

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan: RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN
1b Three-digit plan number (PN): 512
1c Effective date of plan: 01/01/2013
2a Plan sponsor's name: NATIONAL CARRIERS' CONFERENCE COMMITTEE
2b Employer Identification Number (EIN): 52-1036399
2c Plan Sponsor's telephone number: 571-336-7600
2d Business code: 482110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	10087
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	10087
	6a(2)	10794
	6b	
	6c	
	6d	10794
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	29

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN	B Three-digit plan number (PN) ▶	512
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CARRIERS' CONFERENCE COMMITTEE	D Employer Identification Number (EIN) 52-1036399	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

UNITEDHEALTHCARE

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	484223	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)

WITHUMSMITH+BROWN, P.C.

22-2027092

(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?
15	NONE	113976	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)

CLOVER PRINTING

87-3759314

(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?
36	NONE	20882	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)

TRUIST BANK

56-1074313

(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	7643	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN	B Three-digit plan number (PN) ▶ 512
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL CARRIERS' CONFERENCE COMMITTEE	D Employer Identification Number (EIN) 52-1036399

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	65674
(3) Other	1b(3)	25906
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7698161
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6528194	7789741
Liabilities			
g Benefit claims payable.....	1g	672408	753182
h Operating payables.....	1h	103356	744779
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	775764	1497961
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5752430	6291780

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1019610	
(B) Participants.....	2a(1)(B)	26531846	
(C) Others (including rollovers).....	2a(1)(C)	8979	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		27560435
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	147848	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		147848
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		27708283

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26542209	
(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)		26542209
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	484223	
(3) Recordkeeping fees	2i(3)	72726	
(4) IQPA audit fees	2i(4)	41250	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	7643	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	20882	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		626724
j Total expenses. Add all expense amounts in column (b) and enter total	2j		27168933

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		539350
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: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	X		263424
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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 _____.

RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

EIN 52-1036399

Plan No. 512

Plan Year Ended December 31, 2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

EIN 52-1036399

Plan No. 512

Plan Year Ended December 31, 2024

**Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

EIN 52-1036399

Plan No. 512

Plan Year Ended December 31, 2024

**Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN

EIN 52-1036399

Plan No. 512

Plan Year Ended December 31, 2024

**Form 5500, Schedule H, Part IV, Line 4a
Schedule of Delinquent Participant Contributions**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

**THE RAILROAD EMPLOYEES NATIONAL
HEALTH FLEXIBLE SPENDING ACCOUNT PLAN
Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Report**

The Railroad Employees National Health Flexible Spending Account Plan
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December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the National Carriers' Conference Committee of
The Railroad Employees National Health Flexible Spending Account Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed the audits of the financial statements of The Railroad Employees National Health Flexible Spending Account Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of The Railroad Employees National Health Flexible Spending Account Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (“GAAS”). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Railroad Employees National Health Flexible Spending Account Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for 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. Management’s election of the ERISA Section 103(a)(3)(C) audit does not affect management’s responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Railroad Employees National Health Flexible Spending Account Plan’s ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan’s transactions that are presented and disclosed in the financial statements are in conformity with the plan’s provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor’s Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Railroad Employees National Health Flexible Spending Account Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The Railroad Employees National Health Flexible Spending Account Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4a - Schedule of Delinquent Participant Contributions, Schedule H, Line 4i - Schedule of Assets (Held at End of Year), and Schedule H, Line 4j - Schedule of Reportable Transactions as of or for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Withum Smith + Brown, PC

October 10, 2025

**The Railroad Employees National Health Flexible Spending Account Plan
 Statements of Net Assets Available for Benefits
 December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value	\$ 7,698,161	\$ 6,359,123
Receivables		
Participants' contributions	65,674	143,165
Accrued interest	<u>25,906</u>	<u>25,906</u>
	<u>91,580</u>	<u>169,071</u>
Total assets	<u>7,789,741</u>	<u>6,528,194</u>
Liabilities		
Accounts payable	<u>744,779</u>	<u>103,356</u>
Total liabilities	<u>744,779</u>	<u>103,356</u>
Net assets available for benefits	<u>\$ 7,044,962</u>	<u>\$ 6,424,838</u>

The Notes to Financial Statements are an integral part of these statements.

**The Railroad Employees National Health Flexible Spending Account Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024**

Additions

Investment income	
Interest income	\$ 147,848
Less: Investment expenses	<u>(7,643)</u>
	<u>140,205</u>
Contributions	
Participants' contributions	26,294,032
Participating railroads' contributions	1,019,610
Participants' COBRA contributions	237,814
Other	<u>8,979</u>
	<u>27,560,435</u>
Total additions	<u>27,700,640</u>

Deductions

Benefits paid to or for participants, beneficiaries, and dependents	
Claims paid	26,461,435
Administrative expenses	<u>619,081</u>
Total deductions	<u>27,080,516</u>

Net change in net assets available for benefits 620,124

Net assets available for benefits

Beginning of year	<u>6,424,838</u>
End of year	<u>\$ 7,044,962</u>

The Notes to Financial Statements are an integral part of this statement.

