

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**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:  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. . . . . ▶

**D** Check box if filing under:  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**

<p><b>1a</b> Name of plan <u>THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JOINT PLAN COMMITTEE</u></p> <p><u>251 - 18TH STREET, SOUTH, SUITE 750</u> <u>ARLINGTON, VA 22202</u></p>	<p><b>1c</b> Effective date of plan <u>03/01/1955</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>80-0616625</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>571-336-7600</u></p> <p><b>2d</b> Business code (see instructions) <u>482110</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/10/2025	L. ED DOWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/10/2025	JEFFREY F RODGERS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	214140
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	75608
	<b>6a(2)</b>	75198
	<b>6b</b>	137298
	<b>6c</b>	
	<b>6d</b>	212496
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	42

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JOINT PLAN COMMITTEE</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>80-0616625</b></p>	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

(a) Name of insurance carrier  
**METROPOLITAN LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	1023000	212496	01/01/2024	12/31/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies                      (2)  group deferred annuity  
(3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration                      (2)  immediate participation guarantee  
(3)  guaranteed investment                      (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(2) Dividends and credits.....		
(3) Interest credited during the year.....		
(4) Transferred from separate account .....		
(5) Other (specify below)..... ▶		
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(1) Disbursed from fund to pay benefits or purchase annuities during year .....		
(2) Administration charge made by carrier.....		
(3) Transferred to separate account .....		
(4) Other (specify below)..... ▶		
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)     
 **b**  Dental     
 **c**  Vision     
 **d**  Life insurance  
**e**  Temporary disability (accident and sickness)     
 **f**  Long-term disability     
 **g**  Supplemental unemployment     
 **h**  Prescription drug  
**i**  Stop loss (large deductible)     
 **j**  HMO contract     
 **k**  PPO contract     
 **l**  Indemnity contract  
**m**  Other (specify) ▶ **ACCIDENTAL DEATH & DISBURSEMENT**

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....		<b>9a(1)</b>	10589352
(2) Increase (decrease) in amount due but unpaid .....		<b>9a(2)</b>	0
(3) Increase (decrease) in unearned premium reserve .....		<b>9a(3)</b>	0
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	10589352
<b>b</b> Benefit charges (1) Claims paid .....		<b>9b(1)</b>	8077130
(2) Increase (decrease) in claim reserves .....		<b>9b(2)</b>	-582466
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	7494664
(4) Claims charged .....		<b>9b(4)</b>	7494664
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>	0	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>	0	
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>	0	
(D) Other expenses .....	<b>9c(1)(D)</b>	705718	
(E) Taxes .....	<b>9c(1)(E)</b>	232289	
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>	81790	
(G) Other retention charges .....	<b>9c(1)(G)</b>	2074891	
(H) Total retention .....	<b>9c(1)(H)</b>	3094688	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	0
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	0
(2) Claim reserves .....		<b>9d(2)</b>	4787245
(3) Other reserves .....		<b>9d(3)</b>	22613693
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	0

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

<b>A</b> Name of plan <b>THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JOINT PLAN COMMITTEE</b>	<b>D</b> Employer Identification Number (EIN) <b>80-0616625</b>	

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

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

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

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

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

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

**UNITEDHEALTHCARE**

**36-2739571**

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

**HIGHMARK**

**56-2526063**

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

**AETNA US HEALTHCARE**

**06-6033492**

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

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

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

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

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	49564896	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)

HIGHMARK

56-2526063

(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	NONE	12786648	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AETNA US HEALTHCARE

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13	NONE	7455030	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)

EXPRESS SCRIPTS, INC.

22-3461740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 99	NONE	4412390	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)

TELADOC HEALTH INC.

04-3705970

(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?
99	NONE	1215045	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)

HEALTH ADVOCATE SOLUTIONS, INC.

23-3080019

(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?
99	NONE	667273	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)

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?
10 15	NONE	635439	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)

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	478333	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)

LANTERN SPECIALTY

45-3780484

(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?
99	NONE	252291	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)

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	240366	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MCMC, LLC

14-1847542

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	178250	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)

SEGAL COMPANY

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	87968	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)

RSC INSURANCE BROKERAGE, INC

16-1689464

(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?
19	NONE	80799	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIS TOWERS WATSON US, LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	64811	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)

EVOLENT HEALTH LLC

45-3084136

(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?
99	NONE	63700	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)

REMEDY ANALYTICS, INC.

45-3151617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	13333	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.

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JOINT PLAN COMMITTEE</b>	<b>D</b> Employer Identification Number (EIN) <b>80-0616625</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1500000	2499999
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	189591193	105613019
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	20831107	18639018
<b>(3)</b> Other .....	<b>1b(3)</b>	82997677	47869701
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	132148614	399932062
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	19494512	22613694

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	446563103	597167493
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	171695234	207514242
<b>h</b> Operating payables.....	<b>1h</b>	2899117	2971738
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	79967	79820
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	174674318	210565800
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	271888785	386601693

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	1506578072	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	250625124	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	156771	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1757359967
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	15821532	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		15821532
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1773181499

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	1574394369	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	8528300	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1582922669
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	73436525	
(3) Recordkeeping fees .....	<b>2i(3)</b>	527289	
(4) IQPA audit fees .....	<b>2i(4)</b>	108150	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	478333	
(7) Actuarial fees .....	<b>2i(7)</b>	64811	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	930814	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		75545922
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1658468591

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		114712908
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		8437366
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**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.)

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

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

**THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE PLAN**

**EIN 80-0616625**

**Plan No. 501**

**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**

**THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE PLAN**

**EIN 80-0616625**

**Plan No. 501**

**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**

**THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE PLAN**

**EIN 80-0616625**

**Plan No. 501**

**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**

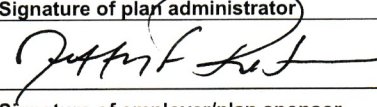
<b>Form 5500</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
---	--	---

<b>Part I Annual Report Identification Information</b>				
For calendar plan year 2024 or fiscal plan year beginning		01/01/2024	and ending	12/31/2024
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)		
	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____		
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report		
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)		
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input checked="" type="checkbox"/>			
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program	
	<input type="checkbox"/> special extension (enter description)			
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .	<input type="checkbox"/>			

<b>Part II Basic Plan Information—enter all requested information</b>				
<b>1a</b> Name of plan	THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE PLAN		<b>1b</b> Three-digit plan number (PN) ▶	501
			<b>1c</b> Effective date of plan	03/01/1955
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)	Mailing address (include room, apt., suite no. and street, or P.O. Box)		<b>2b</b> Employer Identification Number (EIN)	80-0616625
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)		<b>2c</b> Plan Sponsor's telephone number	(571) 336-7600
	251 - 18TH STREET, SOUTH, SUITE 750		<b>2d</b> Business code (see instructions)	482110
	ARLINGTON VA 22202			

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

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

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		10/10/25	JEFFREY F RODGERS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		<b>3b</b> Administrator's EIN	
		<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		<b>4b</b> EIN	
<b>a</b> Sponsor's name		<b>4d</b> PN	
<b>c</b> Plan Name			
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	214,140	
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).			
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	75,608	
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	75,198	
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	137,298	
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>		
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	212,496	
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>		
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>		
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>		
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>		
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	42	

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

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

4A 4B 4Q

<b>9a</b> Plan funding arrangement (check all that apply)		<b>9b</b> Plan benefit arrangement (check all that apply)	
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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
(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
(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**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) - Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

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

---

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

---

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

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

---

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

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

---

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="text-align: center; font-size: 24pt; font-weight: bold;">2024</div>  <b>This Form is Open to Public Inspection</b>
---	--	---

<b>Part I</b>	<b>Annual Report Identification Information</b>		
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024			
<b>A</b>	This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)	
	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> the first return/report <input type="checkbox"/> an amended return/report	<input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the final return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
<b>C</b>	If the plan is a collectively-bargained plan, check here. <input checked="" type="checkbox"/>		
<b>D</b>	Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
<b>E</b>	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. <input type="checkbox"/>		

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>		
<b>1a</b>	Name of plan THE RAILROAD EMPLOYEES NATIONAL HEALTH AND WELFARE PLAN	<b>1b</b>	Three-digit plan number (PN) ▶ 501
		<b>1c</b>	Effective date of plan 03/01/1955
<b>2a</b>	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) JOINT PLAN COMMITTEE  251 - 18TH STREET, SOUTH, SUITE 750  ARLINGTON VA 22202	<b>2b</b>	Employer Identification Number (EIN) 80-0616625
		<b>2c</b>	Plan Sponsor's telephone number (571) 336-7600
		<b>2d</b>	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.

<b>SIGN HERE</b>		10/10/2025	L. ED DOWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	214,140
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	75,608
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	75,198
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	137,298
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c. ....	<b>6d</b>	212,496
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e.....	<b>6f</b>	
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	42

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

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

4A 4B 4Q

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

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

---

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

---

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

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

---

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

---

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

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

**The Railroad Employees National Health and Welfare Plan**  
**Table of Contents**  
**December 31, 2024 and 2023**

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<b>Independent Auditor’s Report</b>	1-3
<b>Financial Statements</b>	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Statements of Plan Benefit Obligations	6
Statement of Changes in Plan Benefit Obligations	7
Notes to Financial Statements	8-19
<b>Supplementary Information</b>	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	20
Schedule H, Line 4j – Schedule of Reportable Transactions	21-34

## INDEPENDENT AUDITOR'S REPORT

To the Joint Plan Committee of  
The Railroad Employees National Health and Welfare 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 and Welfare 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 and Welfare 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 audits 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 and Welfare 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 and Welfare 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 and Welfare 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 and Welfare 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 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).

