

<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>
---	---	---

<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 single-employer plan  <b>B</b> This return/report is:  <input type="checkbox"/> the first return/report <input type="checkbox"/> an amended return/report  <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"/> special extension (enter description)	<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 DFE (specify) ____  <input type="checkbox"/> the final return/report  <input type="checkbox"/> a short plan year return/report (less than 12 months)  <input type="checkbox"/> automatic extension  <input type="checkbox"/> the DFVC program

<b>Part II Basic Plan Information—enter all requested information</b>			
<b>1a</b> Name of plan <u>RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN</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>1b</b> Three-digit plan number (PN) ▶	<u>512</u>	<b>1c</b> Effective date of plan <u>01/01/2013</u>
	<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> 8863
<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> <b>6a(1)</b> 8863 <b>6a(2)</b> 8505 <b>6b</b> <b>6c</b> <b>6d</b> 8505 <b>6e</b> <b>6f</b> <b>6g</b> <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> 26
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A	

<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
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> <b>(1)</b> <input type="checkbox"/> <b>R</b> (Retirement Plan Information)  <b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  <b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information) <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) <b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information) <b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) <b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) <b>(6)</b> <input type="checkbox"/> <b>G</b> (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 RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN	<b>B</b> Three-digit plan number (PN) ▶	512
<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>
---------------	--

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

UNITEDHEALTHCARE

185 ASYLUM STREET  
HARTFORD, CT 06103

36-2739571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 15	NONE	419706	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 EAST 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	38809	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SUNTRUST BANKS, INC.

303 PEACHTREE STREET NE SUITE 3200  
ATLANTA, GA 30308

58-0466330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	5075	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)

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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>RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>	<u>512</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>	
<b>(2)</b> Participant contributions.....		<b>1b(2)</b>	370262
<b>(3)</b> Other .....		<b>1b(3)</b>	5837
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....		<b>1c(1)</b>	4956407
<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>	

		(a) Beginning of Year	(b) End of Year
<b>1d</b>	Employer-related investments:		
(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>	5332506 4634209
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable .....	<b>1g</b>	405060 626255
<b>h</b>	Operating payables .....	<b>1h</b>	83089 73089
<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>	488149 699344
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	4844357 3934865

**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
<b>Income</b>			
<b>a</b>	<b>Contributions:</b>		
(1)	Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	203675
	<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	18847410
	<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>	19051085
<b>b</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>	10109
	<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>	10109
(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		19061194

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

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	19506096	
(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)		19506096
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)	39809	
(2) Contract administrator fees .....	2i(2)	419706	
(3) Investment advisory and management fees .....	2i(3)	5075	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4) .....	2i(5)		464590
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		19970686

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		-909492
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:

	Yes	No	Amount
<b>a</b> 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.) .....			
4a	X		404819

	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? .....		X	
<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? .....		X	
<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 \_\_\_\_\_.

# **THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN**

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

**DECEMBER 31, 2020 and 2019**

**THE RAILROAD EMPLOYEES NATIONAL  
HEALTH FLEXIBLE SPENDING ACCOUNT PLAN**

**TABLE OF CONTENTS**

---

	Page
INDEPENDENT AUDITOR’S REPORT	1 – 2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Statements of Plan Benefit Obligations	5
Statement of Changes in Plan Benefit Obligations	6
Notes to Financial Statements	7 – 13
SUPPLEMENTARY INFORMATION	
Schedule of Delinquent Participant Contributions	14
Schedule of Assets (Held at End of Year)	15
Schedule of Reportable Transactions	16 - 25

---





## **INDEPENDENT AUDITOR'S REPORT**

To the National Carriers' Conference Committee with respect to  
The Railroad Employees National Health Flexible Spending Account Plan

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

We were engaged to audit the accompanying financial statements of The Railroad Employees National Health Flexible Spending Account 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 delinquent participant contributions, 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  
HEALTH FLEXIBLE SPENDING ACCOUNT PLAN**

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

	2020	2019
<hr/>		
ASSETS		
Investments, at fair value:	\$ 4,199,498	\$ 4,956,407
	<hr/>	
Receivables:		
Participants' contributions	434,679	370,262
Accrued interest	32	5,837
	<hr/>	
	434,711	376,099
	<hr/>	
Total assets	4,634,209	5,332,506
	<hr/>	
LIABILITIES		
Accounts payable	73,089	83,089
	<hr/>	
Total liabilities	73,089	83,089
	<hr/>	
NET ASSETS AVAILABLE FOR BENEFITS	\$ 4,561,120	\$ 5,249,417
	<hr/> <hr/>	

**THE RAILROAD EMPLOYEES NATIONAL  
HEALTH FLEXIBLE SPENDING ACCOUNT PLAN**

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

---

**ADDITIONS**

Investment income:

Interest income	\$	10,109
Less investment expenses		<u>(5,075)</u>

5,034

Participants' contributions	18,441,882
Participating railroads' contributions	203,675
Participants' COBRA contributions	<u>405,528</u>

19,051,085

Total additions	<u>19,056,119</u>
-----------------	-------------------

**DEDUCTIONS**

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

Claims paid	19,284,901
-------------	------------

Administrative expenses	<u>459,515</u>
-------------------------	----------------

Total deductions	<u>19,744,416</u>
------------------	-------------------

Net decrease	(688,297)
--------------	-----------

**NET ASSETS AVAILABLE FOR BENEFITS**

Beginning of year	<u>5,249,417</u>
-------------------	------------------

End of year	<u><u>\$ 4,561,120</u></u>
-------------	----------------------------

**THE RAILROAD EMPLOYEES NATIONAL  
HEALTH FLEXIBLE SPENDING ACCOUNT PLAN**

**STATEMENTS OF PLAN BENEFIT OBLIGATIONS  
December 31, 2020 and 2019**

	<b>2020</b>	<b>2019</b>
<hr/>		
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES, AND DEPENDENTS		
Claims payable	<u><u>\$ 626,255</u></u>	<u><u>\$ 405,060</u></u>

