Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 11/01/2012 and ending 10/31/2013

A This return/report is for:
- [X] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [ ] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PLUMBERS AND STEAMFITTERS LOC 131 PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/21/1971

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 131 PENSION PLAN

C/O INSURANCE PROGRAMMERS, INC.

P.O. BOX 5817
WALLINGFORD, CT 06492

10 TECHNOLOGY DR
WALLINGFORD, CT 06492

2b Employer Identification Number (EIN)
51-6029575

2c Sponsor's telephone number
203-269-7741

2d Business code (see instructions)
238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/14/2014	GERARD J. FRAME
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 131 PENSION PLAN
C/O INSURANCE PROGRAMMERS, INC.
P.O. BOX 5817
WALLINGFORD, CT 06492

3b Administrator's EIN: 51-6029575

3c Administrator's telephone number: 203-269-7741

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	608
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	245
b	Retired or separated participants receiving benefits	**6b**	188
c	Other retired or separated participants entitled to future benefits	**6c**	118
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	551
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	64
f	Total. Add lines **6d** and **6e**	**6f**	615
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	33

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1G

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ 0 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 11/01/2012 and ending 10/31/2013

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PLUMBERS AND STEAMFITTERS LOC 131 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 131 PENSION PLAN

D Employer Identification Number (EIN)
51-6029575

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 11 Day 01 Year 2012		
b	Assets		
(1)	Current value of assets	**1b(1)**	17613628
(2)	Actuarial value of assets for funding standard account	**1b(2)**	21136354
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	42153843
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	42153843
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	64733929
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	650500
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	3136862
(3)	Expected plan disbursements for the plan year	**1d(3)**	3311862

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary	08/12/2014 Date
A. DONALD MORGAN, FSA, MAAA	14-05662
Type or print name of actuary	Most recent enrollment number
THE SEGAL COMPANY	617-424-7300
Firm name	Telephone number (including area code)
116 HUNTINGTON AVENUE, 8TH FLOOR, BOSTON, MA 02116-5712	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	17613628
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		253	36125666
(2) For terminated vested participants		123	9995168
(3) For active participants:			
(a) Non-vested benefits			706463
(b) Vested benefits			17906632
(c) Total active		232	18613095
(4) Total		608	64733929
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	27.20 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/15/2013	2333580	0			
			Totals ► 3(b)	2333580	3(c) 0

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5.	**4a**	C
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4b**	50.1 %
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		[X] Yes [ ] No
d If the plan is in critical status, were any adjustable benefits reduced?		[ ] Yes [X] No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	**4e**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a [ ] Attained age normal **b** [ ] Entry age normal **c** [X] Accrued benefit (unit credit) **d** [ ] Aggregate
e [ ] Frozen initial liability **f** [ ] Individual level premium **g** [ ] Individual aggregate **h** [X] Shortfall
i [ ] Reorganization **j** [ ] Other (specify):

k If box h is checked, enter period of use of shortfall method	**5k**	76
l Has a change been made in funding method for this plan year?		[ ] Yes [X] No
m If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		[ ] Yes [ ] No
n If line l is "Yes," and line m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5n**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability				**6a**	3.84 %
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		[ ] Yes [ ] No [X] N/A		[ ] Yes [ ] No [X] N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	A		A	
(2) Females	**6c(2)**	A		A	
d Valuation liability interest rate	**6d**	7.50%		7.50 %	
e Expense loading	**6e**	53.9%	[ ] N/A	%	[X] N/A
f Salary scale	**6f**	%	[X] N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date				**6g**	8.3 %
h Estimated investment return on current value of assets for year ending on the valuation date				**6h**	9.2 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-35375	0
2	-702520	0

8 Miscellaneous information:

a	If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	**8a**	
b	Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule.		[X] Yes [ ] No
c	Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		[ ] Yes [X] No
d	If line c is "Yes," provide the following additional information:		
	(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		[ ] Yes [ ] No
	(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
	(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		[ ] Yes [ ] No
	(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
	(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
	(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		[ ] Yes [ ] No
e	If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	**8e**	-1464639