**The Railroad Employees National Health Flexible Spending Account Plan
Statements of Plan Benefit Obligations
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants, beneficiaries, and dependents		
Claims payable	<u>\$ 753,182</u>	<u>\$ 672,408</u>

The Notes to Financial Statements are an integral part of these statements.

**The Railroad Employees National Health Flexible Spending Account Plan
Statement of Changes in Plan Benefit Obligations
Year Ended December 31, 2024**

Amounts currently payable to or for participants,
beneficiaries, and dependents

Claims payable

Balance at beginning of year	\$ 672,408
Claims reported and approved for payment	26,542,209
Claims paid	<u>(26,461,435)</u>
Balance at end of year	<u>\$ 753,182</u>

The Notes to Financial Statements are an integral part of this statement.

The Railroad Employees National Health Flexible Spending Account Plan

Notes to Financial Statements

December 31, 2024 and 2023

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 on 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 following the close of the Plan year.

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

December 31, 2024 and 2023

Forfeitures

In addition to the forfeitures noted above, any balance remaining in the participant's account as of March 31 for the preceding Plan year, December 31, will be forfeited by the participant and will remain in the Plan to defray reasonable administrative costs.

Period of Coverage

In general, the period of coverage for a participant shall commence on January 1 and terminate on December 31 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 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 Trust established under the Plan to hold the Plan's assets received an exemption letter from the Internal Revenue Service ("IRS") stating that the Trust is tax-exempt under the provisions of Section 501(c)9 of the Internal Revenue Code ("IRC"). However, as a result of the Plan's funding policy, from time to time the Trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 for unrelated business taxable income.

In addition, the Plan and the Trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the Trust. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related Trust is tax-exempt.

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

Plan Termination

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

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 ("U.S. GAAP").

The Railroad Employees National Health Flexible Spending Account Plan

Notes to Financial Statements

December 31, 2024 and 2023

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP 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 Credit Losses

The carrying amount of participants' contributions receivable is reduced by an allowance for credit losses that reflects management's best estimate of the amounts that will not be collected. Factors which influence management's judgement in determining the appropriate allowance for credit losses include past collection experience, industry standards, current economic conditions, and expected future economic conditions. As of December 31, 2024 and 2023, the allowance was \$0.

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, 2024.

Administrative Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

Forfeitures

Forfeitures are recorded in the year in which they occur.

The Railroad Employees National Health Flexible Spending Account Plan
Notes to Financial Statements
December 31, 2024 and 2023

Subsequent Events

The Plan Administrator has evaluated subsequent events through October 10, 2025, the date the financial statements were available to be issued.

3. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The following is a summary of the Plan's investment information as of December 31, 2024 and 2023, and for the year ended December 31, 2024, included throughout the Plan's financial statements and ERISA-required supplemental schedules, obtained by management and agreed to or derived from information certified by Truist Bank, the Trustee of the Plan. The Plan Administrator has obtained certifications from the Trustee that information provided to the Plan Administrator by the Trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.130-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information that appears throughout the financial statements and ERISA-required supplemental schedules related to the following assets:

	<u>2024</u>	<u>2023</u>
Investments at fair value		
Money market fund	<u>\$ 7,698,161</u>	<u>\$ 6,359,123</u>

Truist Bank also certified to the completeness and accuracy of \$147,848 of interest related to the aforementioned plan assets for the year ended December 31, 2024.

4. FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

The Railroad Employees National Health Flexible Spending Account Plan
Notes to Financial Statements
December 31, 2024 and 2023

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, 2024 and 2023 is as follows:

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

The following tables present by level, within the fair value hierarchy, the Plan's assets measured at fair value as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 7,698,161	\$ -	\$ -	\$ 7,698,161
Total assets at fair value	\$ 7,698,161	\$ -	\$ -	\$ 7,698,161

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 6,359,123	\$ -	\$ -	\$ 6,359,123
Total assets at fair value	\$ 6,359,123	\$ -	\$ -	\$ 6,359,123

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 for the preceding Plan year, December 31. Forfeitures related to uncashed benefit checks amount to approximately \$309,600 and \$301,491, as of and for the years ended December 31, 2024 and 2023, respectively. Forfeitures related to unused participant account balances amounted to approximately \$286,491 as of March 31, 2025, which related to the year ended December 31, 2024. Forfeitures related to unused participant account balances amounted to approximately \$244,793 as of March 31, 2024, which related to the year ended December 31, 2023. These forfeitures were used to defray reasonable administrative costs of the Plan.

