paid to participants as reported within the Form 5500	<u>\$ 13,324,658</u>

THE MAINTENANCE OF WAY EMPLOYEES SUPPLEMENTAL SICKNESS BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

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

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

Note 9. Party in Interest Transactions

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

Note 10. Risks and Uncertainties

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

A Plan benefit overpayment receivable is recorded when an overpayment is communicated to The Hartford. The collectability of this receivable is determined by the Plan Administrator based on certain historical collection patterns. Due to uncertainties inherent in the communication, estimations, and assumptions process, it is at least reasonably possible that the timing of such communications and changes in these estimates and assumptions in the near term could materially affect the amounts reported in the statements of net assets available for benefits and changes in net assets available for benefits.

The total obligations for claims payable and claims incurred but not reported, as calculated and reported to the Plan by The Hartford as of December 31, 2020 and 2019 is based on certain assumptions pertaining to health care trends and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

SUPPLEMENTARY INFORMATION

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

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

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	Cost	Current Value	
<i>Money Market Funds</i>				
* SunTrust Bank Account 70-04-102-7036738	Money Market Fund Federated Trsy Obligs MM-I #68 FFS	\$7,154,588	\$7,154,588	

*Known party-in-interest to the Plan.

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

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

Schedule H, Form 5500

Part IV, Line 4j – Schedule of Reportable Transactions

EIN: 52-1036399

Plan Number: 502

(a)	(b)	(c)	(d)	(g)	(h)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Asset Cost	Current Value
SunTrust Bank Account 70-04-102-7036738	(See attached schedule as prepared and reported by SunTrust Bank)				



REPORTABLE TRANSACTIONS WORKSHEET

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ACCOUNT 7036738

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RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
BEGINNING MARKET VALUE			8,530,554.97			
COMPARATIVE VALUE (5%)			426,527.75			

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
01/24/20 B	502,547.3800	1.0000	0	-502,547 *	502,547	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
05/19/20 B	543,961.0000	1.0000	0	-543,961 *	543,961	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
07/17/20 B	492,874.0000	1.0000	0	-492,874 *	492,874	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
09/23/20 B	528,222.7200	1.0000	0	-528,223 *	528,223	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
10/20/20 B	441,749.7000	1.0000	0	-441,750 *	441,750	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG						
12/17/20 B	473,104.9300	1.0000	0	-473,105 *	473,105	
GRAND TOTAL			0	2,982,460	2,982,460	0

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

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



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036738

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RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/STOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
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CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

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

01/03/20 B	10,441.2000	1.0000	0	-10,441	10,441
01/16/20 B	103,654.2500	1.0000	0	-103,654	103,654
01/17/20 B	110,336.5100	1.0000	0	-110,337	110,337
01/24/20 B	502,547.3800	1.0000	0	-502,547 *	502,547
01/27/20 B	22,119.2000	1.0000	0	-22,119	22,119
01/28/20 B	113,554.3000	1.0000	0	-113,554	113,554
02/04/20 B	10,462.3300	1.0000	0	-10,462	10,462
02/18/20 B	283,125.2700	1.0000	0	-283,125	283,125
02/19/20 B	66,141.2800	1.0000	0	-66,141	66,141
02/24/20 B	235,841.6400	1.0000	0	-235,842	235,842
02/25/20 B	214,655.9400	1.0000	0	-214,656	214,656
03/03/20 B	9,668.7100	1.0000	0	-9,669	9,669
03/16/20 B	90,622.2300	1.0000	0	-90,622	90,622
03/17/20 B	103,547.3400	1.0000	0	-103,547	103,547
03/18/20 B	383,716.6000	1.0000	0	-383,717	383,717
03/25/20 B	167,754.5100	1.0000	0	-167,755	167,755
04/02/20 B	5,423.5000	1.0000	0	-5,424	5,424
04/16/20 B	107,084.8400	1.0000	0	-107,085	107,085
04/17/20 B	142,768.2900	1.0000	0	-142,768	142,768
04/22/20 B	198,185.6900	1.0000	0	-198,186	198,186
04/23/20 B	54,306.2700	1.0000	0	-54,306	54,306
04/27/20 B	234,324.6000	1.0000	0	-234,325	234,325
05/04/20 B	1,294.0000	1.0000	0	-1,294	1,294
05/19/20 B	543,961.0000	1.0000	0	-543,961 *	543,961
05/26/20 B	369,529.4400	1.0000	0	-369,529	369,529
06/02/20 B	827.9300	1.0000	0	-828	828
06/18/20 B	225,265.2600	1.0000	0	-225,265	225,265
06/22/20 B	232,447.9000	1.0000	0	-232,448	232,448
06/23/20 B	125,784.7900	1.0000	0	-125,785	125,785
06/24/20 B	211,490.1300	1.0000	0	-211,490	211,490
06/29/20 B	55,385.6800	1.0000	0	-55,386	55,386
07/02/20 B	693.7700	1.0000	0	-694	694
07/10/20 B	5,653.3400	1.0000	0	-5,653	5,653
07/17/20 B	492,874.0000	1.0000	0	-492,874 *	492,874
07/22/20 B	84,466.7800	1.0000	0	-84,467	84,467
07/24/20 B	218,241.5000	1.0000	0	-218,242	218,242
07/28/20 B	19,168.2400	1.0000	0	-19,168	19,168
08/04/20 B	640.8600	1.0000	0	-641	641
08/18/20 B	217,819.7600	1.0000	0	-217,820	217,820
08/21/20 B	222,132.1100	1.0000	0	-222,132	222,132