**THE RAILROAD EMPLOYEES NATIONAL  
HEALTH FLEXIBLE SPENDING ACCOUNT PLAN**

**STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS  
Year Ended December 31, 2020**

---

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

Claims payable:

Balance at beginning of year	\$ 405,060
Claims reported and approved for payment	19,506,096
Claims paid	<u>(19,284,901)</u>

Balance at end of year	<u><u>\$ 626,255</u></u>
------------------------	--------------------------

# THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

## NOTES TO FINANCIAL STATEMENTS

---

### Note 1. Description of the Plan

The following description of The Railroad Employees National Health Flexible Spending Account 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 January 1, 2013 pursuant to collective-bargaining. The Plan is a defined contribution plan 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 allows a participant to use pre-tax wage deductions to pay for certain medical care expenses incurred that satisfy requirements established by the Internal Revenue Service (IRS) through a Health Flexible Spending Arrangement (Health FSA). Such use is limited to the participant's annual election for Health FSA benefits.

**Eligibility:** Upon satisfying the eligibility and coverage requirements, as outlined in the Plan's Summary Plan Description, a prospective participant must make an annual election to participate in the Plan.

**Participant accounts:** An individual account is maintained for each participant of the Plan. This account is credited for contributions provided by the participant and charged for all reimbursements made to the participant during the Plan year.

Regardless of the amount actually credited to a participant's account, the amount available to the participant at any time within a period of coverage shall equal the total annual Health FSA benefit election reduced by any prior reimbursements to the participant in the same period of coverage.

**Vesting:** Participants are immediately vested in their account. (See additional disclosure related to forfeitures).

**Experience gains:** If the Plan has an experience gain for the Plan year (the total of all amounts remitted to the Plan for the year plus earnings on such amounts exceeds the total amount of all reimbursements for health care expenses for the Plan year), then such gain shall be used to defray reasonable administrative costs of the Plan. Any remaining gain shall remain in the Plan to defray reasonable administrative costs of the Plan for subsequent years or, at the Plan Administrator's discretion, may be distributed in any manner permitted by the Internal Revenue Code (IRC) and ERISA.

**Payment of benefits:** Benefits will be paid for eligible health care expenses submitted by a Plan participant and received by the Plan Administrator no later than March 31<sup>st</sup> following the close of the Plan year. (See Note 10, Contingencies, to see how the CARES Act has impacted this provision of the Plan for the plan year ended December 31, 2020.)

Any benefit check sent to a participant that is not cashed within ninety (90) days of the date on which it is issued shall be forfeited, and the participant shall have no further right to receive reimbursement for the health care expenses for which such benefit check was issued, unless, within one (1) year from the date the check was issued, the participant demonstrates to the Plan Administrator's satisfaction that the check was not received.



# THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

## NOTES TO FINANCIAL STATEMENTS

---

### Note 1. Description of the Plan (Continued)

**Forfeitures:** In addition to the forfeitures noted above, any balance remaining in the participant's account as of March 31<sup>st</sup> for the preceding Plan year, December 31<sup>st</sup>, will be forfeited by the participant and will remain in the Plan to defray reasonable administrative costs. (See Note 10, Contingencies, to see how the CARES Act has impacted this provision of the Plan for the plan year ended December 31, 2020.)

**Period of coverage:** In general, the period of coverage for a participant shall commence on January 1<sup>st</sup> and terminate on December 31<sup>st</sup> of the Plan year. In addition, if the participant has unused amounts in their Health FSA account and remain a participant or Consolidated Omnibus Budget Reconciliation Act (COBRA) qualified beneficiary on the last day of the Plan year, their period of coverage will continue through March 15<sup>th</sup> of the year immediately following the Plan year.

However, in the case where a participant ceases to remain eligible to participate in the Plan, the period of coverage will terminate on the date on which the participant's eligibility terminates.

**Funding:** The Plan is funded through participant contributions. If the Plan experiences a shortfall, the Plan will either borrow the funds necessary to pay claims or require the participating employers to make supplemental contributions to cover the shortage.

**Tax status:** The Plan has filed for a determination letter from the IRS regarding the Plan's qualification under the related trust's tax-exempt status under the provision of Section 501(c)9 of the IRC. The Plan Administrator will make any changes deemed necessary to ensure that the Plan is granted tax-exempt status. Representatives of the Plan Administrator believe the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC and, accordingly, the trust's net investment income is exempt from income taxation. 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.

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 HEALTH FLEXIBLE SPENDING ACCOUNT 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, and plan benefit obligations, and changes therein, and disclosure of contingent assets and liabilities. Accordingly, 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.

**Participant contributions and contributions receivable:** Employee contributions are remitted to the Plan on at least a monthly basis in accordance with the participant's annual Health FSA benefit election. Employee contributions are recognized as revenue in the Plan year to which the annual election amount relates.

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

**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.

**Claims payable:** Claims payable includes benefit obligations related to claims incurred but not paid, and amounts accrued for benefits through the period of coverage for Plan participants and COBRA qualified beneficiaries as of December 31<sup>st</sup>.