A handwritten signature in blue ink that reads "Withum Smith + Brown, PC". The signature is written in a cursive, flowing style.

October 10, 2025

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

	<u>2024</u>	<u>2023</u>
<b>Assets</b>		
Investments, at fair value	\$ 408,369,428	\$ 140,176,781
Receivables		
Participating railroads' contributions	105,613,019	189,591,193
Participants' contributions	18,639,018	20,831,107
Formulary rebates	46,428,616	82,049,007
Federal government subsidy	36,910	36,565
Other	1,404,175	912,105
	<u>172,121,738</u>	<u>293,419,977</u>
Insurance premium stabilization reserve	<u>14,176,328</u>	<u>11,466,345</u>
Cash	<u>2,499,999</u>	<u>1,500,000</u>
Total assets	<u>597,167,493</u>	<u>446,563,103</u>
<b>Liabilities</b>		
Accounts payable and accrued expenses	2,971,738	2,899,117
Prepaid participants' COBRA contributions	79,820	79,967
Total liabilities	<u>3,051,558</u>	<u>2,979,084</u>
Net assets available for benefits	<u>\$ 594,115,935</u>	<u>\$ 443,584,019</u>

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

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

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**Additions**

Investment income	
Interest income	\$ 15,821,532
Less: Investment expenses	<u>(478,333)</u>
	<u>15,343,199</u>
Contributions	
Participating railroads' contributions	1,506,578,072
Participants' contributions	249,488,035
Participants' COBRA contributions	1,137,089
Federal government subsidy	36,910
Other	<u>119,861</u>
	<u>1,757,359,967</u>
Total additions	<u>1,772,703,166</u>

**Deductions**

Benefits paid to or for participants, beneficiaries, and dependents:	
Health claims	1,185,953,966
Prescription drug claims	352,621,063
Insurance premiums	<u>8,528,632</u>
	1,547,103,661
Administrative expenses	<u>75,067,589</u>
Total deductions	<u>1,622,171,250</u>
Net change in net assets available for benefits	150,531,916
<b>Net assets available for benefits</b>	
Beginning of year	<u>443,584,019</u>
End of year	<u>\$ 594,115,935</u>

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

**The Railroad Employees National Health and Welfare Plan**  
**Statements of Plan Benefit Obligations**  
**(As Determined by UnitedHealthcare and the Plan's Consulting Actuary)**  
**December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Amounts currently payable to or for participants, beneficiaries, and dependents		
Claims payable	\$ 61,471,361	\$ 51,850,796
Insurance premiums payable	1,341	1,673
	<u>61,472,702</u>	<u>51,852,469</u>
Other obligations for current benefits coverage, at present value of estimated amounts		
Claims incurred but not reported	146,041,540	119,842,765
Accumulated eligibility credit and extended benefit coverage	188,992,096	184,882,614
	<u>335,033,636</u>	<u>304,725,379</u>
Total obligations other than post-retirement benefit obligations	<u>396,506,338</u>	<u>356,577,848</u>
Post-retirement benefit obligations		
Current retirees	87,118,209	88,228,710
Other participants fully eligible for benefits	2,137,417	2,332,184
Other participants not yet fully eligible for benefits	10,444,612	14,010,660
	<u>99,700,238</u>	<u>104,571,554</u>
Plan's total benefit obligation	<u>\$ 496,206,576</u>	<u>\$ 461,149,402</u>

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

**The Railroad Employees National Health and Welfare Plan**  
**Statement of Changes in Plan Benefit Obligations**  
**(As Determined by UnitedHealthcare and the Plan's Consulting Actuary)**  
**Year Ended December 31, 2024**

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

Claims payable

Balance at beginning of year	\$ 51,850,796
Claims reported and approved for payment	1,548,195,594
Claims paid (including disability)	<u>(1,538,575,029)</u>
Balance at end of year	<u>61,471,361</u>

Insurance premiums payable

Balance at beginning of year	1,673
Premiums due	8,528,300
Premiums paid	<u>(8,528,632)</u>
Balance at end of year	<u>1,341</u>

Other obligations for current benefits coverage,  
at present value of estimated amounts

Balance at beginning of year	304,725,379
Net change during the year	
Other	<u>30,308,257</u>
Balance at end of year	<u>335,033,636</u>

Total obligations other than post-retirement benefit obligations 396,506,338

Post-retirement benefit obligations

Balance at beginning of year	104,571,554
Increase (decrease) during the year attributed to:	
Benefits earned and other changes	8,596,422
Benefits expected to be paid	(14,384,507)
Interest	4,970,906
Changes in actuarial assumptions	<u>(4,054,137)</u>
Balance at end of year	<u>99,700,238</u>

Plan's total benefit obligation \$ 496,206,576

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

# The Railroad Employees National Health and Welfare Plan

## Notes to Financial Statements

### December 31, 2024 and 2023

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#### 1. DESCRIPTION OF THE PLAN

The following description of The Railroad Employees National Health and Welfare Plan (the “Plan”) provides only general information. Participants should refer to the Plan’s Summary Plan Description for a more complete description of the Plan’s provisions.

##### **General**

The Plan was established in 1955 pursuant to collective-bargaining and currently provides health and other related benefits to eligible employees and retirees of participating railroads and their beneficiaries. The Plan is administered by the Joint Plan Committee, which consists of the Health and Welfare Committee, Cooperating Railway Labor Organizations, and the National Carriers’ Conference Committee and is subject to the provisions of the Railway Labor Act, as amended, and the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

##### **Benefits**

The Plan benefits are provided on a self-insured basis, except for life insurance and accidental death and dismemberment insurance, which are provided by Metropolitan Life Insurance Company through an experience-rated insurance contract. Health claims are administered by several third party administrators (Aetna, Highmark, UnitedHealthcare, and United Behavioral Health), pursuant to Administrative Service Only contracts. Prescription drug claims are administered by Express Scripts, pursuant to a Master Services Agreement.

##### **Eligibility**

Upon satisfying the eligibility and coverage requirements, as outlined in the Plan’s Summary Plan Description, employees of the participating railroads and their dependents are entitled to receive the benefits provided by the Plan. Additional extended benefit coverage provisions may be available for participants who become disabled (including pregnancy), furloughed, suspended, or dismissed. (See Note 9 regarding the liability recognized for financial statement reporting purposes for extended benefit coverage.)

##### **Funding**

The participating railroads’ and participants’ obligation to provide contributions to the Plan arises pursuant to the terms and conditions of the collective-bargaining agreements, Plan document, and related practices. Contributions to the Plan are remitted by the participating railroads on a monthly basis in the amount determined after discussions with UnitedHealthcare. The railroads fund the obligations of the Plan as they become due and payable during the year. Additionally, the Plan is required to maintain a \$25 million cash reserve in the Trust. Should the cash reserve fall below \$25 million, contributions to the Plan will be increased to fund the reserve by the end of the following calendar year.

UnitedHealthcare monitors the activity of the Trust and the Plan’s maintenance of the \$25 million cash reserve. As of December 31, 2024 and 2023, the cash reserve met the required reserve.

##### **Tax Status**

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

# The Railroad Employees National Health and Welfare Plan

## Notes to Financial Statements

### December 31, 2024 and 2023

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Accounting principles generally accepted in the United States of America (“U.S. GAAP”) 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 U.S. GAAP.

#### **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 the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

#### **Valuation of Investments and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 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.

#### **Participating Railroads’ Contributions and Contributions Receivable**

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

#### **Participants’ Contributions and Contributions Receivable**

Employees of the participating railroads provide monthly contributions to the Plan pursuant to the terms and conditions of the collective-bargaining agreements. Participant contributions are recognized as revenue in the period in which the compensated service giving rise to the contribution is rendered.

There is no contribution requirement for eligible retirees of participating railroads.

#### **Participants’ COBRA Contributions**

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

# The Railroad Employees National Health and Welfare Plan

## Notes to Financial Statements

### December 31, 2024 and 2023

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#### **Payment of Benefits**

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

Premiums paid by the Plan are recorded as premium payments in the accompanying statement of changes in net assets available for benefits. Premiums expense incurred but not paid by the Plan as of December 31 are reported within the accompanying statements of plan benefit obligations.

#### **Formulary Rebates and Formulary Rebates Receivable**

Formulary rebates are recorded by the Plan when earned. Formulary rebates totaling \$158,106,551 have been earned by the Plan and were netted against prescription drug claims in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2024.

#### **Terminated and Withdrawing Railroads' Withdrawal Liability Receivable**

Upon termination or withdrawal from the Plan in whole or in part, a railroad is assessed a withdrawal liability, as provided for pursuant to the Plan document, which approximates the individual railroad's claim run-out liability. This run-out liability is due and payable 10 days subsequent to the railroad's receipt of a bill for such payment. As of December 31, 2024 and 2023, there were outstanding amounts receivable of \$41,114 from terminated or withdrawn railroads as it relates to the withdrawal liability.