9 Funding standard account statement for this plan year:

	Charges to funding standard account:				
a	Prior year funding deficiency, if any			**9a**	2350481
b	Employer's normal cost for plan year as of valuation date			**9b**	488676
c	Amortization charges as of valuation date:		Outstanding balance		
	(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	26043156		4123593
	(2) Funding waivers	**9c(2)**	0		0
	(3) Certain bases for which the amortization period has been extended	**9c(3)**	0		0
d	Interest as applicable on lines 9a, 9b, and 9c			**9d**	522206
e	Total charges. Add lines 9a through 9d			**9e**	7484956
	Credits to funding standard account:				
f	Prior year credit balance, if any			**9f**	0
g	Employer contributions. Total from column (b) of line 3			**9g**	2333580
			Outstanding balance		
h	Amortization credits as of valuation date	**9h**	7376148		1044318
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	158541
j	Full funding limitation (FFL) and credits:				
	(1) ERISA FFL (accrued liability FFL)	**9j(1)**	26917664		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	38949330		
	(3) FFL credit			**9j(3)**	0
k	**(1)** Waived funding deficiency			**9k(1)**	0
	(2) Other credits			**9k(2)**	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	3536439
m	Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	3948517

9 o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2012 plan year	**9o(1)**	0
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	**9o(2)(a)**	0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**	0
	(3) Total as of valuation date	**9o(3)**	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	3948517
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.		[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 11/01/2012 and ending 10/31/2013

A Name of plan
PLUMBERS AND STEAMFITTERS LOC 131 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 131 PENSION PLAN

D Employer Identification Number (EIN)
51-6029575

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).. . . . . [X] 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

NEWTOWER TRUST COMPANY

20-1641876

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

LEGG MASON INVESTOR SERVICES, LLC
100 INTERNATIONAL DRIVE
BALTIMORE, MD 21202

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

DIMENSIONAL FUND ADVISORS, LP

30-0447847

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

SEI TRUST COMPANY

06-1271230

(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)

INSURANCE PROGRAMMERS, INC.

06-0811449

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	49248	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL COMPANY

13-1928058

(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 50	NONE	40465	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL ROGERSCASEY

13-2646110

(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?
27 50	NONE	27000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

BUCKLEY, FRAME, BOUDREAU & CO., P.C

06-0931761

(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 50	NONE	15473	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SHUMAKER, LOOP & KENDRICK, LLP

34-4439491

(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?
29 50	NONE	15130	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS

04-0025081

(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?
28 50	NONE	14711	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 11/01/2012 and ending 10/31/2013

A Name of plan
PLUMBERS AND STEAMFITTERS LOC 131 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 131 PENSION PLAN

D Employer Identification Number (EIN)
51-6029575

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 FLAGSHIP

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-002	C	3821703

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI EMPLOYER PROPERTY TRUST

b Name of sponsor of entity listed in (a): NEWTOWER TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6218800-001	C	2807542

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO ALL ASSET COLLECTIVE TRUST

b Name of sponsor of entity listed in (a): PIMCO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-0834112-002	C	3280603

a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI ACWI EX USA NL FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-159	C	3833183

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 11/01/2012 and ending 10/31/2013

A Name of plan
PLUMBERS AND STEAMFITTERS LOC 131 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 131 PENSION PLAN

D Employer Identification Number (EIN)
51-6029575

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	298151	351864
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	245236	248475
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	9565	1758
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3607	3607
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	11925108	13743031
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5182527	4855767
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	17664194	19204502
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	50566	33937
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	50566	33937
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	17613628	19170565

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2333580	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2333580
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	118068	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		118068
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1817924
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		575173
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4844745
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3089399	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3089399
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	72366	
(2) Contract administrator fees	2i(2)	49248	
(3) Investment advisory and management fees	2i(3)	41711	
(4) Other	2i(4)	35084	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		198409
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3287808
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1556937
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