The Railroad Employees National Health Flexible Spending Account Plan
Notes to Financial Statements
December 31, 2024 and 2023

6. CONCENTRATION OF PARTICIPATING RAILROADS

There are approximately 30 railroads participating in the Plan, of which participants of four railroads comprised approximately 89% and 90% of the total Plan population for the years ended December 31, 2024 and 2023, respectively, as illustrated in the following table:

	Percentage of Total Plan Activity	
	2024	2023
Railroad		
A	33.3%	33.7%
B	30.3%	31.0%
C	13.9%	13.6%
D	11.6%	11.6%

7. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2024 and 2023 financial statements to the Form 5500:

	2024	2023
Net assets available for benefits as reported		
within the financial statements	\$ 7,044,962	\$ 6,424,838
Benefit obligations currently payable	<u>(753,182)</u>	<u>(672,408)</u>
Net assets available for benefits as reported		
within the Form 5500	<u>\$ 6,291,780</u>	<u>\$ 5,752,430</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500 for the year ended December 31, 2024:

Benefits paid to or for participants as	
reported within the financial statements	\$ 26,461,435
Add: Current benefit obligations, end of year	753,182
Less: Current benefit obligations, beginning of year	<u>(672,408)</u>
Benefits paid to or for participants as reported	
within the Form 5500	<u>\$ 26,542,209</u>

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

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 Truist Bank, the Trustee of the Plan, for certain Plan assets invested in money market funds. These transactions are exempt from the prohibited transaction rules of ERISA.

The Railroad Employees National Health Flexible Spending Account Plan
Notes to Financial Statements
December 31, 2024 and 2023

9. 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, 2024 and 2023, there were \$309,600 and \$301,491, 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, 2024 and 2023 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.

10. RISKS AND UNCERTAINTIES

The Plan invests in money market funds with Truist 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 marketplace, 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 H, Line 4a - Schedule of Delinquent Participant Contributions
EIN #52-1036399, Plan #512
Year Ended December 31, 2024

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check Here if Late Participant Loan Repayments Are Included: <input type="checkbox"/>	\$ -	\$ 151,868	\$ -	\$ -
	\$ -	\$ 46,546	\$ -	\$ -
	\$ -	\$ 28,233	\$ -	\$ -
	\$ -	\$ 27,277	\$ -	\$ -
	\$ -	\$ 85	\$ -	\$ -
	\$ -	\$ 85	\$ -	\$ -
	\$ -	\$ 85	\$ -	\$ -
	\$ -	\$ 85	\$ -	\$ -
	\$ -	\$ 85	\$ -	\$ -
	\$ -	\$ 85	\$ -	\$ -
	\$ -	\$ 85	\$ -	\$ -
	\$ -	\$ 85	\$ -	\$ -
	\$ -	\$ 85	\$ -	\$ -
	\$ -	\$ 85	\$ -	\$ -
	\$ -	\$ 177	\$ -	\$ -
	\$ -	\$ 177	\$ -	\$ -
	\$ -	\$ 119	\$ -	\$ -
	\$ -	\$ 506	\$ -	\$ -
	\$ -	\$ 506	\$ -	\$ -
	\$ -	\$ 3,320	\$ -	\$ -
	\$ -	\$ 3,320	\$ -	\$ -
	\$ -	\$ 88	\$ -	\$ -
	\$ -	\$ 88	\$ -	\$ -
	\$ -	\$ 88	\$ -	\$ -
	\$ -	\$ 88	\$ -	\$ -
	\$ -	\$ 88	\$ -	\$ -

See Independent Auditor's Report.

The Railroad Employees National Health Flexible Spending Account Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #52-1036399, Plan #512
December 31, 2024

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
<i>Cash and cash equivalents</i>				
* Truist Bank	Money Market Fund			
Account 70-04-102-7949279	Federated Hermes Trsy Oblig Mmkt Instl #68	<u>\$ 7,698,161</u>	<u>\$ 7,698,161</u>	

* Known party-in-interest to the Plan.

See Independent Auditor's Report.

**The Railroad Employees National Health Flexible Spending Account Plan
 Schedule H, Line 4j - Schedule of Reportable Transactions
 EIN #52-1036399, Plan #512
 Year Ended December 31, 2024**

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Assets</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(g) <u>Asset Cost</u>	(h) <u>Current Value</u>
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Truist Bank
 Account 70-04-102-7949279 (See attached schedule as prepared and reported by Truist Bank.)

REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7949279

RAILROAD EMPLOYEES NATIONAL FSA

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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
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BEGINNING MARKET VALUE 6,385,029.34
 COMPARATIVE VALUE (5%) 319,251.47

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
01/04/24 B	323,735.5600	1.0000	0	-323,736 *	323,736	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
01/17/24 S	533,175.8000	1.0000	0	533,176 *	533,176	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
01/18/24 S	532,975.8000	1.0000	0	532,976 *	532,976	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
01/25/24 B	542,139.4400	1.0000	0	-542,139 *	542,139	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
02/09/24 B	780,729.3800	1.0000	0	-780,729 *	780,729	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
02/29/24 S	330,973.0000	1.0000	0	330,973 *	330,973	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
03/08/24 B	366,615.2900	1.0000	0	-366,615 *	366,615	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
03/11/24 S	329,300.3600	1.0000	0	329,300 *	329,300	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
03/27/24 S	352,211.4700	1.0000	0	352,211 *	352,211	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
05/13/24 B	380,938.1300	1.0000	0	-380,938 *	380,938	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
05/21/24 B	471,894.9000	1.0000	0	-471,895 *	471,895	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
05/22/24 S	365,151.1800	1.0000	0	365,151 *	365,151	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
06/20/24 B	360,880.5200	1.0000	0	-360,881 *	360,881	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
07/05/24 B	333,225.7200	1.0000	0	-333,226 *	333,226	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
08/06/24 B	437,772.6500	1.0000	0	-437,773 *	437,773	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
08/08/24 B	379,561.6200	1.0000	0	-379,562 *	379,562	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
08/21/24 B	419,022.4000	1.0000	0	-419,022 *	419,022	



REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7949279

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RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
09/06/24 B	351,895.1600	1.0000	0	-351,895 *	351,895	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
09/09/24 B	327,253.0600	1.0000	0	-327,253 *	327,253	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
09/20/24 B	358,719.5300	1.0000	0	-358,720 *	358,720	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
09/26/24 B	327,090.9800	1.0000	0	-327,091 *	327,091	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
10/07/24 B	340,416.0100	1.0000	0	-340,416 *	340,416	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
10/10/24 B	362,620.9400	1.0000	0	-362,621 *	362,621	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
10/28/24 B	940,388.0400	1.0000	0	-940,388 *	940,388	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
10/31/24 S	512,313.6900	1.0000	0	512,314 *	512,314	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/08/24 B	328,940.8400	1.0000	0	-328,941 *	328,941	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/25/24 B	335,796.4600	1.0000	0	-335,796 *	335,796	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
12/10/24 B	358,239.3700	1.0000	0	-358,239 *	358,239	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
12/20/24 B	518,718.3100	1.0000	0	-518,718 *	518,718	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
12/23/24 B	323,199.6100	1.0000	0	-323,200 *	323,200	
GRAND TOTAL			0	12,625,895	12,625,895	0

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

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

REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7949279

RAILROAD EMPLOYEES NATIONAL FSA

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

ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68

01/03/24 B	25,906.0300	1.0000	0	-25,906	25,906
01/04/24 B	323,735.5600	1.0000	0	-323,736 *	323,736
01/10/24 B	116,739.8400	1.0000	0	-116,740	116,740
01/11/24 B	20,414.2600	1.0000	0	-20,414	20,414
01/16/24 B	4,529.3300	1.0000	0	-4,529	4,529
01/22/24 B	170,033.0300	1.0000	0	-170,033	170,033
01/25/24 B	542,139.4400	1.0000	0	-542,139 *	542,139
01/26/24 B	68,776.8300	1.0000	0	-68,777	68,777
02/02/24 B	24,783.0200	1.0000	0	-24,783	24,783
02/06/24 B	168,411.3700	1.0000	0	-168,411	168,411
02/09/24 B	780,729.3800	1.0000	0	-780,729 *	780,729
02/15/24 B	201,951.2200	1.0000	0	-201,951	201,951
02/23/24 B	304,972.2000	1.0000	0	-304,972	304,972
03/04/24 B	17,939.7200	1.0000	0	-17,940	17,940
03/06/24 B	87,735.9700	1.0000	0	-87,736	87,736
03/08/24 B	366,615.2900	1.0000	0	-366,615 *	366,615
03/20/24 B	145,648.7300	1.0000	0	-145,649	145,649
03/21/24 B	43,837.9500	1.0000	0	-43,838	43,838
03/25/24 B	229,997.7700	1.0000	0	-229,998	229,998
04/02/24 B	10,577.2000	1.0000	0	-10,577	10,577
04/03/24 B	73,673.5900	1.0000	0	-73,674	73,674
04/04/24 B	175,987.1900	1.0000	0	-175,987	175,987
04/10/24 B	170,882.0800	1.0000	0	-170,882	170,882
04/16/24 B	44,659.5200	1.0000	0	-44,660	44,660
04/17/24 B	47,927.4900	1.0000	0	-47,927	47,927
04/22/24 B	220,857.4200	1.0000	0	-220,857	220,857
04/25/24 B	313,496.7600	1.0000	0	-313,497	313,497
04/30/24 B	34,566.0000	1.0000	0	-34,566	34,566
05/02/24 B	3,229.5700	1.0000	0	-3,230	3,230
05/03/24 B	68,216.7900	1.0000	0	-68,217	68,217
05/06/24 B	220,283.8000	1.0000	0	-220,284	220,284
05/10/24 B	10,000.0000	1.0000	0	-10,000	10,000
05/13/24 B	380,938.1300	1.0000	0	-380,938 *	380,938
05/14/24 B	41,957.7400	1.0000	0	-41,958	41,958
05/17/24 B	212,952.9900	1.0000	0	-212,953	212,953
05/21/24 B	471,894.9000	1.0000	0	-471,895 *	471,895
05/23/24 B	290,945.6300	1.0000	0	-290,946	290,946
06/04/24 B	1,453.6600	1.0000	0	-1,454	1,454
06/05/24 B	531.2400	1.0000	0	-531	531
06/06/24 B	297,523.0000	1.0000	0	-297,523	297,523