**Forfeitures:** Forfeitures are recorded in the year in which they occur.

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

# THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT 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	\$ 4,199,498	\$ 4,956,407
Accrued interest	32	5,837
Interest income	10,109	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 RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT 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 is 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	\$	4,199,498	\$ -	\$ -	\$ 4,199,498
Total assets at fair value	\$	4,199,498	\$ -	\$ -	\$ 4,199,498

		Assets at Fair Value as of December 31, 2019			
		Level 1	Level 2	Level 3	Total
Money market funds	\$	4,956,407	\$ -	\$ -	\$ 4,956,407
Total assets at fair value	\$	4,956,407	\$ -	\$ -	\$ 4,956,407

### Note 5. Forfeitures

Forfeitures arise when either a benefit check sent to a participant is not cashed within ninety (90) days of the date on which it is issued or when a balance remains (i.e., the total contributions made by a Plan participant exceed the total amount paid to that participant) in a participant's account as of March 31<sup>st</sup> for the preceding Plan year, December 31<sup>st</sup>. Forfeitures related to uncashed benefit checks amount to approximately \$172,458 and \$165,831 as of and for the years ended December 31, 2020 and 2019, respectively. Forfeitures related to unused participant account balances amounted to approximately \$205,959 as of March 31, 2020, which related to the year ending December 31, 2019. These forfeitures were used to defray reasonable administrative costs of the Plan. The CARES Act has extended the time in which a participant may submit a claim for benefit so there were no forfeitures as of the date of the financial statements for unused participant account balances as of December 31, 2020. (See Note 10, Contingencies, for additional information.)

# THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

## NOTES TO FINANCIAL STATEMENTS

### Note 6. Concentration of Participating Railroads

There are approximately 26 railroads participating in the Plan, of which participants of four railroads comprised approximately 89% of the total Plan population for the years ended December 31, 2020 and 2019, as illustrated in the following table:

Railroad:	Percentage of Total Plan Activity	
	2020	2019
A	33.3%	34.6%
B	28.8%	26.6%
C	15.4%	15.6%
D	11.9%	12.5%

### 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:

	2020	2019
Net assets available for benefits as reported within the financial statements	\$ 4,561,120	\$ 5,249,417
Benefit obligations currently payable	(626,255)	(405,060)
<b>Net assets available for benefits as reported within the Form 5500</b>	<b>\$ 3,934,865</b>	<b>\$ 4,844,357</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:

	2020
Benefits paid to or for participants as reported within the financial statements	\$ 19,284,901
Add: Current benefit obligations, end of year	626,255
Less: Current benefit obligations, beginning of year	(405,060)
<b>Benefits paid to or for participants as reported within the Form 5500</b>	<b>\$ 19,506,096</b>

Benefit obligations currently payable to or for participants are recorded on the Form 5500 for obligations which arise as of December 31<sup>st</sup> but are not yet paid as of that date.

# **THE RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN**

## **NOTES TO FINANCIAL STATEMENTS**

---

### **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.

### **Note 9. Prohibited Transactions**

During 2020, an aggregate of \$404,819 of certain participating railroads' employee withholdings were not deposited into the Plan within the timeframe required by the DOL's regulations. These withholdings are included in the participants' contributions receivable balance as of December 31, 2020. All failures were corrected, either by the Plan Administrator or respective participating railroads, by depositing withholdings, along with contributions for lost earnings, to the Plan on or prior to October 14, 2021.

### **Note 10. Contingencies**

A participant has one year from the date a check was issued for benefits, to contact the Plan Administrator, even though that check may not have been cashed within the ninety (90) days required by the Plan, and request to have that check reissued. If the participant satisfies the requirements as set forth in the Summary Plan Description, then an otherwise forfeited claim will become reimbursable by the Plan. As of December 31, 2020 and 2019, there were \$172,458 and \$165,831, respectively, in such forfeitures that are subject to this provision of the Plan. These amounts were excluded from the claims payable balances as of December 31, 2020 and 2019 and represent the maximum amount that may be paid by the Plan if all forfeited claims become reimbursable. The Plan Administrator is of the opinion, based on all available known facts, that the amount expected to be paid with respect to the forfeited claims subject to this provision would not have a material effect on the financial position or results of operations of the Plan.

Per the Plan's Summary Plan Description the deadline for submitting claims for the 2020 Plan Year was March 31, 2021. However, the CARES Act has extended the timely filing deadline to submit claims. Under the CARES Act, participants have until 60 days past the declared end of the pandemic to submit claims for the 2020 Plan Year, not to exceed 1 year after the filing limit. Therefore, participants could submit claims for the 2020 Plan year through March 31, 2022, unless the pandemic is declared over prior to that date. The Plan Administrator is of the opinion, based on all available known facts, that the amount of 2020 claims expected to be submitted to the Plan after March 31, 2021 would not have a material effect on the financial position or results of operations of the Plan.

### **Note 11. Risks and Uncertainties**

The Plan invests in money market funds with SunTrust Bank. These investments are exposed to credit risk. Due to the level of risk associated with these investments given the current economic condition and uncertainty in the market place, it is at least reasonably possible that changes in the value of these investments may occur in the near term. Therefore, 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.

## **SUPPLEMENTARY INFORMATION**

**THE RAILROAD EMPLOYEES NATIONAL  
HEALTH FLEXIBLE SPENDING ACCOUNT PLAN**

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
Year Ended December 31, 2020**

Schedule H, Form 5500

Part IV, Line 4a – Schedule of Delinquent Participant Contributions

EIN: 52-1036399

Plan No. 512

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments Are Included: <input type="checkbox"/>	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	\$ -	\$ 41,152	\$ -	\$ -
	\$ -	\$ 41,330	\$ -	\$ -
	\$ -	\$ 41,154	\$ -	\$ -
	\$ -	\$ 40,818	\$ -	\$ -
	\$ -	\$ 40,415	\$ -	\$ -
	\$ -	\$ 40,979	\$ -	\$ -
	\$ -	\$ 40,646	\$ -	\$ -
	\$ -	\$ 39,716	\$ -	\$ -
	\$ -	\$ 27,772	\$ -	\$ -
	\$ -	\$ 24,378	\$ -	\$ -
	\$ -	\$ 24,902	\$ -	\$ -
	\$ -	\$ 709	\$ -	\$ -
	\$ -	\$ 838	\$ -	\$ -
	\$ -	\$ 5	\$ -	\$ -
	\$ -	\$ 5	\$ -	\$ -