REPORTABLE TRANSACTIONS WORKSHEET

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RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
09/02/20 B	371.2900	1.0000	0	-371	371	
09/04/20 B	213,158.1900	1.0000	0	-213,158	213,158	
09/08/20 B	23,080.8600	1.0000	0	-23,081	23,081	
09/17/20 B	209,489.3300	1.0000	0	-209,489	209,489	
09/23/20 B	528,222.7200	1.0000	0	-528,223 *	528,223	
09/28/20 B	307,112.9100	1.0000	0	-307,113	307,113	
09/30/20 B	17,580.3500	1.0000	0	-17,580	17,580	
10/02/20 B	144.7300	1.0000	0	-145	145	
10/19/20 B	98,719.2300	1.0000	0	-98,719	98,719	
10/20/20 B	441,749.7000	1.0000	0	-441,750 *	441,750	
10/23/20 B	216,300.4700	1.0000	0	-216,300	216,300	
10/30/20 B	9,310.2900	1.0000	0	-9,310	9,310	
11/03/20 B	65.1800	1.0000	0	-65	65	
11/13/20 B	46,171.0200	1.0000	0	-46,171	46,171	
11/18/20 B	147,095.2100	1.0000	0	-147,095	147,095	
11/19/20 B	219,567.0600	1.0000	0	-219,567	219,567	
11/25/20 B	225,338.8200	1.0000	0	-225,339	225,339	
12/02/20 B	66.3100	1.0000	0	-66	66	
12/16/20 B	94,177.6800	1.0000	0	-94,178	94,178	
12/17/20 B	473,104.9300	1.0000	0	-473,105 *	473,105	
12/24/20 B	230,245.6600	1.0000	0	-230,246	230,246	
SUB-TOTAL OF BUYS # 61			0	9,699,030	9,699,030	
01/02/20 S	26,944.4900	1.0000	0	26,944	26,944	0
01/03/20 S	40,681.6900	1.0000	0	40,682	40,682	0
01/06/20 S	26,751.5700	1.0000	0	26,752	26,752	0
01/07/20 S	78,384.4900	1.0000	0	78,384	78,384	0
01/08/20 S	63,836.8300	1.0000	0	63,837	63,837	0
01/09/20 S	1,644.7600	1.0000	0	1,645	1,645	0
01/09/20 S	29,650.2500	1.0000	0	29,650	29,650	0
01/10/20 S	21,512.3700	1.0000	0	21,512	21,512	0
01/13/20 S	44,800.0300	1.0000	0	44,800	44,800	0
01/14/20 S	152,313.3000	1.0000	0	152,313	152,313	0
01/15/20 S	28,002.9100	1.0000	0	28,003	28,003	0
01/21/20 S	48,862.3400	1.0000	0	48,862	48,862	0
01/22/20 S	26,575.4600	1.0000	0	26,575	26,575	0
01/23/20 S	80,248.5900	1.0000	0	80,249	80,249	0
01/29/20 S	41,098.4300	1.0000	0	41,098	41,098	0
01/30/20 S	191,574.4400	1.0000	0	191,574	191,574	0
01/31/20 S	33,625.2800	1.0000	0	33,625	33,625	0
02/03/20 S	38,079.5300	1.0000	0	38,080	38,080	0
02/04/20 S	26,010.4600	1.0000	0	26,010	26,010	0
02/05/20 S	198,172.2300	1.0000	0	198,172	198,172	0
02/06/20 S	33,719.1900	1.0000	0	33,719	33,719	0
02/07/20 S	27,110.0800	1.0000	0	27,110	27,110	0