REPORTABLE TRANSACTIONS WORKSHEET

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RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
06/10/24 B	292,563.2500	1.0000	0	-292,563	292,563	
06/20/24 B	360,880.5200	1.0000	0	-360,881 *	360,881	
06/21/24 B	219,950.4300	1.0000	0	-219,950	219,950	
06/24/24 B	281,137.5200	1.0000	0	-281,138	281,138	
06/25/24 B	64,189.6100	1.0000	0	-64,190	64,190	
07/02/24 B	1,739.9000	1.0000	0	-1,740	1,740	
07/05/24 B	333,225.7200	1.0000	0	-333,226 *	333,226	
07/09/24 B	33,306.4600	1.0000	0	-33,306	33,306	
07/10/24 B	303,104.1600	1.0000	0	-303,104	303,104	
07/12/24 B	5,355.3100	1.0000	0	-5,355	5,355	
07/17/24 B	158,814.5300	1.0000	0	-158,815	158,815	
07/19/24 B	275,784.1700	1.0000	0	-275,784	275,784	
07/23/24 B	76,592.3700	1.0000	0	-76,592	76,592	
07/25/24 B	304,888.8100	1.0000	0	-304,889	304,889	
07/26/24 B	2,860.5600	1.0000	0	-2,861	2,861	
08/02/24 B	4,783.2200	1.0000	0	-4,783	4,783	
08/06/24 B	437,772.6500	1.0000	0	-437,773 *	437,773	
08/08/24 B	379,561.6200	1.0000	0	-379,562 *	379,562	
08/12/24 B	22,958.8500	1.0000	0	-22,959	22,959	
08/20/24 B	175,256.8300	1.0000	0	-175,257	175,257	
08/21/24 B	419,022.4000	1.0000	0	-419,022 *	419,022	
08/23/24 B	53,134.3200	1.0000	0	-53,134	53,134	
08/26/24 B	289,430.1400	1.0000	0	-289,430	289,430	
09/04/24 B	7,958.1300	1.0000	0	-7,958	7,958	
09/05/24 B	123,140.9000	1.0000	0	-123,141	123,141	
09/06/24 B	351,895.1600	1.0000	0	-351,895 *	351,895	
09/09/24 B	327,253.0600	1.0000	0	-327,253 *	327,253	
09/17/24 B	90,904.9800	1.0000	0	-90,905	90,905	
09/18/24 B	185,422.2500	1.0000	0	-185,422	185,422	
09/20/24 B	358,719.5300	1.0000	0	-358,720 *	358,720	
09/26/24 B	327,090.9800	1.0000	0	-327,091 *	327,091	
10/02/24 B	11,947.6400	1.0000	0	-11,948	11,948	
10/03/24 B	61,411.7800	1.0000	0	-61,412	61,412	
10/04/24 B	33,859.0300	1.0000	0	-33,859	33,859	
10/07/24 B	340,416.0100	1.0000	0	-340,416 *	340,416	
10/10/24 B	362,620.9400	1.0000	0	-362,621 *	362,621	
10/18/24 B	274,640.0000	1.0000	0	-274,640	274,640	
10/18/24 B	189,091.8600	1.0000	0	-189,092	189,092	
10/21/24 B	21,062.8600	1.0000	0	-21,063	21,063	
10/22/24 B	293,450.4100	1.0000	0	-293,450	293,450	
10/28/24 B	940,388.0400	1.0000	0	-940,388 *	940,388	
11/01/24 B	86,335.9400	1.0000	0	-86,336	86,336	
11/04/24 B	16,804.4200	1.0000	0	-16,804	16,804	
11/05/24 B	5,720.9200	1.0000	0	-5,721	5,721	
11/06/24 B	274,357.2600	1.0000	0	-274,357	274,357	
11/07/24 B	10,260.7100	1.0000	0	-10,261	10,261	