**THE RAILROAD EMPLOYEES NATIONAL  
HEALTH FLEXIBLE SPENDING ACCOUNT 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. 512

(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 70-04-102-7949279	Money Market Fund Federated Trsy Obligs MM-I #68 FFS		\$ 4,199,498	\$ 4,199,498

\* Known party-in-interest to the Plan

**THE RAILROAD EMPLOYEES NATIONAL  
HEALTH FLEXIBLE SPENDING ACCOUNT 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. 512

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

SunTrust Bank  
Account 70-04-102-7949279 (See attached schedule as prepared and reported by SunTrust Bank)



## REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7949279

PAGE 148

## RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
BEGINNING MARKET VALUE				4,962,244.31		
COMPARATIVE VALUE (5X)				248,112.22		
-----						
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 60934N500 - FEDERATED TRSY OBLIGS MM-I #68						
01/08/20 S	282,976.9200	1.0000	0	282,977 *	282,977	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
02/19/20 S	298,089.0400	1.0000	0	298,089 *	298,089	0
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
02/26/20 B	293,831.0000	1.0000	0	-293,831 *	293,831	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
04/24/20 B	378,711.3700	1.0000	0	-378,711 *	378,711	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
05/08/20 B	274,282.4900	1.0000	0	-274,282 *	274,282	
ISSUE: 60934N500 - FEDERATED TRSY OBLIG MMKT-I #68						
06/25/20 B	616,783.8500	1.0000	0	-616,784 *	616,784	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
07/01/20 S	251,371.3500	1.0000	0	251,371 *	251,371	0
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
08/13/20 B	254,926.5000	1.0000	0	-254,927 *	254,927	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
09/10/20 B	437,617.9200	1.0000	0	-437,618 *	437,618	
ISSUE: 60934N500 - FEDERATED HERMES TREASURY OBL						
11/10/20 B	456,062.9200	1.0000	0	-456,063 *	456,063	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG						
12/23/20 B	379,602.9500	1.0000	0	-379,603 *	379,603	
GRAND TOTAL			----- 0	----- 3,924,256	----- 3,924,256	----- 0

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



## REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7949279

RAILROAD EMPLOYEES NATIONAL FSA

PAGE 149

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

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

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

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

01/03/20 B	5,836.9500	1.0000	0	-5,837	5,837
01/06/20 B	75,894.2000	1.0000	0	-75,894	75,894
01/09/20 B	44,783.3800	1.0000	0	-44,783	44,783
01/10/20 B	143,287.0300	1.0000	0	-143,287	143,287
01/13/20 B	97,813.7500	1.0000	0	-97,814	97,814
01/24/20 B	155,872.2400	1.0000	0	-155,872	155,872
01/28/20 B	99,178.6900	1.0000	0	-99,179	99,179
02/04/20 B	5,568.3800	1.0000	0	-5,568	5,568
02/10/20 B	170,763.0700	1.0000	0	-170,763	170,763
02/13/20 B	233,435.4200	1.0000	0	-233,435	233,435
02/20/20 B	10,707.0900	1.0000	0	-10,707	10,707
02/26/20 B	293,831.0000	1.0000	0	-293,831 *	293,831
03/03/20 B	3,315.9000	1.0000	0	-3,316	3,316
03/10/20 B	145,105.8700	1.0000	0	-145,106	145,106
03/12/20 B	245,691.9500	1.0000	0	-245,692	245,692
03/23/20 B	80,966.0600	1.0000	0	-80,966	80,966
03/25/20 B	132,393.5300	1.0000	0	-132,394	132,394
03/26/20 B	119,718.6800	1.0000	0	-119,719	119,719
03/30/20 B	46,136.9400	1.0000	0	-46,137	46,137
04/02/20 B	835.7900	1.0000	0	-836	836
04/07/20 B	23,483.2500	1.0000	0	-23,483	23,483
04/09/20 B	165,838.0300	1.0000	0	-165,838	165,838
04/13/20 B	173,428.7700	1.0000	0	-173,429	173,429
04/17/20 B	116,361.2800	1.0000	0	-116,361	116,361
04/20/20 B	55,064.7500	1.0000	0	-55,065	55,065
04/24/20 B	378,711.3700	1.0000	0	-378,711 *	378,711
04/28/20 B	134,350.6400	1.0000	0	-134,351	134,351
04/30/20 B	27,295.2600	1.0000	0	-27,295	27,295
05/04/20 B	55.0100	1.0000	0	-55	55
05/08/20 B	274,282.4900	1.0000	0	-274,282 *	274,282
05/12/20 B	154,649.7700	1.0000	0	-154,650	154,650
05/14/20 B	90,187.2600	1.0000	0	-90,187	90,187



# REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7949279

PAGE 150

## RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
05/15/20 B	114,728.1000	1.0000	0	-114,728	114,728	
05/22/20 B	218,296.0400	1.0000	0	-218,296	218,296	
05/28/20 B	86,509.0500	1.0000	0	-86,509	86,509	
06/02/20 B	50.5300	1.0000	0	-51	51	
06/09/20 B	142,554.3100	1.0000	0	-142,554	142,554	
06/10/20 B	191,665.7400	1.0000	0	-191,666	191,666	
06/11/20 B	75,194.3500	1.0000	0	-75,194	75,194	
06/16/20 B	153,104.7300	1.0000	0	-153,105	153,105	
06/17/20 B	41,658.0800	1.0000	0	-41,658	41,658	
06/18/20 B	100,216.4100	1.0000	0	-100,216	100,216	
06/19/20 B	79,498.4000	1.0000	0	-79,498	79,498	
06/25/20 B	616,783.8500	1.0000	0	-616,784 *	616,784	
07/02/20 B	48.6300	1.0000	0	-49	49	
07/02/20 B	87,062.9600	1.0000	0	-87,063	87,063	
07/06/20 B	124,401.8300	1.0000	0	-124,402	124,402	
07/07/20 B	4,057.9400	1.0000	0	-4,058	4,058	
07/10/20 B	206,703.4500	1.0000	0	-206,703	206,703	
07/14/20 B	157,327.0300	1.0000	0	-157,327	157,327	
07/15/20 B	40,153.8600	1.0000	0	-40,154	40,154	
07/17/20 B	181,128.3800	1.0000	0	-181,128	181,128	
07/24/20 B	218,529.2700	1.0000	0	-218,529	218,529	
07/30/20 B	174,932.0000	1.0000	0	-174,932	174,932	
08/04/20 B	72.2600	1.0000	0	-72	72	
08/10/20 B	220,687.0500	1.0000	0	-220,687	220,687	
08/13/20 B	254,926.5000	1.0000	0	-254,927 *	254,927	
08/19/20 B	101,282.8300	1.0000	0	-101,283	101,283	
08/25/20 B	216,576.8000	1.0000	0	-216,577	216,577	
08/26/20 B	52,256.0600	1.0000	0	-52,256	52,256	
08/27/20 B	167,096.8600	1.0000	0	-167,097	167,097	
09/02/20 B	52.5500	1.0000	0	-53	53	
09/09/20 B	29,691.8700	1.0000	0	-29,692	29,692	
09/10/20 B	437,617.9200	1.0000	0	-437,618 *	437,618	
09/17/20 B	135,449.8800	1.0000	0	-135,450	135,450	
09/24/20 B	77,733.6400	1.0000	0	-77,734	77,734	
09/25/20 B	225,620.5900	1.0000	0	-225,621	225,621	
09/28/20 B	81,380.3900	1.0000	0	-81,380	81,380	
09/29/20 B	167,515.3500	1.0000	0	-167,515	167,515	
10/02/20 B	30.9800	1.0000	0	-31	31	
10/07/20 B	73,888.3100	1.0000	0	-73,888	73,888	
10/09/20 B	224,210.4400	1.0000	0	-224,210	224,210	
10/15/20 B	191,766.8000	1.0000	0	-191,767	191,767	
10/19/20 B	131,777.2400	1.0000	0	-131,777	131,777	
10/21/20 B	75,054.1300	1.0000	0	-75,054	75,054	
10/23/20 B	230,957.1000	1.0000	0	-230,957	230,957	
10/27/20 B	838.3300	1.0000	0	-838	838	
10/29/20 B	235,171.9100	1.0000	0	-235,172	235,172	



# REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7949279

PAGE 151

## RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
11/03/20 B	20.2000	1.0000	0	-20	20	
11/03/20 B	78,516.4300	1.0000	0	-78,516	78,516	
11/10/20 B	456,062.9200	1.0000	0	-456,063 *	456,063	
11/18/20 B	55,537.0600	1.0000	0	-55,537	55,537	
11/24/20 B	134,643.2600	1.0000	0	-134,643	134,643	
11/27/20 B	222,043.7400	1.0000	0	-222,044	222,044	
12/01/20 B	195,313.3600	1.0000	0	-195,313	195,313	
12/02/20 B	26.8500	1.0000	0	-27	27	
12/02/20 B	79,687.8600	1.0000	0	-79,688	79,688	
12/10/20 B	223,801.3200	1.0000	0	-223,801	223,801	
12/15/20 B	168,976.3200	1.0000	0	-168,976	168,976	
12/16/20 B	76,444.9400	1.0000	0	-76,445	76,445	
12/22/20 B	2,675.7400	1.0000	0	-2,676	2,676	
12/23/20 B	379,602.9500	1.0000	0	-379,603 *	379,603	
12/24/20 B	901.0000	1.0000	0	-901	901	
12/31/20 B	146,215.3900	1.0000	0	-146,215	146,215	
SUB-TOTAL OF BUYS # 94			0	12,271,571	12,271,571	
01/02/20 S	35,940.7600	1.0000	0	35,941	35,941	0
01/03/20 S	24,881.5300	1.0000	0	24,882	24,882	0
01/07/20 S	176,988.5300	1.0000	0	176,989	176,989	0
01/08/20 S	282,976.9200	1.0000	0	282,977 *	282,977	0
01/09/20 S	982.6200	1.0000	0	983	983	0
01/14/20 S	152,608.0700	1.0000	0	152,608	152,608	0
01/15/20 S	182,490.4200	1.0000	0	182,490	182,490	0
01/16/20 S	126,144.1600	1.0000	0	126,144	126,144	0
01/17/20 S	88,124.6000	1.0000	0	88,125	88,125	0
01/21/20 S	17,506.8800	1.0000	0	17,507	17,507	0
01/22/20 S	108,332.9000	1.0000	0	108,333	108,333	0
01/23/20 S	75,550.5000	1.0000	0	75,551	75,551	0
01/27/20 S	118,271.0300	1.0000	0	118,271	118,271	0
01/29/20 S	193,061.3800	1.0000	0	193,061	193,061	0
01/30/20 S	117,378.9100	1.0000	0	117,379	117,379	0
01/31/20 S	146,474.0000	1.0000	0	146,474	146,474	0
02/03/20 S	118,505.9600	1.0000	0	118,506	118,506	0
02/04/20 S	150,245.3400	1.0000	0	150,245	150,245	0
02/05/20 S	207,690.5700	1.0000	0	207,691	207,691	0
02/06/20 S	120,536.8000	1.0000	0	120,537	120,537	0
02/07/20 S	140,815.6400	1.0000	0	140,816	140,816	0
02/10/20 S	971.2600	1.0000	0	971	971	0
02/11/20 S	148,975.1500	1.0000	0	148,975	148,975	0
02/12/20 S	232,320.2900	1.0000	0	232,320	232,320	0
02/14/20 S	97,789.5800	1.0000	0	97,790	97,790	0
02/18/20 S	99,628.1000	1.0000	0	99,628	99,628	0
02/19/20 S	298,089.0400	1.0000	0	298,089 *	298,089	0



## REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7949279

PAGE 152

## RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
02/21/20 S	167,863.4500	1.0000	0	167,863	167,863	0
02/24/20 S	142,855.1400	1.0000	0	142,855	142,855	0
02/25/20 S	166,828.4200	1.0000	0	166,828	166,828	0
02/26/20 S	31,808.7400	1.0000	0	31,809	31,809	0
02/27/20 S	64,973.1300	1.0000	0	64,973	64,973	0
02/28/20 S	182,339.0500	1.0000	0	182,339	182,339	0
03/02/20 S	187,648.5600	1.0000	0	187,649	187,649	0
03/03/20 S	156,290.3600	1.0000	0	156,290	156,290	0
03/04/20 S	197,213.4800	1.0000	0	197,213	197,213	0
03/05/20 S	107,627.7600	1.0000	0	107,628	107,628	0
03/06/20 S	127,775.3600	1.0000	0	127,775	127,775	0
03/09/20 S	622.2700	1.0000	0	622	622	0
03/09/20 S	138,133.7300	1.0000	0	138,134	138,134	0
03/11/20 S	206,229.1100	1.0000	0	206,229	206,229	0
03/13/20 S	102,786.1400	1.0000	0	102,786	102,786	0
03/16/20 S	127,233.6000	1.0000	0	127,234	127,234	0
03/17/20 S	105,226.7500	1.0000	0	105,227	105,227	0
03/18/20 S	173,623.8900	1.0000	0	173,624	173,624	0
03/19/20 S	102,057.4000	1.0000	0	102,057	102,057	0
03/20/20 S	151,081.9800	1.0000	0	151,082	151,082	0
03/24/20 S	116,789.3600	1.0000	0	116,789	116,789	0
03/27/20 S	105,519.3300	1.0000	0	105,519	105,519	0
03/31/20 S	230,130.7000	1.0000	0	230,131	230,131	0
04/01/20 S	135,035.6800	1.0000	0	135,036	135,036	0
04/02/20 S	87,236.8800	1.0000	0	87,237	87,237	0
04/03/20 S	77,424.1800	1.0000	0	77,424	77,424	0
04/06/20 S	76,553.1800	1.0000	0	76,553	76,553	0
04/08/20 S	239.3400	1.0000	0	239	239	0
04/08/20 S	164.5800	1.0000	0	165	165	0
04/14/20 S	83,726.5800	1.0000	0	83,727	83,727	0
04/15/20 S	93,367.9400	1.0000	0	93,368	93,368	0
04/16/20 S	56,204.6800	1.0000	0	56,205	56,205	0
04/21/20 S	97,571.0200	1.0000	0	97,571	97,571	0
04/22/20 S	103,864.9500	1.0000	0	103,865	103,865	0
04/23/20 S	82,647.6600	1.0000	0	82,648	82,648	0
04/27/20 S	76,537.3200	1.0000	0	76,537	76,537	0
04/29/20 S	106,160.6900	1.0000	0	106,161	106,161	0
05/01/20 S	70,123.6400	1.0000	0	70,124	70,124	0
05/04/20 S	57,696.6400	1.0000	0	57,697	57,697	0
05/05/20 S	65,592.6500	1.0000	0	65,593	65,593	0
05/06/20 S	94,051.1200	1.0000	0	94,051	94,051	0
05/07/20 S	61,597.3500	1.0000	0	61,597	61,597	0
05/08/20 S	75.6600	1.0000	0	76	76	0
05/11/20 S	54,805.3200	1.0000	0	54,805	54,805	0
05/13/20 S	81,406.7100	1.0000	0	81,407	81,407	0
05/18/20 S	46,099.4000	1.0000	0	46,099	46,099	0



# REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7949279

RAILROAD EMPLOYEES NATIONAL FSA

PAGE 153

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
05/19/20 S	63,368.4500	1.0000	0	63,368	63,368	0
05/20/20 S	88,407.9200	1.0000	0	88,408	88,408	0
05/21/20 S	53,527.8500	1.0000	0	53,528	53,528	0
05/26/20 S	50,230.0000	1.0000	0	50,230	50,230	0
05/27/20 S	108,632.4000	1.0000	0	108,632	108,632	0
05/29/20 S	72,962.0700	1.0000	0	72,962	72,962	0
06/01/20 S	57,825.6800	1.0000	0	57,826	57,826	0
06/02/20 S	77,425.3100	1.0000	0	77,425	77,425	0
06/03/20 S	87,803.1300	1.0000	0	87,803	87,803	0
06/04/20 S	45,476.1600	1.0000	0	45,476	45,476	0
06/05/20 S	66,559.1900	1.0000	0	66,559	66,559	0
06/08/20 S	106.0600	1.0000	0	106	106	0
06/08/20 S	57,401.7200	1.0000	0	57,402	57,402	0
06/15/20 S	109,869.1900	1.0000	0	109,869	109,869	0
06/22/20 S	46,203.7500	1.0000	0	46,204	46,204	0
06/23/20 S	58,869.2700	1.0000	0	58,869	58,869	0
06/24/20 S	75,718.4400	1.0000	0	75,718	75,718	0
06/26/20 S	83,947.7200	1.0000	0	83,948	83,948	0
06/29/20 S	60,544.3500	1.0000	0	60,544	60,544	0
06/30/20 S	160,512.9400	1.0000	0	160,513	160,513	0
07/01/20 S	251,371.3500	1.0000	0	251,371 *	251,371	0
07/01/20 S	86,646.1200	1.0000	0	86,646	86,646	0
07/08/20 S	121.9200	1.0000	0	122	122	0
07/08/20 S	92,468.6400	1.0000	0	92,469	92,469	0
07/09/20 S	45,979.4900	1.0000	0	45,979	45,979	0
07/13/20 S	42,287.1800	1.0000	0	42,287	42,287	0
07/16/20 S	41,974.2500	1.0000	0	41,974	41,974	0
07/20/20 S	53,844.4700	1.0000	0	53,844	53,844	0
07/21/20 S	54,118.2200	1.0000	0	54,118	54,118	0
07/22/20 S	70,206.7400	1.0000	0	70,207	70,207	0
07/23/20 S	45,321.1500	1.0000	0	45,321	45,321	0
07/27/20 S	50,593.4600	1.0000	0	50,593	50,593	0
07/28/20 S	66,606.7400	1.0000	0	66,607	66,607	0
07/29/20 S	84,159.4400	1.0000	0	84,159	84,159	0
07/31/20 S	56,563.1800	1.0000	0	56,563	56,563	0
08/03/20 S	51,555.0300	1.0000	0	51,555	51,555	0
08/04/20 S	52,263.2400	1.0000	0	52,263	52,263	0
08/05/20 S	52,444.9500	1.0000	0	52,445	52,445	0
08/06/20 S	30,592.9700	1.0000	0	30,593	30,593	0
08/07/20 S	45,834.8300	1.0000	0	45,835	45,835	0
08/10/20 S	195.0900	1.0000	0	195	195	0
08/11/20 S	44,048.0900	1.0000	0	44,048	44,048	0
08/12/20 S	35,770.4700	1.0000	0	35,770	35,770	0
08/14/20 S	7,286.2600	1.0000	0	7,286	7,286	0
08/17/20 S	35,434.1300	1.0000	0	35,434	35,434	0
08/18/20 S	42,905.3600	1.0000	0	42,905	42,905	0





## REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7949279

PAGE 154

## RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
08/20/20 S	37,952.6700	1.0000	0	37,953	37,953	0
08/21/20 S	44,997.4200	1.0000	0	44,997	44,997	0
08/24/20 S	46,892.0700	1.0000	0	46,892	46,892	0
08/28/20 S	31,980.3600	1.0000	0	31,980	31,980	0
08/31/20 S	33,370.2300	1.0000	0	33,370	33,370	0
09/01/20 S	17,067.6600	1.0000	0	17,068	17,068	0
09/02/20 S	53,935.1000	1.0000	0	53,935	53,935	0
09/03/20 S	30,704.3800	1.0000	0	30,704	30,704	0
09/04/20 S	28,965.5900	1.0000	0	28,966	28,966	0
09/08/20 S	26,070.7800	1.0000	0	26,071	26,071	0
09/09/20 S	244.0600	1.0000	0	244	244	0
09/11/20 S	38,929.1500	1.0000	0	38,929	38,929	0
09/14/20 S	35,523.1800	1.0000	0	35,523	35,523	0
09/15/20 S	25,902.6500	1.0000	0	25,903	25,903	0
09/16/20 S	45,937.2400	1.0000	0	45,937	45,937	0
09/18/20 S	31,869.6900	1.0000	0	31,870	31,870	0
09/21/20 S	37,277.5600	1.0000	0	37,278	37,278	0
09/22/20 S	34,094.9300	1.0000	0	34,095	34,095	0
09/23/20 S	47,075.5400	1.0000	0	47,076	47,076	0
09/30/20 S	58,515.1900	1.0000	0	58,515	58,515	0
10/01/20 S	23,141.8500	1.0000	0	23,142	23,142	0
10/02/20 S	16,925.8500	1.0000	0	16,926	16,926	0
10/05/20 S	28,351.7200	1.0000	0	28,352	28,352	0
10/06/20 S	27,843.0200	1.0000	0	27,843	27,843	0
10/08/20 S	354.9100	1.0000	0	355	355	0
10/08/20 S	23,452.6800	1.0000	0	23,453	23,453	0
10/13/20 S	21,278.5100	1.0000	0	21,279	21,279	0
10/14/20 S	70,820.4200	1.0000	0	70,820	70,820	0
10/16/20 S	58,097.0900	1.0000	0	58,097	58,097	0
10/20/20 S	38,801.3300	1.0000	0	38,801	38,801	0
10/22/20 S	17,297.6400	1.0000	0	17,298	17,298	0
10/26/20 S	26,094.8700	1.0000	0	26,095	26,095	0
10/28/20 S	34,407.0800	1.0000	0	34,407	34,407	0
10/28/20 S	52,613.0200	1.0000	0	52,613	52,613	0
10/30/20 S	71,985.3400	1.0000	0	71,985	71,985	0
11/02/20 S	26,529.0800	1.0000	0	26,529	26,529	0
11/04/20 S	34,311.3600	1.0000	0	34,311	34,311	0
11/05/20 S	22,919.8000	1.0000	0	22,920	22,920	0
11/06/20 S	31,920.6800	1.0000	0	31,921	31,921	0
11/09/20 S	510.6100	1.0000	0	511	511	0
11/09/20 S	25,812.1800	1.0000	0	25,812	25,812	0
11/12/20 S	35,360.7800	1.0000	0	35,361	35,361	0
11/13/20 S	20,118.6300	1.0000	0	20,119	20,119	0
11/16/20 S	39,828.4000	1.0000	0	39,828	39,828	0
11/17/20 S	11,656.7100	1.0000	0	11,657	11,657	0
11/19/20 S	21,636.7400	1.0000	0	21,637	21,637	0



## REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7949279

RAILROAD EMPLOYEES NATIONAL FSA

PAGE 155

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
11/20/20 S	17,275.7700	1.0000	0	17,276	17,276	0
11/23/20 S	24,171.4300	1.0000	0	24,171	24,171	0
11/25/20 S	32,740.0800	1.0000	0	32,740	32,740	0
11/30/20 S	60,892.1600	1.0000	0	60,892	60,892	0
12/03/20 S	13,844.3400	1.0000	0	13,844	13,844	0
12/04/20 S	31,738.4600	1.0000	0	31,738	31,738	0
12/07/20 S	21,242.6400	1.0000	0	21,243	21,243	0
12/08/20 S	651.3200	1.0000	0	651	651	0
12/08/20 S	35,215.6400	1.0000	0	35,216	35,216	0
12/09/20 S	43,044.0200	1.0000	0	43,044	43,044	0
12/11/20 S	29,408.1400	1.0000	0	29,408	29,408	0
12/14/20 S	21,604.3000	1.0000	0	21,604	21,604	0
12/17/20 S	19,629.1400	1.0000	0	19,629	19,629	0
12/18/20 S	23,598.7400	1.0000	0	23,599	23,599	0
12/21/20 S	27,006.8800	1.0000	0	27,007	27,007	0
12/28/20 S	29,211.0300	1.0000	0	29,211	29,211	0
12/28/20 S	26,285.8500	1.0000	0	26,286	26,286	0
12/29/20 S	37,244.6600	1.0000	0	37,245	37,245	0
12/30/20 S	14,196.5100	1.0000	0	14,197	14,197	0
SUB-TOTAL OF SALES # 184			0	13,028,482	13,028,482	0
SUB-TOTAL			0	25,300,053	25,300,053	0
GRAND TOTAL			0	25,300,053	25,300,053	0

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

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



## REPORTABLE TRANSACTIONS WORKSHEET

1/1/20 THROUGH 12/31/20

ACCOUNT 7949279

PAGE 156

RAILROAD EMPLOYEES NATIONAL FSA

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

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

Form

# 5558

(Rev. September 2018)

Department of the Treasury  
Internal Revenue Service

# 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	
1. Name of the entity	
2. Address	
3. City	
4. State	
5. Zip	
6. Date of formation	
7. Tax year	
8. EIN	
9. DUNS number	
10. SIC code	
11. NAICS code	
12. Industry	
13. Business description	
14. Principal products or services	
15. Principal markets	
16. Principal customers	
17. Principal suppliers	
18. Principal competitors	
19. Principal risks	
20. Principal opportunities	
21. Principal strengths	
22. Principal weaknesses	
23. Principal threats	
24. Principal opportunities	
25. Principal strengths	
26. Principal weaknesses	
27. Principal threats	
28. Principal opportunities	
29. Principal strengths	
30. Principal weaknesses	
31. Principal threats	
32. Principal opportunities	
33. Principal strengths	
34. Principal weaknesses	
35. Principal threats	
36. Principal opportunities	
37. Principal strengths	
38. Principal weaknesses	
39. Principal threats	
40. Principal opportunities	
41. Principal strengths	
42. Principal weaknesses	
43. Principal threats	
44. Principal opportunities	
45. Principal strengths	
46. Principal weaknesses	
47. Principal threats	
48. Principal opportunities	
49. Principal strengths	
50. Principal weaknesses	
51. Principal threats	
52. Principal opportunities	
53. Principal strengths	
54. Principal weaknesses	
55. Principal threats	
56. Principal opportunities	
57. Principal strengths	
58. Principal weaknesses	
59. Principal threats	
60. Principal opportunities	
61. Principal strengths	
62. Principal weaknesses	
63. Principal threats	
64. Principal opportunities	
65. Principal strengths	
66. Principal weaknesses	
67. Principal threats	
68. Principal opportunities	
69. Principal strengths	
70. Principal weaknesses	
71. Principal threats	
72. Principal opportunities	
73. Principal strengths	
74. Principal weaknesses	
75. Principal threats	
76. Principal opportunities	
77. Principal strengths	
78. Principal weaknesses	
79. Principal threats	
80. Principal opportunities	
81. Principal strengths	
82. Principal weaknesses	
83. Principal threats	
84. Principal opportunities	
85. Principal strengths	
86. Principal weaknesses	
87. Principal threats	
88. Principal opportunities	
89. Principal strengths	
90. Principal weaknesses	
91. Principal threats	
92. Principal opportunities	
93. Principal strengths	
94. Principal weaknesses	
95. Principal threats	
96. Principal opportunities	
97. Principal strengths	
98. Principal weaknesses	
99. Principal threats	
100. Principal opportunities	

<b>A</b> Name of filer, plan administrator, or plan sponsor (see instructions)  <b>NATIONAL CARRIERS' CONFERENCE COMMITTEE</b>  Number, street, and room or suite no. (If a P.O. box, see instructions) <b>251 - 18TH STREET, SOUTH, SUITE 750</b>  City or town, state, and ZIP code <b>ARLINGTON, VA 22202</b>	<b>B Filer's identifying number (see instructions)</b>  Employer identification number (EIN) (9 digits XX-XXXXXXX) <b>52-1036399</b>  <hr/> Social security number (SSN) (9 digits XXX-XX-XXXX) <hr/>			
<b>C</b> Plan name  <b>RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE S</b>	<b>Plan number</b>  <b>512</b>	<b>Plan year ending -</b> <b>MM</b>  <b>12</b>	<b>DD</b>  <b>31</b>	<b>YYYY</b>  <b>2020</b>

<b>Part II</b>	<b>Extension of Time To File Form 5500 Series, and/or Form 8955-SSA</b>
----------------	---

- 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:**

[illegible]

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

**Signature** ▶

Date ►

**Form 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.)
- ☐ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: ☐ 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>RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>512</b>
	<b>1c</b> Effective date of plan <b>01/01/2013</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>		<b>10.14.2021</b>	<b>BRENDAN M. BRANON</b>
	Signature of plan administrator	Date	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="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>	8,863
<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>	8,863
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	8,505
<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>	8,505
<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>	26

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

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

**4A**

<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
---	---

**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 \_\_\_\_\_