#### **Allowance for Credit Losses**

The carrying amount of participating railroad and participant contributions receivables as well as rebate receivables 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.

#### **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.

#### **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 asset 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 2520.103-8 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:

**The Railroad Employees National Health and Welfare Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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	<u>2024</u>	<u>2023</u>
Investments at fair value		
Money market fund	\$ 399,932,062	\$ 132,148,614

Truist Bank also certified to the completeness and accuracy of \$14,777,241 of interest related to the aforementioned plan assets for the year ended December 31, 2024.

**4. FUNDING AGREEMENT**

In 2007, the Plan entered into a Funding Agreement (the “Agreement”) with Metropolitan Life Insurance Company (“MetLife”). Under the Agreement, an initial deposit was made from the Plan’s premium stabilization reserve to MetLife. These funds were invested in the fixed component of the Agreement, which had a one-year term and earned interest at a set rate that was credited to the account upon maturity.

The Agreement contains an automatic renewal clause: upon expiration of the fixed-term component of the Agreement, and without further action from the Plan, the funds convert to a short-term component of the Agreement. Since inception, additional deposits have been made from the Plan’s premium stabilization reserve to MetLife and funds invested in the Agreement have moved between the fixed-term and short-term component several times.

These funds are held in the general assets of MetLife and are subject to the financial strength and claim-paying ability of MetLife. The Agreement is recognized in the Plan’s financial statements at cost, which approximates fair value, principal plus accrued interest, as reported to the Plan by MetLife.

On January 27, 2013, the funds were invested in the short-term component of the Agreement and earned interest based on the discount rate on the six-month Treasury Bills set at the first weekly auction in the month plus 0.25%. The funds have remained in the short-term component through the end of the 2024 calendar year. The balances of the Agreement as of December 31, 2024 and 2023, principal plus accrued interest, were \$8,437,366 and \$8,028,167, respectively.

**5. PREMIUM STABILIZATION RESERVE**

The Plan has funds held in a premium stabilization reserve with MetLife in connection with its experience-rated life insurance and accidental death and dismemberment insurance contract. The funds may be withdrawn at any time and earn interest based on the discount rate on the six month Treasury Bills set at the first weekly auction in the month plus 0.25%. The premium stabilization reserve has been included as an asset of the Plan until such amounts are used to pay premiums or are withdrawn by the Plan. The reserve is nonforfeitable should the insurance contract terminate.

**The Railroad Employees National Health and Welfare Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**6. FAIR VALUE MEASUREMENTS**

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

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

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

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

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

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

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

The valuation methodologies used for assets measured at fair value as of December 31, 2024 and 2023 are 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.

*Funding agreement with MetLife:* The Plan's funding agreement with MetLife is recognized on the financial statement at cost, which approximates fair value, principal plus accrued interest. Funds held with MetLife earn interest at an agreed upon interest rate for a specific term with interest earnings paid at maturity (see Note 4).

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:

	<b>Assets at Fair Value as of December 31, 2024</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Assets				
Money market funds	\$ 399,932,062	\$ -	\$ -	\$ 399,932,062
Funding agreement (see Note 4)	-	-	8,437,366	8,437,366
Total assets at fair value	<u>\$ 399,932,062</u>	<u>\$ -</u>	<u>\$ 8,437,366</u>	<u>\$ 408,369,428</u>

**The Railroad Employees National Health and Welfare Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

	<b>Assets at Fair Value as of December 31, 2023</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Assets				
Money market funds	\$ 132,148,614	\$ -	\$ -	\$ 132,148,614
Funding agreement (see Note 4)	-	-	8,028,167	8,028,167
Total assets at fair value	<u>\$ 132,148,614</u>	<u>\$ -</u>	<u>\$ 8,028,167</u>	<u>\$ 140,176,781</u>

**Level 3 Gains and Losses**

The following table presents a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2024:

Balance, beginning of year	\$ 8,028,167
Interest credited during the year	<u>409,199</u>
Balance, end of year	<u>\$ 8,437,366</u>

**Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements**

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of December 31, 2024 and 2023, and the significant unobservable inputs:

<b>Instrument</b>	<b>Fair Value 12/31/2024</b>	<b>Fair Value 12/31/2023</b>	<b>Principle Valuation Technique</b>	<b>Significant Unobservable Input</b>	<b>Range of Significant Input Value</b>	<b>Weighted Average</b>
Funding Agreement	\$ 8,437,366	\$ 8,028,167	Cost plus accrued interest	Interest rate	4.47% - 5.59%*	5.19%

\*Represents the high and low range of the discount rate on the six month Treasury Bills set at the first weekly auction for the period of January 1, 2023, through December 31, 2024, plus 0.25%.

In determining the reasonableness of the valuation methodology of this investment, the Plan Administrator evaluates a variety of factors including review of methods and assumptions used by external sources, economic conditions, financial strength and claim-paying ability of MetLife, and the non-marketable nature of the investment.

**7. PLAN CONTRIBUTIONS**

The participating railroads do not differentiate their monthly contributions to the Plan between that which is paid on behalf of the participating railroad and that which is paid on behalf of the Plan participant. Therefore, the Plan Administrator estimates participants' contributions receivable and participants' contributions by applying blended employee cost sharing contribution rates to the respective payment employee counts. The resulting amounts are reclassified from the total participating railroads' contributions receivable and participating railroads' annual contributions and reported as participant contributions receivable and participant contributions, respectively. This methodology was utilized in both 2024 and 2023.

**The Railroad Employees National Health and Welfare Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**8. POST-RETIREMENT BENEFITS**

The post-retirement benefits provided by the Plan to eligible retirees of participating railroads are limited to the fully insured life insurance and accidental death and dismemberment insurance benefits provided by MetLife.

The post-retirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31. Post-retirement benefits include future benefits expected to be paid to or for: (1) currently retired employees (eligible retirees) and (2) active employees after retirement from service with the participating railroads. Prior to an active employee's full eligibility date, the post-retirement benefit obligation for these employees is the portion of the expected post-retirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected post-retirement benefit obligation is determined by the Plan's consulting actuary, Willis Towers Watson, and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of appropriate decrements) between the valuation date and the expected date of payment.

Because the post-retirement benefits provided by the Plan are limited to fully insured life insurance and accidental death and dismemberment insurance benefits, the health care cost trend rate assumption is not applicable to the post-retirement benefit calculation.

The cost of providing Plan benefits depends on demographic factors such as retirement, mortality, turnover, and plan participation. The United States Railroad Retirement Board performs a valuation of Railroad Retirement Benefits every three years, which includes analysis and development of current demographic assumptions. The Plan's consulting actuary relied upon this analysis as representative of the experience of the covered population under this Plan. If the actual claim experience of the Plan is more favorable than assumed, future costs will be lower. Alternatively, if the actual claim experience of the Plan is less favorable than assumed, future costs will be higher.

The Plan participant data was not available at the level of detail that is typically used in valuations of this type. Therefore, the Plan's consulting actuary used reasonable and appropriate extrapolation techniques pursuant to *Actuarial Standards of Practice (ASOP No. 23) on Data Quality* to develop the data that was needed for valuation purposes. The Plan's consulting actuary did not believe the use of this data created a material bias in the calculation.

**The Railroad Employees National Health and Welfare Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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Significant assumptions used in the actuarial valuation are as follows:

	<u>2024</u>	<u>2023</u>
Weighted Average Discount Rate	5.65%	5.10%
<i>Mortality Assumption</i>		
Healthy:		
Active	2018 RRB Active Service Mortality Table S-4	2015 RRB Active Service Mortality Table S-4
Retired	2021 RRB Annuitants Mortality Table S-1	2016 RRB Annuitants Mortality Table S-1
Disabled	2021 RRB Disabled Mortality Table S-2	2016 RRB Disabled Mortality Table S-2
<i>Termination Assumption</i>		
	RRB Table S-13 - 30 Year Select and Ultimate Table	RRB Table S-13 - 30 Year Select and Ultimate Table
<i>Disability Assumption</i>		
	RRB Table S-12 - Rates varying by age and service	RRB Table S-12 - Rates varying by age and service
<i>Retirement Assumption</i>		
	RRB Table S-11 - Rates varying by age and service	RRB Table S-11 - Rates varying by age and service

Note: The 2024 demographic assumptions shown above were developed by the United States Railroad Retirement Board (“RRB”), Bureau of the Actuary, for use in the December 31, 2022 valuation of Railroad Retirement Benefits published in October of 2024. This is the most recent valuation available to the Plan’s consulting actuary. The table numbers referenced above correspond to the assumption section of that valuation.

The 2023 demographic assumptions shown above were developed by the United States Railroad Retirement Board (“RRB”), Bureau of the Actuary, for use in the December 31, 2019 valuation of Railroad Retirement Benefits published in October of 2021. This was the most recent valuation available to the Plan’s consulting actuary at the time. The table numbers referenced above correspond to the assumption section of that valuation.

The Plan’s deficiency of net assets over benefit obligations as of December 31, 2023 related primarily to the post-retirement benefit obligation, which will be funded on an annual basis, as it becomes due and payable, by participating railroads’ contributions.