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RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
02/10/20 S	1,668.9400	1.0000	0	1,669	1,669	0
02/10/20 S	63,432.2400	1.0000	0	63,432	63,432	0
02/11/20 S	39,283.8000	1.0000	0	39,284	39,284	0
02/12/20 S	82,709.2800	1.0000	0	82,709	82,709	0
02/13/20 S	40,226.7200	1.0000	0	40,227	40,227	0
02/14/20 S	25,422.7100	1.0000	0	25,423	25,423	0
02/20/20 S	19,862.6800	1.0000	0	19,863	19,863	0
02/21/20 S	411.1400	1.0000	0	411	411	0
02/26/20 S	98,062.8700	1.0000	0	98,063	98,063	0
02/27/20 S	97,323.2300	1.0000	0	97,323	97,323	0
02/28/20 S	36,150.7700	1.0000	0	36,151	36,151	0
03/02/20 S	91,249.6100	1.0000	0	91,250	91,250	0
03/03/20 S	158,749.0100	1.0000	0	158,749	158,749	0
03/04/20 S	63,736.2000	1.0000	0	63,736	63,736	0
03/05/20 S	18,919.7100	1.0000	0	18,920	18,920	0
03/06/20 S	31,178.1100	1.0000	0	31,178	31,178	0
03/09/20 S	1,651.5800	1.0000	0	1,652	1,652	0
03/09/20 S	21,068.2900	1.0000	0	21,068	21,068	0
03/10/20 S	36,736.4900	1.0000	0	36,736	36,736	0
03/11/20 S	82,979.7300	1.0000	0	82,980	82,980	0
03/12/20 S	23,232.3500	1.0000	0	23,232	23,232	0
03/13/20 S	34,157.7600	1.0000	0	34,158	34,158	0
03/19/20 S	24,131.3500	1.0000	0	24,131	24,131	0
03/20/20 S	39,046.1400	1.0000	0	39,046	39,046	0
03/23/20 S	77,881.7000	1.0000	0	77,882	77,882	0
03/24/20 S	30,809.2200	1.0000	0	30,809	30,809	0
03/26/20 S	40,974.0500	1.0000	0	40,974	40,974	0
03/27/20 S	21,848.1000	1.0000	0	21,848	21,848	0
03/30/20 S	140,064.2100	1.0000	0	140,064	140,064	0
03/31/20 S	22,075.4600	1.0000	0	22,075	22,075	0
04/01/20 S	37,772.9900	1.0000	0	37,773	37,773	0
04/02/20 S	55,872.5200	1.0000	0	55,873	55,873	0
04/03/20 S	152,755.1100	1.0000	0	152,755	152,755	0
04/06/20 S	49,438.0400	1.0000	0	49,438	49,438	0
04/07/20 S	31,643.3600	1.0000	0	31,643	31,643	0
04/08/20 S	1,650.4400	1.0000	0	1,650	1,650	0
04/08/20 S	58,371.9600	1.0000	0	58,372	58,372	0
04/09/20 S	74,602.5200	1.0000	0	74,603	74,603	0
04/13/20 S	39,583.2300	1.0000	0	39,583	39,583	0
04/14/20 S	20,033.3100	1.0000	0	20,033	20,033	0
04/15/20 S	31,583.8800	1.0000	0	31,584	31,584	0
04/20/20 S	35,870.3000	1.0000	0	35,870	35,870	0
04/21/20 S	12,469.5100	1.0000	0	12,470	12,470	0
04/24/20 S	37,956.6400	1.0000	0	37,957	37,957	0
04/28/20 S	19,243.9800	1.0000	0	19,244	19,244	0
04/29/20 S	100,124.0900	1.0000	0	100,124	100,124	0