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ACCOUNT 7949279

RAILROAD EMPLOYEES NATIONAL FSA

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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
11/08/24 B	328,940.8400	1.0000	0	-328,941 *	328,941	
11/13/24 B	86,014.9200	1.0000	0	-86,015	86,015	
11/19/24 B	273,455.3300	1.0000	0	-273,455	273,455	
11/21/24 B	303,622.9900	1.0000	0	-303,623	303,623	
11/25/24 B	335,796.4600	1.0000	0	-335,796 *	335,796	
12/02/24 B	2,436.6500	1.0000	0	-2,437	2,437	
12/03/24 B	20,725.6700	1.0000	0	-20,726	20,726	
12/05/24 B	306,015.6300	1.0000	0	-306,016	306,016	
12/10/24 B	358,239.3700	1.0000	0	-358,239 *	358,239	
12/11/24 B	109,119.6200	1.0000	0	-109,120	109,120	
12/13/24 B	29,687.7400	1.0000	0	-29,688	29,688	
12/17/24 B	3,614.3000	1.0000	0	-3,614	3,614	
12/18/24 B	320.0000	1.0000	0	-320	320	
12/20/24 B	518,718.3100	1.0000	0	-518,718 *	518,718	
12/23/24 B	323,199.6100	1.0000	0	-323,200 *	323,200	
12/24/24 B	153,358.7400	1.0000	0	-153,359	153,359	
12/26/24 B	176,834.3700	1.0000	0	-176,834	176,834	
12/27/24 B	20,905.4200	1.0000	0	-20,905	20,905	
SUB-TOTAL OF BUYS # 104			0	19,279,525	19,279,525	
01/02/24 S	38,598.4800	1.0000	0	38,598	38,598	0
01/03/24 S	167,653.8200	1.0000	0	167,654	167,654	0
01/05/24 S	105,254.8400	1.0000	0	105,255	105,255	0
01/08/24 S	259,726.4400	1.0000	0	259,726	259,726	0
01/09/24 S	1,258.5400	1.0000	0	1,259	1,259	0
01/09/24 S	237,725.1500	1.0000	0	237,725	237,725	0
01/12/24 S	56,069.7000	1.0000	0	56,070	56,070	0
01/17/24 S	533,175.8000	1.0000	0	533,176 *	533,176	0
01/18/24 S	532,975.8000	1.0000	0	532,976 *	532,976	0
01/19/24 S	137,609.1500	1.0000	0	137,609	137,609	0
01/23/24 S	223,578.0600	1.0000	0	223,578	223,578	0
01/24/24 S	6,545.6400	1.0000	0	6,546	6,546	0
01/29/24 S	86,959.3400	1.0000	0	86,959	86,959	0
01/30/24 S	151,355.2000	1.0000	0	151,355	151,355	0
01/31/24 S	304,718.8200	1.0000	0	304,719	304,719	0
02/01/24 S	146,990.8100	1.0000	0	146,991	146,991	0
02/02/24 S	177,136.1800	1.0000	0	177,136	177,136	0
02/05/24 S	179,575.3600	1.0000	0	179,575	179,575	0
02/07/24 S	82,918.1800	1.0000	0	82,918	82,918	0
02/08/24 S	1,227.3300	1.0000	0	1,227	1,227	0
02/08/24 S	159,843.9900	1.0000	0	159,844	159,844	0
02/12/24 S	141,544.1800	1.0000	0	141,544	141,544	0
02/13/24 S	229,566.4400	1.0000	0	229,566	229,566	0
02/14/24 S	252,167.8700	1.0000	0	252,168	252,168	0
02/16/24 S	251,045.5400	1.0000	0	251,046	251,046	0



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ACCOUNT 7949279

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RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
02/20/24 S	156,924.7000	1.0000	0	156,925	156,925	0
02/21/24 S	25,896.6000	1.0000	0	25,897	25,897	0
02/22/24 S	226,346.8200	1.0000	0	226,347	226,347	0
02/26/24 S	77,708.6900	1.0000	0	77,709	77,709	0
02/27/24 S	225,332.2600	1.0000	0	225,332	225,332	0
02/28/24 S	266,881.0600	1.0000	0	266,881	266,881	0
02/29/24 S	330,973.0000	1.0000	0	330,973 *	330,973	0
03/01/24 S	140,984.4200	1.0000	0	140,984	140,984	0
03/04/24 S	131,246.2000	1.0000	0	131,246	131,246	0
03/05/24 S	209,771.8200	1.0000	0	209,772	209,772	0
03/07/24 S	8,134.7600	1.0000	0	8,135	8,135	0
03/08/24 S	956.1500	1.0000	0	956	956	0
03/11/24 S	329,300.3600	1.0000	0	329,300 *	329,300	0
03/12/24 S	216,667.2000	1.0000	0	216,667	216,667	0
03/13/24 S	175,323.8300	1.0000	0	175,324	175,324	0
03/14/24 S	178,482.5000	1.0000	0	178,483	178,483	0
03/15/24 S	187,284.4900	1.0000	0	187,284	187,284	0
03/18/24 S	181,043.7200	1.0000	0	181,044	181,044	0
03/19/24 S	226,414.0700	1.0000	0	226,414	226,414	0
03/22/24 S	4,518.6100	1.0000	0	4,519	4,519	0
03/26/24 S	199,605.9900	1.0000	0	199,606	199,606	0
03/27/24 S	352,211.4700	1.0000	0	352,211 *	352,211	0
03/28/24 S	177,794.2700	1.0000	0	177,794	177,794	0
04/01/24 S	301,439.1200	1.0000	0	301,439	301,439	0
04/02/24 S	55,134.4000	1.0000	0	55,134	55,134	0
04/05/24 S	97,495.1900	1.0000	0	97,495	97,495	0
04/08/24 S	535.3100	1.0000	0	535	535	0
04/08/24 S	142,046.9600	1.0000	0	142,047	142,047	0
04/09/24 S	171,102.1100	1.0000	0	171,102	171,102	0
04/11/24 S	215,172.3100	1.0000	0	215,172	215,172	0
04/12/24 S	270,117.3500	1.0000	0	270,117	270,117	0
04/15/24 S	124,807.2700	1.0000	0	124,807	124,807	0
04/18/24 S	128,539.1500	1.0000	0	128,539	128,539	0
04/19/24 S	98,843.5500	1.0000	0	98,844	98,844	0
04/23/24 S	140,104.5700	1.0000	0	140,105	140,105	0
04/24/24 S	199,546.5600	1.0000	0	199,547	199,547	0
04/26/24 S	217,033.5600	1.0000	0	217,034	217,034	0
04/29/24 S	125,491.3800	1.0000	0	125,491	125,491	0
05/01/24 S	235,040.9300	1.0000	0	235,041	235,041	0
05/07/24 S	136,555.8900	1.0000	0	136,556	136,556	0
05/08/24 S	173.7300	1.0000	0	174	174	0
05/08/24 S	159,032.0100	1.0000	0	159,032	159,032	0
05/09/24 S	51,535.3000	1.0000	0	51,535	51,535	0
05/14/24 S	270.0000	1.0000	0	270	270	0
05/15/24 S	157,989.9600	1.0000	0	157,990	157,990	0
05/16/24 S	90,132.8300	1.0000	0	90,133	90,133	0

REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7949279

RAILROAD EMPLOYEES NATIONAL FSA

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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
05/20/24 S	92,324.8900	1.0000	0	92,325	92,325	0
05/22/24 S	365,151.1800	1.0000	0	365,151 *	365,151	0
05/24/24 S	81,856.3700	1.0000	0	81,856	81,856	0
05/28/24 S	85,442.9300	1.0000	0	85,443	85,443	0
05/29/24 S	217,921.0900	1.0000	0	217,921	217,921	0
05/30/24 S	71,251.2200	1.0000	0	71,251	71,251	0
05/31/24 S	87,036.9200	1.0000	0	87,037	87,037	0
06/03/24 S	101,184.9200	1.0000	0	101,185	101,185	0
06/04/24 S	41,317.3100	1.0000	0	41,317	41,317	0
06/07/24 S	107,511.3400	1.0000	0	107,511	107,511	0
06/10/24 S	72.7800	1.0000	0	73	73	0
06/11/24 S	92,188.4800	1.0000	0	92,188	92,188	0
06/12/24 S	126,619.1800	1.0000	0	126,619	126,619	0
06/13/24 S	77,125.9900	1.0000	0	77,126	77,126	0
06/14/24 S	22,895.6300	1.0000	0	22,896	22,896	0
06/17/24 S	89,193.3600	1.0000	0	89,193	89,193	0
06/18/24 S	32,540.3900	1.0000	0	32,540	32,540	0
06/26/24 S	126,675.0600	1.0000	0	126,675	126,675	0
06/27/24 S	81,574.1200	1.0000	0	81,574	81,574	0
06/28/24 S	49,956.0300	1.0000	0	49,956	49,956	0
07/01/24 S	27,870.0000	1.0000	0	27,870	27,870	0
07/02/24 S	52,706.5600	1.0000	0	52,707	52,707	0
07/03/24 S	142,934.2100	1.0000	0	142,934	142,934	0
07/08/24 S	116,878.4000	1.0000	0	116,878	116,878	0
07/09/24 S	84.7600	1.0000	0	85	85	0
07/11/24 S	57,993.8600	1.0000	0	57,994	57,994	0
07/15/24 S	59,945.9900	1.0000	0	59,946	59,946	0
07/16/24 S	72,830.3600	1.0000	0	72,830	72,830	0
07/18/24 S	37,128.7500	1.0000	0	37,129	37,129	0
07/22/24 S	43,937.2800	1.0000	0	43,937	43,937	0
07/24/24 S	96,461.3400	1.0000	0	96,461	96,461	0
07/29/24 S	70,947.1200	1.0000	0	70,947	70,947	0
07/30/24 S	40,612.2300	1.0000	0	40,612	40,612	0
07/31/24 S	132,309.7900	1.0000	0	132,310	132,310	0
08/01/24 S	50,723.2000	1.0000	0	50,723	50,723	0
08/02/24 S	55,415.7000	1.0000	0	55,416	55,416	0
08/05/24 S	38,413.0000	1.0000	0	38,413	38,413	0
08/07/24 S	65,221.0000	1.0000	0	65,221	65,221	0
08/08/24 S	232.1800	1.0000	0	232	232	0
08/09/24 S	90,177.1000	1.0000	0	90,177	90,177	0
08/13/24 S	56,881.3100	1.0000	0	56,881	56,881	0
08/14/24 S	61,038.4100	1.0000	0	61,038	61,038	0
08/15/24 S	36,407.3600	1.0000	0	36,407	36,407	0
08/16/24 S	69,234.4000	1.0000	0	69,234	69,234	0
08/19/24 S	43,094.0800	1.0000	0	43,094	43,094	0
08/22/24 S	38,690.3500	1.0000	0	38,690	38,690	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7949279

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RAILROAD EMPLOYEES NATIONAL FSA