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

**The Railroad Employees National Health and Welfare Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**9. OTHER PLAN BENEFIT OBLIGATIONS**

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

The obligation relating to health claims payable and health claims incurred by participants but not reported as of that date is determined by UnitedHealthcare by applying the following assumptions to historical claim-cost data:

	<u>2024</u>	<u>2023</u>
Run-out factor:		
Health claims:		
On-duty injury claims	3.70	3.70
Other than on-duty injury claims	1.50	1.50
Prescription drug claims	0.5	0.5
Administrative load:		
On-duty injury claims	4.1%	4.0%
Other than on-duty injury claims	4.1%	4.0%
Bank float	1.3%	1.9%

The obligation relating to accumulated eligibility of participants and extended benefit coverage available to Plan participants is determined by UnitedHealthcare by applying the contract rate or its equivalent to the total estimated number of months of future Plan coverage that is attributable to employee service rendered to December 31. If the actual claims experience of these employees is more favorable than that provided by the contract rate or its equivalent, actual future costs will be lower. Alternatively, if the actual claims experience of the Plan is less favorable than that provided by the contract rate or its equivalent, actual future cost will be higher.

Upon termination of a Plan participant's coverage, the Plan may provide limited coverage of benefits for injuries that occurred, and sicknesses or pregnancies that commenced before or while the participant was covered by the Plan. The availability and length of coverage provided by this provision of the Plan varies depending on the Plan participant's benefit election, relationship to the covered employee, and condition upon termination of coverage. An obligation for this contingent liability has not been recognized in the Plan's financial statements because the amount expected to be paid as a result of this obligation cannot be reasonably estimated. The Plan Administrator is of the opinion, based on all available known facts, that the amount expected to be paid with respect to this contingent liability would not have a material effect on the financial position or results of operations of the Plan.

**The Railroad Employees National Health and Welfare Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

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**10. CONCENTRATION OF PARTICIPATING RAILROADS**

There are approximately 40 railroads participating in the Plan, of which 4 Class I railroads comprised approximately 84% of the total Plan activity as of December 31, 2024 and 2023. This activity includes, but is not limited to, participating railroads' contributions receivable as of December 31, 2024 and 2023, and participating railroads' contributions for the year ended December 31, 2024 as follows:

Railroad:	<u>Percentage of Total Plan Activity 2024</u>	<u>Percentage of Total Plan Activity 2023</u>
A	30.2%	30.4%
B	22.6%	23.6%
C	16.6%	16.1%
D	15.0%	14.3%

**11. CONTINGENCIES**

See Note 9 regarding the Other Plan Benefit Obligations contingency.

The Plan is subject to lawsuits arising out of the ordinary course of business. The Plan Sponsors are of the opinion, based on available known facts, that the ultimate disposition of asserted claims would not have a material effect on the financial position or results of operations of the Plan.

**12. 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:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits as reported within the financial statements	\$ 594,115,935	\$ 443,584,019
Benefit obligations currently payable	(207,512,901)	(171,693,561)
Insurance premiums payable	<u>(1,341)</u>	<u>(1,673)</u>
Net assets available for benefits as reported within the Form 5500	<u>\$ 386,601,693</u>	<u>\$ 271,888,785</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	\$ 1,538,575,029
Add: Amounts payable at end of year	207,512,901
Less: Amounts payable at beginning of year	<u>(171,693,561)</u>
Benefits paid to or for participants as reported within the Form 5500	<u>\$ 1,574,394,369</u>

**The Railroad Employees National Health and Welfare Plan**  
**Notes to Financial Statements**  
**December 31, 2024 and 2023**

---

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

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

Insurance premiums paid for participants as reported within the financial statements	\$ 8,528,632
Add: Amounts payable as of the end of year	1,341
Less: Amounts payable as beginning of year	<u>(1,673)</u>
Benefits paid to or for participants as reported within the Form 5500	<u>\$ 8,528,300</u>

**13. 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.

**14. RISKS AND UNCERTAINTIES**

The Plan's investments consist of funds held in money market funds with Truist Bank. This investment, along with the premium stabilization reserve with MetLife, is 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 and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and changes in net assets available for benefits.

The Plan maintains its cash balances in bank deposit accounts, which, at times, may exceed federally insured limits. Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Plan's financial condition, results of operations, and cash flows.

The total obligations other than post-retirement obligations (health claims payable, claims incurred but not reported, accumulated eligibility credit, and extended benefit coverage obligations), as calculated and reported to the Plan by UnitedHealthcare and post-retirement benefits, as calculated and reported to the Plan by the Plan's consulting actuary, are based on certain assumptions pertaining to claim run-out factors, administrative load, bank float, contract rates and its equivalent, estimated number of months of future Plan coverage that is attributable to employee service rendered to December 31, participant data, interest rates, health care inflation, average retirement age, and other employee demographics, all of which are subject to change or may not be reflective of actual experience. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

# The Railroad Employees National Health and Welfare Plan

## Notes to Financial Statements

### December 31, 2024 and 2023

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#### 15. COLLECTIVE BARGAINING AGREEMENTS

New Collective Bargaining Agreements (the "Agreements") were reached between some of the participating labor organizations and National Carrier's Conference Committee during December 2024. Additional agreements are in process.

Article III, Part A, Section 2 of the Agreements, which became effective January 1, 2025 establishes Plan design changes which have been summarized as follows:

- The Plan's Managed Medical Care Program ("MMCP") and its Comprehensive Health Care Benefit ("CHCB") shall be modified so that plan coverage for dependents will be extended through the end of the sixth (6th) month following the month in which the employee dies. Additionally, Plan benefits will include male sterilization procedures (i.e., vasectomy), not including reversals.
- The Plan's Prescription Drug Card Program and Mail Order Prescription Drug Program shall be revised to include the PBM's full utilization management rules package for specialty drugs and four additional non-specialty therapeutic classifications (anti-infective agents, central nervous system, gastroenterology and ophthalmology).
- The Plan shall implement improper billing detection and mitigation programs where available with the Plan's medical vendors.
- The Plan shall implement out-of-network referenced-based pricing programs where available with the Plan's medical vendors.
- The monthly payment for employees who elect to opt-out of coverage under the Plan will be increased from \$100 to \$200.
- The Plan will offer a medical coverage option with a reduced, employee-only rate as follows:
  - There will be a single funding pool to include existing plan options and the new reduced-rate option.
  - The employee-only reduced-rate option employee monthly contribution will be ten percent (10%) of the Carrier's Monthly Payment Rate (as defined below), and will be subject to the provisions of the Side Letter covering contribution rates during the post-2030 amendable period.
  - The employee-only reduced-rate option will be HSA eligible.

Because of the nature and complexity of these changes, the Plan Administrator is not able to evaluate the economic impact on the Plan.

## **SUPPLEMENTARY INFORMATION**

**The Railroad Employees National Health and Welfare Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**EIN # 80-0616625, Plan # 501**  
**December 31, 2024**

<u>(a)</u>	<u>(b) Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
	<i>Cash and cash equivalents</i>			
*	Truist Bank Account 70-04-102-7036734	Money Market Fund Federated Hermes Trsy Oblig Mmkt Instl #68	\$ 399,932,062	\$ 399,932,062
	<i>Insurance contract</i>			
*	Metropolitan Life Insurance Co. Account 123764-T-6	Funding Agreement, 6 month Treasury Bill + 0.25%	<u>8,437,366</u>	<u>8,437,366</u>
			<u>\$ 408,369,428</u>	<u>\$ 408,369,428</u>

\* Known party-in-interest to the Plan.

See Independent Auditor's Report.

**The Railroad Employees National Health and Welfare Plan  
 Schedule H, Line 4j - Schedule of Reportable Transactions  
 EIN # 80-0616625, Plan # 501  
 Year Ended December 31, 2024**

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(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 70-04-102-7036734	(See attached schedule as prepared and reported by Truist Bank.)				
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See Independent Auditor's Report.

REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7036734

PAGE 142

RAILROAD - EMP HEALTH & WELFARE

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
			BEGINNING MARKET VALUE	132,658,309.38		
			COMPARATIVE VALUE (5%)	6,632,915.47		
-----						
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
01/02/24 B	29,425,566.9000	1.0000	0	-29,425,567 *	29,425,567	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
01/03/24 S	11,053,877.0700	1.0000	0	11,053,877 *	11,053,877	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
01/05/24 B	12,847,910.7600	1.0000	0	-12,847,911 *	12,847,911	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
01/10/24 S	7,822,046.3500	1.0000	0	7,822,046 *	7,822,046	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
01/12/24 S	18,458,685.2600	1.0000	0	18,458,685 *	18,458,685	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
01/16/24 S	6,731,857.3300	1.0000	0	6,731,857 *	6,731,857	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
01/24/24 S	7,377,269.4900	1.0000	0	7,377,269 *	7,377,269	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
01/26/24 S	21,298,931.2800	1.0000	0	21,298,931 *	21,298,931	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
01/29/24 B	43,825,989.6200	1.0000	0	-43,825,990 *	43,825,990	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
01/30/24 B	49,055,356.1000	1.0000	0	-49,055,356 *	49,055,356	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
01/31/24 S	14,620,364.7300	1.0000	0	14,620,365 *	14,620,365	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
02/05/24 S	7,072,942.5700	1.0000	0	7,072,943 *	7,072,943	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
02/09/24 S	22,139,502.9600	1.0000	0	22,139,503 *	22,139,503	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
02/14/24 S	9,576,781.0100	1.0000	0	9,576,781 *	9,576,781	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
02/15/24 B	35,044,524.6800	1.0000	0	-35,044,525 *	35,044,525	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
02/21/24 S	9,128,375.8000	1.0000	0	9,128,376 *	9,128,376	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
02/23/24 S	21,007,075.8700	1.0000	0	21,007,076 *	21,007,076	0