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RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
04/30/20 S	32,356.6800	1.0000	0	32,357	32,357	0
05/01/20 S	170,103.1300	1.0000	0	170,103	170,103	0
05/04/20 S	35,927.0700	1.0000	0	35,927	35,927	0
05/05/20 S	22,068.2500	1.0000	0	22,068	22,068	0
05/06/20 S	42,566.5900	1.0000	0	42,567	42,567	0
05/07/20 S	70,559.4300	1.0000	0	70,559	70,559	0
05/08/20 S	1,620.8100	1.0000	0	1,621	1,621	0
05/08/20 S	36,867.3300	1.0000	0	36,867	36,867	0
05/11/20 S	50,674.2700	1.0000	0	50,674	50,674	0
05/12/20 S	19,796.6300	1.0000	0	19,797	19,797	0
05/13/20 S	31,605.5400	1.0000	0	31,606	31,606	0
05/14/20 S	42,705.1800	1.0000	0	42,705	42,705	0
05/15/20 S	4,468.7200	1.0000	0	4,469	4,469	0
05/18/20 S	32,129.4900	1.0000	0	32,129	32,129	0
05/20/20 S	19,196.8400	1.0000	0	19,197	19,197	0
05/21/20 S	29,633.8600	1.0000	0	29,634	29,634	0
05/22/20 S	27,414.8600	1.0000	0	27,415	27,415	0
05/27/20 S	82,294.8700	1.0000	0	82,295	82,295	0
05/28/20 S	157,535.8300	1.0000	0	157,536	157,536	0
05/29/20 S	2,228.8000	1.0000	0	2,229	2,229	0
06/01/20 S	66,149.2500	1.0000	0	66,149	66,149	0
06/02/20 S	150,457.4700	1.0000	0	150,457	150,457	0
06/03/20 S	32,526.9400	1.0000	0	32,527	32,527	0
06/04/20 S	50,376.3700	1.0000	0	50,376	50,376	0
06/05/20 S	2,301.6400	1.0000	0	2,302	2,302	0
06/08/20 S	1,620.1400	1.0000	0	1,620	1,620	0
06/08/20 S	53,134.3300	1.0000	0	53,134	53,134	0
06/09/20 S	19,000.3100	1.0000	0	19,000	19,000	0
06/10/20 S	56,236.8700	1.0000	0	56,237	56,237	0
06/11/20 S	34,234.4400	1.0000	0	34,234	34,234	0
06/12/20 S	22,026.9300	1.0000	0	22,027	22,027	0
06/15/20 S	71,581.2200	1.0000	0	71,581	71,581	0
06/16/20 S	964.3900	1.0000	0	964	964	0
06/17/20 S	52,787.2800	1.0000	0	52,787	52,787	0
06/19/20 S	47,715.0400	1.0000	0	47,715	47,715	0
06/25/20 S	26,720.8400	1.0000	0	26,721	26,721	0
06/26/20 S	6,378.3400	1.0000	0	6,378	6,378	0
06/30/20 S	260,178.9900	1.0000	0	260,179	260,179	0
07/01/20 S	43,327.2000	1.0000	0	43,327	43,327	0
07/02/20 S	178,671.3000	1.0000	0	178,671	178,671	0
07/06/20 S	13,920.4000	1.0000	0	13,920	13,920	0
07/07/20 S	26,437.4900	1.0000	0	26,437	26,437	0
07/08/20 S	1,618.6500	1.0000	0	1,619	1,619	0
07/08/20 S	51,187.3300	1.0000	0	51,187	51,187	0
07/09/20 S	9,813.5600	1.0000	0	9,814	9,814	0
07/13/20 S	47,339.2400	1.0000	0	47,339	47,339	0



REPORTABLE TRANSACTIONS WORKSHEET

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RAILROAD - MAINT WAY EMP SUPP SK