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
08/27/24 S	61,091.1800	1.0000	0	61,091	61,091	0
08/28/24 S	66,624.5200	1.0000	0	66,625	66,625	0
08/29/24 S	49,244.4800	1.0000	0	49,244	49,244	0
08/30/24 S	51,604.5100	1.0000	0	51,605	51,605	0
09/03/24 S	36,730.0900	1.0000	0	36,730	36,730	0
09/04/24 S	90,703.4800	1.0000	0	90,703	90,703	0
09/10/24 S	388.3900	1.0000	0	388	388	0
09/10/24 S	33,492.7600	1.0000	0	33,493	33,493	0
09/11/24 S	18,121.4800	1.0000	0	18,121	18,121	0
09/12/24 S	36,311.0500	1.0000	0	36,311	36,311	0
09/13/24 S	42,416.5200	1.0000	0	42,417	42,417	0
09/16/24 S	33,976.9600	1.0000	0	33,977	33,977	0
09/19/24 S	42,609.4300	1.0000	0	42,609	42,609	0
09/23/24 S	12,145.4300	1.0000	0	12,145	12,145	0
09/24/24 S	80,340.6700	1.0000	0	80,341	80,341	0
09/25/24 S	50,564.4900	1.0000	0	50,564	50,564	0
09/27/24 S	37,336.4900	1.0000	0	37,336	37,336	0
09/30/24 S	54,527.9700	1.0000	0	54,528	54,528	0
10/01/24 S	23,995.4200	1.0000	0	23,995	23,995	0
10/08/24 S	625.2800	1.0000	0	625	625	0
10/08/24 S	20,926.0400	1.0000	0	20,926	20,926	0
10/09/24 S	72,062.3800	1.0000	0	72,062	72,062	0
10/11/24 S	31,389.5300	1.0000	0	31,390	31,390	0
10/11/24 S	35,944.0400	1.0000	0	35,944	35,944	0
10/15/24 S	32,385.5800	1.0000	0	32,386	32,386	0
10/16/24 S	189,338.2800	1.0000	0	189,338	189,338	0
10/17/24 S	30,813.6400	1.0000	0	30,814	30,814	0
10/23/24 S	47,100.3100	1.0000	0	47,100	47,100	0
10/24/24 S	31,776.2900	1.0000	0	31,776	31,776	0
10/25/24 S	43,735.4100	1.0000	0	43,735	43,735	0
10/29/24 S	31,044.2900	1.0000	0	31,044	31,044	0
10/29/24 S	13,133.8300	1.0000	0	13,134	13,134	0
10/30/24 S	69,688.0400	1.0000	0	69,688	69,688	0
10/31/24 S	512,313.6900	1.0000	0	512,314 *	512,314	0
11/04/24 S	7,554.8300	1.0000	0	7,555	7,555	0
11/06/24 S	81,586.7100	1.0000	0	81,587	81,587	0
11/08/24 S	896.9400	1.0000	0	897	897	0
11/12/24 S	20,726.5000	1.0000	0	20,727	20,727	0
11/14/24 S	27,639.9800	1.0000	0	27,640	27,640	0
11/15/24 S	30,420.0600	1.0000	0	30,420	30,420	0
11/18/24 S	27,550.0400	1.0000	0	27,550	27,550	0
11/20/24 S	43,837.6100	1.0000	0	43,838	43,838	0
11/22/24 S	27,494.1100	1.0000	0	27,494	27,494	0
11/26/24 S	29,033.5800	1.0000	0	29,034	29,034	0
11/27/24 S	13,928.5300	1.0000	0	13,929	13,929	0
11/29/24 S	68,843.7100	1.0000	0	68,844	68,844	0

REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7949279

RAILROAD EMPLOYEES NATIONAL FSA

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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
12/03/24 S	25,186.3500	1.0000	0	25,186	25,186	0
12/04/24 S	30,690.3100	1.0000	0	30,690	30,690	0
12/06/24 S	24,429.6400	1.0000	0	24,430	24,430	0
12/09/24 S	1,191.7800	1.0000	0	1,192	1,192	0
12/09/24 S	37,543.6700	1.0000	0	37,544	37,544	0
12/12/24 S	35,142.9200	1.0000	0	35,143	35,143	0
12/16/24 S	38,756.1900	1.0000	0	38,756	38,756	0
12/18/24 S	39,297.5100	1.0000	0	39,298	39,298	0
12/19/24 S	42,553.6600	1.0000	0	42,554	42,554	0
12/19/24 S	33,764.4000	1.0000	0	33,764	33,764	0
12/23/24 S	31,472.2800	1.0000	0	31,472	31,472	0
12/26/24 S	39,602.6800	1.0000	0	39,603	39,603	0
12/30/24 S	13,233.8600	1.0000	0	13,234	13,234	0
12/31/24 S	62,435.1900	1.0000	0	62,435	62,435	0
SUB-TOTAL OF SALES # 177			0	17,940,480	17,940,480	0
SUB-TOTAL			0	37,220,005	37,220,005	0
GRAND TOTAL			0	37,220,005	37,220,005	0

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

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

FOOTNOTES

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

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] 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. [X]
D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: RAILROAD EMPLOYEES NATIONAL HEALTH FLEXIBLE SPENDING ACCOUNT PLAN
1b Three-digit plan number (PN): 512
1c Effective date of plan: 01/01/2013
2a Plan sponsor's name (employer, if for a single-employer plan): NATIONAL CARRIERS' CONFERENCE COMMITTEE
2b Employer Identification Number (EIN): 52-1036399
2c Plan Sponsor's telephone number: (571) 336-7600
2d Business code (see instructions): 482110

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes signature of Jeffrey Rodgers and date 10/16/25.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 10,087
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 10,087 6a(2) 10,794 6b 6c 6d 10,794 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 29

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 _____