RAILROAD - EMP HEALTH & WELFARE

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 02/27/24 B	144,143,904.8800	1.0000	0	-144,143,905 *	144,143,905	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 02/28/24 S	10,612,955.1400	1.0000	0	10,612,955 *	10,612,955	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 03/06/24 S	8,648,169.2300	1.0000	0	8,648,169 *	8,648,169	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 03/07/24 B	18,747,530.4700	1.0000	0	-18,747,530 *	18,747,530	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 03/08/24 S	21,765,356.8100	1.0000	0	21,765,357 *	21,765,357	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 03/13/24 S	8,249,715.5000	1.0000	0	8,249,716 *	8,249,716	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 03/15/24 B	33,484,470.8800	1.0000	0	-33,484,471 *	33,484,471	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 03/20/24 S	6,954,970.4300	1.0000	0	6,954,970 *	6,954,970	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 03/22/24 S	21,224,188.7700	1.0000	0	21,224,189 *	21,224,189	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 03/27/24 B	139,789,650.6800	1.0000	0	-139,789,651 *	139,789,651	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 04/01/24 B	19,064,659.3100	1.0000	0	-19,064,659 *	19,064,659	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 04/03/24 S	8,794,098.6300	1.0000	0	8,794,099 *	8,794,099	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 04/04/24 B	7,879,185.7400	1.0000	0	-7,879,186 *	7,879,186	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 04/05/24 S	9,595,445.2000	1.0000	0	9,595,445 *	9,595,445	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 04/10/24 S	9,145,884.2800	1.0000	0	9,145,884 *	9,145,884	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 04/15/24 S	9,383,547.1700	1.0000	0	9,383,547 *	9,383,547	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 04/17/24 S	8,388,138.3500	1.0000	0	8,388,138 *	8,388,138	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 04/19/24 S	14,847,435.8000	1.0000	0	14,847,436 *	14,847,436	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 04/24/24 S	9,685,990.8400	1.0000	0	9,685,991 *	9,685,991	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 04/25/24 B	28,733,929.9500	1.0000	0	-28,733,930 *	28,733,930	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 04/26/24 B	49,957,217.6000	1.0000	0	-49,957,218 *	49,957,218	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 04/29/24 B	15,325,276.9000	1.0000	0	-15,325,277 *	15,325,277	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68 04/30/24 S	7,652,910.7100	1.0000	0	7,652,911 *	7,652,911	0

REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 144

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						
05/01/24 S	9,515,734.2100	1.0000	0	9,515,734 *	9,515,734	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
05/03/24 S	22,580,391.1600	1.0000	0	22,580,391 *	22,580,391	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
05/06/24 B	7,091,274.9500	1.0000	0	-7,091,275 *	7,091,275	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
05/08/24 S	10,992,139.5100	1.0000	0	10,992,140 *	10,992,140	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
05/17/24 S	18,107,388.1100	1.0000	0	18,107,388 *	18,107,388	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
05/22/24 S	8,225,594.9800	1.0000	0	8,225,595 *	8,225,595	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
05/28/24 B	19,574,999.5200	1.0000	0	-19,575,000 *	19,575,000	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
05/29/24 B	61,960,408.0900	1.0000	0	-61,960,408 *	61,960,408	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
05/31/24 S	25,048,353.5900	1.0000	0	25,048,354 *	25,048,354	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
06/07/24 B	7,673,713.2800	1.0000	0	-7,673,713 *	7,673,713	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
06/12/24 S	9,060,590.5800	1.0000	0	9,060,591 *	9,060,591	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
06/14/24 S	21,133,785.3400	1.0000	0	21,133,785 *	21,133,785	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
06/20/24 S	11,082,898.6800	1.0000	0	11,082,899 *	11,082,899	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
06/26/24 B	11,020,784.4000	1.0000	0	-11,020,784 *	11,020,784	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
06/27/24 B	82,948,636.3500	1.0000	0	-82,948,636 *	82,948,636	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
06/28/24 S	24,951,624.7900	1.0000	0	24,951,625 *	24,951,625	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
07/02/24 B	33,586,947.7400	1.0000	0	-33,586,948 *	33,586,948	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
07/03/24 S	9,057,295.7600	1.0000	0	9,057,296 *	9,057,296	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
07/09/24 B	11,997,516.0800	1.0000	0	-11,997,516 *	11,997,516	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
07/10/24 S	7,711,442.6100	1.0000	0	7,711,443 *	7,711,443	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
07/12/24 S	18,659,124.6200	1.0000	0	18,659,125 *	18,659,125	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
07/17/24 S	7,781,280.8700	1.0000	0	7,781,281 *	7,781,281	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
07/23/24 S	7,213,049.3300	1.0000	0	7,213,049 *	7,213,049	0



## REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7036734

PAGE 145

RAILROAD - EMP HEALTH &amp; WELFARE

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						
07/24/24 S	9,478,863.8800	1.0000	0	9,478,864 *	9,478,864	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
07/26/24 S	24,470,894.3300	1.0000	0	24,470,894 *	24,470,894	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
07/29/24 B	22,267,343.5700	1.0000	0	-22,267,344 *	22,267,344	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
07/30/24 B	73,479,185.0100	1.0000	0	-73,479,185 *	73,479,185	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
07/31/24 S	13,515,281.7600	1.0000	0	13,515,282 *	13,515,282	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
08/08/24 B	8,969,064.2400	1.0000	0	-8,969,064 *	8,969,064	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
08/09/24 S	22,669,566.2500	1.0000	0	22,669,566 *	22,669,566	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
08/14/24 S	9,427,228.4700	1.0000	0	9,427,228 *	9,427,228	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
08/16/24 B	7,311,464.0700	1.0000	0	-7,311,464 *	7,311,464	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
08/21/24 S	12,523,536.2100	1.0000	0	12,523,536 *	12,523,536	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
08/23/24 S	23,253,356.0200	1.0000	0	23,253,356 *	23,253,356	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
08/28/24 S	11,900,356.8100	1.0000	0	11,900,357 *	11,900,357	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
08/29/24 B	114,036,731.7100	1.0000	0	-114,036,732 *	114,036,732	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
09/03/24 B	13,870,113.6200	1.0000	0	-13,870,114 *	13,870,114	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
09/04/24 S	15,416,177.9600	1.0000	0	15,416,178 *	15,416,178	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
09/06/24 S	7,883,585.2700	1.0000	0	7,883,585 *	7,883,585	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
09/11/24 S	8,119,836.3200	1.0000	0	8,119,836 *	8,119,836	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
09/18/24 S	14,016,424.0500	1.0000	0	14,016,424 *	14,016,424	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
09/20/24 S	23,965,887.7600	1.0000	0	23,965,888 *	23,965,888	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
09/25/24 S	8,872,887.8700	1.0000	0	8,872,888 *	8,872,888	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
09/27/24 B	134,631,564.4300	1.0000	0	-134,631,564 *	134,631,564	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
09/30/24 S	8,500,583.1500	1.0000	0	8,500,583 *	8,500,583	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
10/01/24 B	34,249,038.0200	1.0000	0	-34,249,038 *	34,249,038	

REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 146

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						
10/03/24 S	13,827,924.2900	1.0000	0	13,827,924 *	13,827,924	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
10/04/24 S	17,585,016.3100	1.0000	0	17,585,016 *	17,585,016	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
10/09/24 S	10,401,951.8700	1.0000	0	10,401,952 *	10,401,952	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
10/16/24 S	12,963,574.3900	1.0000	0	12,963,574 *	12,963,574	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
10/18/24 S	22,492,993.6900	1.0000	0	22,492,994 *	22,492,994	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
10/23/24 S	11,044,265.8000	1.0000	0	11,044,266 *	11,044,266	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
10/28/24 B	20,459,366.4900	1.0000	0	-20,459,366 *	20,459,366	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
10/29/24 B	70,736,100.5000	1.0000	0	-70,736,101 *	70,736,101	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
10/30/24 S	10,421,122.6800	1.0000	0	10,421,123 *	10,421,123	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/01/24 S	23,042,757.6600	1.0000	0	23,042,758 *	23,042,758	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/05/24 S	6,658,148.3300	1.0000	0	6,658,148 *	6,658,148	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/07/24 B	9,788,470.3600	1.0000	0	-9,788,470 *	9,788,470	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/13/24 S	15,299,985.2200	1.0000	0	15,299,985 *	15,299,985	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/15/24 S	19,190,163.3200	1.0000	0	19,190,163 *	19,190,163	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/20/24 S	9,877,173.8100	1.0000	0	9,877,174 *	9,877,174	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/25/24 S	11,639,371.9500	1.0000	0	11,639,372 *	11,639,372	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/26/24 B	21,120,260.5800	1.0000	0	-21,120,261 *	21,120,261	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/27/24 B	67,041,558.3900	1.0000	0	-67,041,558 *	67,041,558	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
11/29/24 S	27,100,307.4500	1.0000	0	27,100,307 *	27,100,307	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
12/06/24 B	8,850,516.9400	1.0000	0	-8,850,517 *	8,850,517	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
12/11/24 S	11,466,108.2000	1.0000	0	11,466,108 *	11,466,108	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
12/13/24 S	20,919,363.1100	1.0000	0	20,919,363 *	20,919,363	0
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
12/18/24 S	7,990,702.8600	1.0000	0	7,990,703 *	7,990,703	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7036734