DATE BOUGHT/STOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
07/14/20 S	33,259.4000	1.0000	0	33,259	33,259	0
07/15/20 S	37,895.9800	1.0000	0	37,896	37,896	0
07/16/20 S	30,599.6000	1.0000	0	30,600	30,600	0
07/20/20 S	45,000.1400	1.0000	0	45,000	45,000	0
07/21/20 S	20,652.7600	1.0000	0	20,653	20,653	0
07/23/20 S	29,616.2900	1.0000	0	29,616	29,616	0
07/27/20 S	50,671.0600	1.0000	0	50,671	50,671	0
07/29/20 S	41,401.0300	1.0000	0	41,401	41,401	0
07/30/20 S	151,322.3900	1.0000	0	151,322	151,322	0
07/31/20 S	56,455.4500	1.0000	0	56,455	56,455	0
08/03/20 S	181,097.2100	1.0000	0	181,097	181,097	0
08/04/20 S	34,825.9600	1.0000	0	34,826	34,826	0
08/05/20 S	43,269.5700	1.0000	0	43,270	43,270	0
08/06/20 S	37,201.3100	1.0000	0	37,201	37,201	0
08/07/20 S	35,842.4700	1.0000	0	35,842	35,842	0
08/10/20 S	1,624.7500	1.0000	0	1,625	1,625	0
08/10/20 S	84,774.3700	1.0000	0	84,774	84,774	0
08/11/20 S	27,542.4900	1.0000	0	27,542	27,542	0
08/12/20 S	38,864.8200	1.0000	0	38,865	38,865	0
08/13/20 S	29,650.9900	1.0000	0	29,651	29,651	0
08/14/20 S	6,613.3700	1.0000	0	6,613	6,613	0
08/17/20 S	40,964.9800	1.0000	0	40,965	40,965	0
08/19/20 S	36,186.1500	1.0000	0	36,186	36,186	0
08/20/20 S	39,414.8500	1.0000	0	39,415	39,415	0
08/24/20 S	172,421.0700	1.0000	0	172,421	172,421	0
08/25/20 S	28,097.9900	1.0000	0	28,098	28,098	0
08/26/20 S	63,618.9500	1.0000	0	63,619	63,619	0
08/27/20 S	37,171.1000	1.0000	0	37,171	37,171	0
08/28/20 S	42,732.7300	1.0000	0	42,733	42,733	0
08/31/20 S	45,532.0700	1.0000	0	45,532	45,532	0
09/01/20 S	46,383.4600	1.0000	0	46,383	46,383	0
09/02/20 S	57,323.9800	1.0000	0	57,324	57,324	0
09/03/20 S	29,776.5900	1.0000	0	29,777	29,777	0
09/09/20 S	1,587.8900	1.0000	0	1,588	1,588	0
09/09/20 S	24,421.1700	1.0000	0	24,421	24,421	0
09/10/20 S	74,495.2800	1.0000	0	74,495	74,495	0
09/11/20 S	31,475.0000	1.0000	0	31,475	31,475	0
09/14/20 S	61,116.0900	1.0000	0	61,116	61,116	0
09/15/20 S	19,299.7200	1.0000	0	19,300	19,300	0
09/16/20 S	48,283.2800	1.0000	0	48,283	48,283	0
09/18/20 S	63,083.0500	1.0000	0	63,083	63,083	0
09/21/20 S	46,704.8500	1.0000	0	46,705	46,705	0
09/22/20 S	32,227.6400	1.0000	0	32,228	32,228	0
09/24/20 S	34,497.8600	1.0000	0	34,498	34,498	0
09/25/20 S	160,074.9100	1.0000	0	160,075	160,075	0
09/29/20 S	19,152.6400	1.0000	0	19,153	19,153	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036738

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RAILROAD - MAINT MAY EMP SUPP SK