PAGE 147

RAILROAD - EMP HEALTH & WELFARE

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						
12/26/24 B	10,232,977.6900	1.0000	0	-10,232,978 *	10,232,978	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
12/27/24 B	8,892,118.0600	1.0000	0	-8,892,118 *	8,892,118	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
12/30/24 B	71,545,966.8300	1.0000	0	-71,545,967 *	71,545,967	
ISSUE: 60934N500 - FED HERMES TREASURY OBLIG MMKT-#68						
12/31/24 S	8,575,339.5300	1.0000	0	8,575,340 *	8,575,340	0
GRAND TOTAL			0	2,557,529,244	2,557,529,244	0

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

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

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

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

01/02/24 B	29,425,566.9000	1.0000	0	-29,425,567 *	29,425,567	
01/03/24 B	509,695.5800	1.0000	0	-509,696	509,696	
01/04/24 B	4,866,689.8200	1.0000	0	-4,866,690	4,866,690	
01/05/24 B	12,847,910.7600	1.0000	0	-12,847,911 *	12,847,911	
01/29/24 B	43,825,989.6200	1.0000	0	-43,825,990 *	43,825,990	
01/30/24 B	49,055,356.1000	1.0000	0	-49,055,356 *	49,055,356	
02/02/24 B	587,315.6300	1.0000	0	-587,316	587,316	
02/06/24 B	4,863,036.5100	1.0000	0	-4,863,037	4,863,037	
02/07/24 B	720,369.2000	1.0000	0	-720,369	720,369	
02/15/24 B	35,044,524.6800	1.0000	0	-35,044,525 *	35,044,525	
02/27/24 B	144,143,904.8800	1.0000	0	-144,143,905 *	144,143,905	
03/01/24 B	1,352,834.0400	1.0000	0	-1,352,834	1,352,834	

REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7036734

PAGE 148

RAILROAD - EMP HEALTH & WELFARE

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
03/04/24 B	619,915.9100	1.0000	0	-619,916		619,916
03/07/24 B	18,747,530.4700	1.0000	0	-18,747,530 *		18,747,530
03/15/24 B	33,484,470.8800	1.0000	0	-33,484,471 *		33,484,471
03/27/24 B	139,789,650.6800	1.0000	0	-139,789,651 *		139,789,651
04/01/24 B	19,064,659.3100	1.0000	0	-19,064,659 *		19,064,659
04/02/24 B	1,057,724.9000	1.0000	0	-1,057,725		1,057,725
04/04/24 B	7,879,185.7400	1.0000	0	-7,879,186 *		7,879,186
04/25/24 B	28,733,929.9500	1.0000	0	-28,733,930 *		28,733,930
04/26/24 B	49,957,217.6000	1.0000	0	-49,957,218 *		49,957,218
04/29/24 B	15,325,276.9000	1.0000	0	-15,325,277 *		15,325,277
05/02/24 B	1,341,200.0900	1.0000	0	-1,341,200		1,341,200
05/06/24 B	7,091,274.9500	1.0000	0	-7,091,275 *		7,091,275
05/07/24 B	5,760,012.8600	1.0000	0	-5,760,013		5,760,013
05/16/24 B	2,262,822.6000	1.0000	0	-2,262,823		2,262,823
05/28/24 B	19,574,999.5200	1.0000	0	-19,575,000 *		19,575,000
05/29/24 B	61,960,408.0900	1.0000	0	-61,960,408 *		61,960,408
06/04/24 B	1,323,800.0100	1.0000	0	-1,323,800		1,323,800
06/05/24 B	924,291.2500	1.0000	0	-924,291		924,291
06/06/24 B	1,106,827.8200	1.0000	0	-1,106,828		1,106,828
06/07/24 B	7,673,713.2800	1.0000	0	-7,673,713 *		7,673,713
06/17/24 B	2,811,932.6600	1.0000	0	-2,811,933		2,811,933
06/26/24 B	11,020,784.4000	1.0000	0	-11,020,784 *		11,020,784
06/27/24 B	82,948,636.3500	1.0000	0	-82,948,636 *		82,948,636
07/02/24 B	33,586,947.7400	1.0000	0	-33,586,948 *		33,586,948
07/02/24 B	1,287,325.3900	1.0000	0	-1,287,325		1,287,325
07/09/24 B	11,997,516.0800	1.0000	0	-11,997,516 *		11,997,516
07/16/24 B	4,166,580.7900	1.0000	0	-4,166,581		4,166,581
07/29/24 B	22,267,343.5700	1.0000	0	-22,267,344 *		22,267,344
07/30/24 B	73,479,185.0100	1.0000	0	-73,479,185 *		73,479,185
08/02/24 B	1,450,581.7100	1.0000	0	-1,450,582		1,450,582
08/05/24 B	1,623,152.6900	1.0000	0	-1,623,153		1,623,153
08/06/24 B	55,909.7300	1.0000	0	-55,910		55,910
08/08/24 B	8,969,064.2400	1.0000	0	-8,969,064 *		8,969,064
08/16/24 B	7,311,464.0700	1.0000	0	-7,311,464 *		7,311,464
08/29/24 B	114,036,731.7100	1.0000	0	-114,036,732 *		114,036,732
09/03/24 B	13,870,113.6200	1.0000	0	-13,870,114 *		13,870,114
09/04/24 B	1,414,438.4800	1.0000	0	-1,414,438		1,414,438
09/05/24 B	3,714,710.7300	1.0000	0	-3,714,711		3,714,711
09/27/24 B	134,631,564.4300	1.0000	0	-134,631,564 *		134,631,564
10/01/24 B	34,249,038.0200	1.0000	0	-34,249,038 *		34,249,038
10/02/24 B	1,412,551.6700	1.0000	0	-1,412,552		1,412,552
10/07/24 B	718,448.0400	1.0000	0	-718,448		718,448
10/08/24 B	5,412,404.9700	1.0000	0	-5,412,405		5,412,405
10/17/24 B	4,093,456.9600	1.0000	0	-4,093,457		4,093,457
10/28/24 B	20,459,366.4900	1.0000	0	-20,459,366 *		20,459,366
10/29/24 B	70,736,100.5000	1.0000	0	-70,736,101 *		70,736,101



REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7036734

PAGE 149

RAILROAD - EMP HEALTH & WELFARE

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS	
11/04/24 B	1,572,109.1400	1.0000	0	-1,572,109	1,572,109		
11/07/24 B	9,788,470.3600	1.0000	0	-9,788,470 *	9,788,470		
11/08/24 B	1,736,642.2600	1.0000	0	-1,736,642	1,736,642		
11/14/24 B	988,128.2400	1.0000	0	-988,128	988,128		
11/26/24 B	21,120,260.5800	1.0000	0	-21,120,261 *	21,120,261		
11/27/24 B	67,041,558.3900	1.0000	0	-67,041,558 *	67,041,558		
12/02/24 B	4,144.4000	1.0000	0	-4,144	4,144		
12/03/24 B	1,390,577.1600	1.0000	0	-1,390,577	1,390,577		
12/06/24 B	8,850,516.9400	1.0000	0	-8,850,517 *	8,850,517		
12/17/24 B	115,969.8000	1.0000	0	-115,970	115,970		
12/26/24 B	10,232,977.6900	1.0000	0	-10,232,978 *	10,232,978		
12/26/24 B	122,475.1500	1.0000	0	-122,475	122,475		
12/27/24 B	8,892,118.0600	1.0000	0	-8,892,118 *	8,892,118		
12/30/24 B	71,545,966.8300	1.0000	0	-71,545,967 *	71,545,967		
SUB-TOTAL OF BUYS # 72				0	1,622,049,375	1,622,049,375	
01/03/24 S	11,053,877.0700	1.0000	0	11,053,877 *	11,053,877	0	
01/08/24 S	3,698,750.7400	1.0000	0	3,698,751	3,698,751	0	
01/09/24 S	17,241.2200	1.0000	0	17,241	17,241	0	
01/09/24 S	5,174,964.1000	1.0000	0	5,174,964	5,174,964	0	
01/10/24 S	7,822,046.3500	1.0000	0	7,822,046 *	7,822,046	0	
01/11/24 S	1,954,221.6300	1.0000	0	1,954,222	1,954,222	0	
01/12/24 S	18,458,685.2600	1.0000	0	18,458,685	18,458,685	0	
01/16/24 S	6,731,857.3300	1.0000	0	6,731,857 *	6,731,857	0	
01/17/24 S	909,424.4600	1.0000	0	909,424	909,424	0	
01/18/24 S	1,813,921.8000	1.0000	0	1,813,922	1,813,922	0	
01/19/24 S	2,207,988.4300	1.0000	0	2,207,988	2,207,988	0	
01/22/24 S	3,311,528.9100	1.0000	0	3,311,529	3,311,529	0	
01/23/24 S	6,064,149.8000	1.0000	0	6,064,150	6,064,150	0	
01/24/24 S	7,377,269.4900	1.0000	0	7,377,269 *	7,377,269	0	
01/25/24 S	1,010,861.7100	1.0000	0	1,010,862	1,010,862	0	
01/26/24 S	21,298,931.2800	1.0000	0	21,298,931 *	21,298,931	0	
01/31/24 S	14,620,364.7300	1.0000	0	14,620,365 *	14,620,365	0	
02/01/24 S	2,461,908.8900	1.0000	0	2,461,909	2,461,909	0	
02/02/24 S	487,724.9400	1.0000	0	487,725	487,725	0	
02/05/24 S	7,072,942.5700	1.0000	0	7,072,943 *	7,072,943	0	
02/08/24 S	19,333.9600	1.0000	0	19,334	19,334	0	
02/08/24 S	1,296,366.6700	1.0000	0	1,296,367	1,296,367	0	
02/09/24 S	22,139,502.9600	1.0000	0	22,139,503 *	22,139,503	0	
02/12/24 S	2,573,611.5600	1.0000	0	2,573,612	2,573,612	0	
02/13/24 S	3,703,146.8100	1.0000	0	3,703,147	3,703,147	0	
02/14/24 S	9,576,781.0100	1.0000	0	9,576,781 *	9,576,781	0	
02/16/24 S	1,033,236.5200	1.0000	0	1,033,237	1,033,237	0	
02/20/24 S	1,991,432.3400	1.0000	0	1,991,432	1,991,432	0	
02/21/24 S	9,128,375.8000	1.0000	0	9,128,376 *	9,128,376	0	

REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 150

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
02/22/24 S	3,628,094.0800	1.0000	0	3,628,094	3,628,094	0
02/23/24 S	21,007,075.8700	1.0000	0	21,007,076 *	21,007,076	0
02/26/24 S	3,843,985.4200	1.0000	0	3,843,985	3,843,985	0
02/28/24 S	10,612,955.1400	1.0000	0	10,612,955 *	10,612,955	0
02/29/24 S	3,993,009.8000	1.0000	0	3,993,010	3,993,010	0
03/04/24 S	2,399,871.6100	1.0000	0	2,399,872	2,399,872	0
03/05/24 S	4,860,114.5100	1.0000	0	4,860,115	4,860,115	0
03/06/24 S	8,648,169.2300	1.0000	0	8,648,169 *	8,648,169	0
03/08/24 S	21,765,356.8100	1.0000	0	21,765,357 *	21,765,357	0
03/08/24 S	21,308.8300	1.0000	0	21,309	21,309	0
03/11/24 S	2,634,939.6500	1.0000	0	2,634,940	2,634,940	0
03/12/24 S	4,860,286.4000	1.0000	0	4,860,286	4,860,286	0
03/13/24 S	8,249,715.5000	1.0000	0	8,249,716 *	8,249,716	0
03/14/24 S	338,732.8000	1.0000	0	338,733	338,733	0
03/18/24 S	3,639,105.0600	1.0000	0	3,639,105	3,639,105	0
03/19/24 S	4,376,573.1300	1.0000	0	4,376,573	4,376,573	0
03/20/24 S	6,954,970.4300	1.0000	0	6,954,970 *	6,954,970	0
03/21/24 S	1,784,193.8300	1.0000	0	1,784,194	1,784,194	0
03/22/24 S	21,224,188.7700	1.0000	0	21,224,189 *	21,224,189	0
03/25/24 S	4,304,313.9900	1.0000	0	4,304,314	4,304,314	0
03/26/24 S	3,962,044.5300	1.0000	0	3,962,045	3,962,045	0
03/28/24 S	5,626,277.1700	1.0000	0	5,626,277	5,626,277	0
04/02/24 S	2,582,202.1300	1.0000	0	2,582,202	2,582,202	0
04/03/24 S	8,794,098.6300	1.0000	0	8,794,099 *	8,794,099	0
04/05/24 S	9,595,445.2000	1.0000	0	9,595,445 *	9,595,445	0
04/08/24 S	32,591.0600	1.0000	0	32,591	32,591	0
04/08/24 S	5,250,179.3200	1.0000	0	5,250,179	5,250,179	0
04/09/24 S	4,318,650.2100	1.0000	0	4,318,650	4,318,650	0
04/10/24 S	9,145,884.2800	1.0000	0	9,145,884 *	9,145,884	0
04/11/24 S	724,519.0900	1.0000	0	724,519	724,519	0
04/12/24 S	2,310,242.3500	1.0000	0	2,310,242	2,310,242	0
04/15/24 S	9,383,547.1700	1.0000	0	9,383,547 *	9,383,547	0
04/16/24 S	469,873.6300	1.0000	0	469,874	469,874	0
04/17/24 S	8,388,138.3500	1.0000	0	8,388,138 *	8,388,138	0
04/18/24 S	614,171.7500	1.0000	0	614,172	614,172	0
04/19/24 S	14,847,435.8000	1.0000	0	14,847,436 *	14,847,436	0
04/22/24 S	930,720.6700	1.0000	0	930,721	930,721	0
04/23/24 S	5,352,914.8600	1.0000	0	5,352,915	5,352,915	0
04/24/24 S	9,685,990.8400	1.0000	0	9,685,991 *	9,685,991	0
04/30/24 S	7,652,910.7100	1.0000	0	7,652,911 *	7,652,911	0
05/01/24 S	9,515,734.2100	1.0000	0	9,515,734 *	9,515,734	0
05/02/24 S	1,386,703.6800	1.0000	0	1,386,704	1,386,704	0
05/03/24 S	22,580,391.1600	1.0000	0	22,580,391 *	22,580,391	0
05/08/24 S	10,992,139.5100	1.0000	0	10,992,140 *	10,992,140	0
05/08/24 S	42,270.8900	1.0000	0	42,271	42,271	0
05/09/24 S	2,194,908.2200	1.0000	0	2,194,908	2,194,908	0



## REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7036734

PAGE 151

RAILROAD - EMP HEALTH &amp; WELFARE

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
05/10/24 S	2,047,282.2100	1.0000	0	2,047,282	2,047,282	0
05/13/24 S	3,798,849.4900	1.0000	0	3,798,849	3,798,849	0
05/14/24 S	786,646.9800	1.0000	0	786,647	786,647	0
05/14/24 S	5,613,410.3200	1.0000	0	5,613,410	5,613,410	0
05/15/24 S	5,898,136.5000	1.0000	0	5,898,137	5,898,137	0
05/17/24 S	18,107,388.1100	1.0000	0	18,107,388 *	18,107,388	0
05/20/24 S	3,443,062.2200	1.0000	0	3,443,062	3,443,062	0
05/21/24 S	5,072,837.1900	1.0000	0	5,072,837	5,072,837	0
05/22/24 S	8,225,594.9800	1.0000	0	8,225,595 *	8,225,595	0
05/23/24 S	2,243,436.3900	1.0000	0	2,243,436	2,243,436	0
05/24/24 S	2,816,564.7700	1.0000	0	2,816,565	2,816,565	0
05/30/24 S	1,015,769.4000	1.0000	0	1,015,769	1,015,769	0
05/31/24 S	25,048,353.5900	1.0000	0	25,048,354 *	25,048,354	0
06/03/24 S	432,814.0600	1.0000	0	432,814	432,814	0
06/04/24 S	3,181,402.6100	1.0000	0	3,181,403	3,181,403	0
06/10/24 S	40,710.7400	1.0000	0	40,711	40,711	0
06/10/24 S	2,223,265.8800	1.0000	0	2,223,266	2,223,266	0
06/11/24 S	4,953,831.9400	1.0000	0	4,953,832	4,953,832	0
06/12/24 S	9,060,590.5800	1.0000	0	9,060,591 *	9,060,591	0
06/13/24 S	409,975.9600	1.0000	0	409,976	409,976	0
06/14/24 S	21,133,785.3400	1.0000	0	21,133,785 *	21,133,785	0
06/18/24 S	3,676,778.8100	1.0000	0	3,676,779	3,676,779	0
06/20/24 S	11,082,898.6800	1.0000	0	11,082,899 *	11,082,899	0
06/21/24 S	1,902,333.9500	1.0000	0	1,902,334	1,902,334	0
06/24/24 S	4,011,406.0700	1.0000	0	4,011,406	4,011,406	0
06/25/24 S	5,851,635.3100	1.0000	0	5,851,635	5,851,635	0
06/28/24 S	24,951,624.7900	1.0000	0	24,951,625 *	24,951,625	0
07/01/24 S	3,842,441.4000	1.0000	0	3,842,441	3,842,441	0
07/03/24 S	9,057,295.7600	1.0000	0	9,057,296 *	9,057,296	0
07/05/24 S	115,657.1900	1.0000	0	115,657	115,657	0
07/08/24 S	5,596,923.5300	1.0000	0	5,596,924	5,596,924	0
07/09/24 S	40,706.2700	1.0000	0	40,706	40,706	0
07/10/24 S	7,711,442.6100	1.0000	0	7,711,443 *	7,711,443	0
07/11/24 S	689,138.4400	1.0000	0	689,138	689,138	0
07/12/24 S	18,659,124.6200	1.0000	0	18,659,125 *	18,659,125	0
07/15/24 S	2,929,951.2700	1.0000	0	2,929,951	2,929,951	0
07/17/24 S	7,781,280.8700	1.0000	0	7,781,281 *	7,781,281	0
07/18/24 S	2,671,964.8700	1.0000	0	2,671,965	2,671,965	0
07/19/24 S	2,159,074.2800	1.0000	0	2,159,074	2,159,074	0
07/22/24 S	3,717,043.3600	1.0000	0	3,717,043	3,717,043	0
07/23/24 S	7,213,049.3300	1.0000	0	7,213,049 *	7,213,049	0
07/24/24 S	9,478,863.8800	1.0000	0	9,478,864 *	9,478,864	0
07/25/24 S	1,419,588.3300	1.0000	0	1,419,588	1,419,588	0
07/26/24 S	24,470,894.3300	1.0000	0	24,470,894 *	24,470,894	0
07/31/24 S	13,515,281.7600	1.0000	0	13,515,282 *	13,515,282	0
08/01/24 S	1,437,484.0500	1.0000	0	1,437,484	1,437,484	0

REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 152

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
08/02/24 S	3,494,340.7700	1.0000	0	3,494,341	3,494,341	0
08/07/24 S	5,211,357.0300	1.0000	0	5,211,357	5,211,357	0
08/08/24 S	44,022.7800	1.0000	0	44,023	44,023	0
08/09/24 S	22,669,566.2500	1.0000	0	22,669,566 *	22,669,566	0
08/12/24 S	4,239,253.2400	1.0000	0	4,239,253	4,239,253	0
08/13/24 S	6,210,549.5800	1.0000	0	6,210,550	6,210,550	0
08/14/24 S	9,427,228.4700	1.0000	0	9,427,228 *	9,427,228	0
08/15/24 S	3,257,307.5200	1.0000	0	3,257,308	3,257,308	0
08/19/24 S	4,219,339.4100	1.0000	0	4,219,339	4,219,339	0
08/20/24 S	6,394,344.9900	1.0000	0	6,394,345	6,394,345	0
08/21/24 S	12,523,536.2100	1.0000	0	12,523,536 *	12,523,536	0
08/22/24 S	1,664,062.3400	1.0000	0	1,664,062	1,664,062	0
08/23/24 S	23,253,356.0200	1.0000	0	23,253,356 *	23,253,356	0
08/26/24 S	2,240,911.7500	1.0000	0	2,240,912	2,240,912	0
08/27/24 S	4,435,917.8900	1.0000	0	4,435,918	4,435,918	0
08/28/24 S	11,900,356.8100	1.0000	0	11,900,357 *	11,900,357	0
08/30/24 S	6,390,743.0500	1.0000	0	6,390,743	6,390,743	0
09/04/24 S	15,416,177.9600	1.0000	0	15,416,178 *	15,416,178	0
09/06/24 S	7,883,585.2700	1.0000	0	7,883,585 *	7,883,585	0
09/09/24 S	3,085,624.4100	1.0000	0	3,085,624	3,085,624	0
09/10/24 S	43,278.5000	1.0000	0	43,279	43,279	0
09/10/24 S	3,300,818.2100	1.0000	0	3,300,818	3,300,818	0
09/11/24 S	8,119,836.3200	1.0000	0	8,119,836 *	8,119,836	0
09/12/24 S	1,458,933.6500	1.0000	0	1,458,934	1,458,934	0
09/13/24 S	2,166,581.5600	1.0000	0	2,166,582	2,166,582	0
09/16/24 S	1,564,582.0500	1.0000	0	1,564,582	1,564,582	0
09/17/24 S	1,606,760.2300	1.0000	0	1,606,760	1,606,760	0
09/18/24 S	14,016,424.0500	1.0000	0	14,016,424 *	14,016,424	0
09/19/24 S	225,950.3000	1.0000	0	225,950	225,950	0
09/20/24 S	23,965,887.7600	1.0000	0	23,965,888 *	23,965,888	0
09/23/24 S	3,028,433.3200	1.0000	0	3,028,433	3,028,433	0
09/24/24 S	4,492,107.7800	1.0000	0	4,492,108	4,492,108	0
09/25/24 S	8,872,887.8700	1.0000	0	8,872,888 *	8,872,888	0
09/26/24 S	1,830,726.7900	1.0000	0	1,830,727	1,830,727	0
09/30/24 S	8,500,583.1500	1.0000	0	8,500,583 *	8,500,583	0
10/03/24 S	13,827,924.2900	1.0000	0	13,827,924 *	13,827,924	0
10/04/24 S	17,585,016.3100	1.0000	0	17,585,016 *	17,585,016	0
10/08/24 S	45,683.6800	1.0000	0	45,684	45,684	0
10/09/24 S	10,401,951.8700	1.0000	0	10,401,952 *	10,401,952	0
10/10/24 S	1,533,193.5300	1.0000	0	1,533,194	1,533,194	0
10/11/24 S	2,127,443.9400	1.0000	0	2,127,444	2,127,444	0
10/15/24 S	6,042,287.7300	1.0000	0	6,042,288	6,042,288	0
10/16/24 S	12,963,574.3900	1.0000	0	12,963,574 *	12,963,574	0
10/18/24 S	22,492,993.6900	1.0000	0	22,492,994 *	22,492,994	0
10/21/24 S	4,756,055.7600	1.0000	0	4,756,056	4,756,056	0
10/22/24 S	4,790,137.7200	1.0000	0	4,790,138	4,790,138	0



REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7036734

PAGE 153

RAILROAD - EMP HEALTH & WELFARE

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
10/23/24 S	11,044,265.8000	1.0000	0	11,044,266 *	11,044,266	0
10/24/24 S	713,142.2400	1.0000	0	713,142	713,142	0
10/25/24 S	2,608,236.9600	1.0000	0	2,608,237	2,608,237	0
10/30/24 S	10,421,122.6800	1.0000	0	10,421,123 *	10,421,123	0
10/31/24 S	4,747,280.1600	1.0000	0	4,747,280	4,747,280	0
11/01/24 S	23,042,757.6600	1.0000	0	23,042,758 *	23,042,758	0
11/04/24 S	4,768,263.8900	1.0000	0	4,768,264	4,768,264	0
11/05/24 S	6,658,148.3300	1.0000	0	6,658,148 *	6,658,148	0
11/06/24 S	2,182,490.9600	1.0000	0	2,182,491	2,182,491	0
11/08/24 S	51,648.0500	1.0000	0	51,648	51,648	0
11/12/24 S	4,400,173.7800	1.0000	0	4,400,174	4,400,174	0
11/13/24 S	15,299,985.2200	1.0000	0	15,299,985 *	15,299,985	0
11/15/24 S	19,190,163.3200	1.0000	0	19,190,163 *	19,190,163	0
11/18/24 S	330,010.2900	1.0000	0	330,010	330,010	0
11/19/24 S	5,719,873.2700	1.0000	0	5,719,873	5,719,873	0
11/20/24 S	9,877,173.8100	1.0000	0	9,877,174 *	9,877,174	0
11/21/24 S	4,227,693.6700	1.0000	0	4,227,694	4,227,694	0
11/22/24 S	2,345,546.3300	1.0000	0	2,345,546	2,345,546	0
11/25/24 S	11,639,371.9500	1.0000	0	11,639,372 *	11,639,372	0
11/29/24 S	27,100,307.4500	1.0000	0	27,100,307 *	27,100,307	0
12/02/24 S	3,778,943.2700	1.0000	0	3,778,943	3,778,943	0
12/03/24 S	5,827,085.6400	1.0000	0	5,827,086	5,827,086	0
12/04/24 S	817,060.6700	1.0000	0	817,061	817,061	0
12/05/24 S	871,410.7000	1.0000	0	871,411	871,411	0
12/09/24 S	49,406.7200	1.0000	0	49,407	49,407	0
12/09/24 S	2,510,786.8600	1.0000	0	2,510,787	2,510,787	0
12/10/24 S	6,397,767.6700	1.0000	0	6,397,768	6,397,768	0
12/11/24 S	11,466,108.2000	1.0000	0	11,466,108 *	11,466,108	0
12/12/24 S	1,936,086.7800	1.0000	0	1,936,087	1,936,087	0
12/13/24 S	20,919,363.1100	1.0000	0	20,919,363 *	20,919,363	0
12/16/24 S	3,570,615.3600	1.0000	0	3,570,615	3,570,615	0
12/18/24 S	7,990,702.8600	1.0000	0	7,990,703 *	7,990,703	0
12/19/24 S	1,441,610.5300	1.0000	0	1,441,611	1,441,611	0
12/20/24 S	156,290.1200	1.0000	0	156,290	156,290	0
12/23/24 S	2,366,357.3000	1.0000	0	2,366,357	2,366,357	0
12/23/24 S	5,426,708.5100	1.0000	0	5,426,709	5,426,709	0
12/31/24 S	8,575,339.5300	1.0000	0	8,575,340 *	8,575,340	0
SUB-TOTAL OF SALES # 204			0	1,354,265,927	1,354,265,927	0
SUB-TOTAL			0	2,976,315,302	2,976,315,302	0
GRAND TOTAL			0	2,976,315,302	2,976,315,302	0

REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT 7036734

RAILROAD - EMP HEALTH & WELFARE

PAGE 154

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