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
10/01/20 S	17,331.5800	1.0000	0	17,332	17,332	0
10/02/20 S	12,414.6300	1.0000	0	12,415	12,415	0
10/05/20 S	70,883.4000	1.0000	0	70,883	70,883	0
10/06/20 S	52,929.0500	1.0000	0	52,929	52,929	0
10/07/20 S	167,511.0200	1.0000	0	167,511	167,511	0
10/08/20 S	1,568.5500	1.0000	0	1,569	1,569	0
10/08/20 S	41,852.7000	1.0000	0	41,853	41,853	0
10/09/20 S	50,443.3600	1.0000	0	50,443	50,443	0
10/13/20 S	295,383.2300	1.0000	0	295,383	295,383	0
10/14/20 S	62,602.3400	1.0000	0	62,602	62,602	0
10/15/20 S	6,426.8100	1.0000	0	6,427	6,427	0
10/16/20 S	3,948.1200	1.0000	0	3,948	3,948	0
10/21/20 S	55,470.0500	1.0000	0	55,470	55,470	0
10/22/20 S	40,210.6100	1.0000	0	40,211	40,211	0
10/26/20 S	36,429.2400	1.0000	0	36,429	36,429	0
10/27/20 S	41,351.1400	1.0000	0	41,351	41,351	0
10/28/20 S	62,210.2400	1.0000	0	62,210	62,210	0
10/29/20 S	51,089.6700	1.0000	0	51,090	51,090	0
11/02/20 S	164,070.9100	1.0000	0	164,071	164,071	0
11/03/20 S	30,099.2000	1.0000	0	30,099	30,099	0
11/04/20 S	57,307.6100	1.0000	0	57,308	57,308	0
11/05/20 S	33,883.0800	1.0000	0	33,883	33,883	0
11/06/20 S	41,505.9800	1.0000	0	41,506	41,506	0
11/09/20 S	1,585.3300	1.0000	0	1,585	1,585	0
11/09/20 S	59,115.6500	1.0000	0	59,116	59,116	0
11/10/20 S	31,969.6500	1.0000	0	31,970	31,970	0
11/12/20 S	63,689.2700	1.0000	0	63,689	63,689	0
11/16/20 S	34,426.7800	1.0000	0	34,427	34,427	0
11/17/20 S	84,097.8800	1.0000	0	84,098	84,098	0
11/20/20 S	80,629.9400	1.0000	0	80,630	80,630	0
11/23/20 S	101,669.6600	1.0000	0	101,670	101,670	0
11/24/20 S	23,990.6800	1.0000	0	23,991	23,991	0
11/30/20 S	20,432.7000	1.0000	0	20,433	20,433	0
12/01/20 S	63,376.8000	1.0000	0	63,377	63,377	0
12/02/20 S	46,299.1400	1.0000	0	46,299	46,299	0
12/03/20 S	150,964.0600	1.0000	0	150,964	150,964	0
12/04/20 S	47,772.9100	1.0000	0	47,773	47,773	0
12/07/20 S	84,296.2900	1.0000	0	84,296	84,296	0
12/08/20 S	1,552.3500	1.0000	0	1,552	1,552	0
12/08/20 S	28,369.1300	1.0000	0	28,369	28,369	0
12/09/20 S	99,928.3100	1.0000	0	99,928	99,928	0
12/10/20 S	32,403.5500	1.0000	0	32,404	32,404	0
12/14/20 S	222,961.3400	1.0000	0	222,961	222,961	0
12/15/20 S	39,529.3300	1.0000	0	39,529	39,529	0
12/18/20 S	27,825.9800	1.0000	0	27,826	27,826	0
12/21/20 S	40,316.8100	1.0000	0	40,317	40,317	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7036738

RAILROAD - MAINT WAY EMP SUPP SK

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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
12/22/20 S	44,018.0700	1.0000	0	44,018	44,018	0
12/23/20 S	108,966.5100	1.0000	0	108,967	108,967	0
12/28/20 S	26,759.6400	1.0000	0	26,760	26,760	0
12/28/20 S	35,792.7200	1.0000	0	35,793	35,793	0
12/29/20 S	21,566.5400	1.0000	0	21,567	21,567	0
12/30/20 S	27,312.3200	1.0000	0	27,312	27,312	0
12/31/20 S	19,715.6600	1.0000	0	19,716	19,716	0
SUB-TOTAL OF SALES # 213			0	11,064,551	11,064,551	0
SUB-TOTAL			0	20,763,581	20,763,581	0
GRAND TOTAL			0	20,763,581	20,763,581	0

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

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

FOOTNOTES

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

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

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

Part II Basic Plan Information - enter all requested information

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

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

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

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

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

Form 5500 (2020)
v. 200204

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

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	26,438
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	26,438
a (2) Total number of active participants at the end of the plan year	6a(2)	24,510
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	24,510
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	32

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:

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____