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

(1) Name: BUCKLEY, FRAME, BOUDREAU **(2)** EIN: 06-0931761

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 11/01/2012 and ending 10/31/2013

A Name of plan
PLUMBERS AND STEAMFITTERS LOC 131 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 131 PENSION PLAN

D Employer Identification Number (EIN)
51-6029575

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer NORTHERN PEABODY, INC.

b EIN 02-0499949 **c** Dollar amount contributed by employer 337551

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2014

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.74
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer BABCOCK & WILCOX

b EIN 72-1035422 **c** Dollar amount contributed by employer 1091724

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2014

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.74
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer RTH MECHANICAL CONTRACTORS, INC.

b EIN 26-4737668 **c** Dollar amount contributed by employer 290697

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2014

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.74
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer HONEYWELL, INC.

b EIN 22-2640650 **c** Dollar amount contributed by employer 182247

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2014

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.74
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer J.S. THOMAS MECHANICAL, LLC

b EIN 20-0575073 **c** Dollar amount contributed by employer 228484

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2014

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 6.74
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month Day Year

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	0.00
b The corresponding number for the second preceding plan year	**15b**	0.00

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	1
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	165355

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

PLUMBERS AND STEAMFITTERS LOCAL NO. 131
PENSION FUND

FINANCIAL STATEMENTS

OCTOBER 31, 2013

Buckley, Frame,
Boudreau & CO, PC

www.bfbaccountants.com

Kevin J. Buckley, CPA
Gerard J. Frame, CPA
Robert D. Boudreau, CPA

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Plumbers and Steamfitters
Local No. 131 Pension Fund
Wallingford, Connecticut

We have audited the accompanying financial statements of the Plumbers and Steamfitters Local No. 131 Pension Fund, which comprise the statements of net assets available for benefits as of October 31, 2013 and 2012, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of November 1, 2012 and 2011, the related statement of changes in accumulated plan benefits for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plumbers and Steamfitters Local No. 131 Pension Fund's net assets available for benefits as of October 31, 2013, and changes therein for the year then ended and its financial status as of November 1, 2012, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Administrative Expenses, Schedule of Assets Held for Investment Purposes at End of Year and Schedule of Reportable Transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements. The Schedule of Assets Held for Investment Purposes at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 has been subjected to the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Buckley, Frame, Boudreau & Co., P.C.

BUCKLEY, FRAME, BOUDREAU & CO., P.C.
Certified Public Accountants

August 13, 2014
Killingworth, Connecticut

PLUMBERS AND STEAMFITTERS LOCAL NO. 131
PENSION FUND

Statement of Net Assets Available for Benefits

	October 31	
	2013	2012
ASSETS		
Investments at fair value		
Common/collective trust funds	$ 13,743,031	$ 11,925,108
Registered investment companies	4,855,767	5,182,527
Cash equivalents	3,607	3,607
Total investments	18,602,405	17,111,242
Receivables		
Employer contributions	193,086	196,668
Reciprocal contributions	55,389	48,568
Pension benefits	-	1,440
Withdrawal liability, net of allowance for doubtful accounts of $165,355 (2013) and $165,355 (2012)	-	-
Other	1,758	2,718
Total receivables	250,233	249,394
Other Assets		
Cash	351,864	298,151
Prepaid expenses	-	5,407
Total other assets	351,864	303,558
Total assets	19,204,502	17,664,194
LIABILITIES		
Accounts payable	13,212	26,161
Reciprocal payable	20,725	24,405
Total liabilities	33,937	50,566
Net Assets Available for Benefits	$ 19,170,565	$ 17,613,628

The accompanying notes are an integral part of these financial statements.

PLUMBERS AND STEAMFITTERS LOCAL NO. 131
PENSION FUND

Statement of Changes in Net Assets Available for Benefits

	For the Years Ended October 31	
	2013	2012
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	$ 2,393,097	$ 1,434,311
Interest and dividends	118,068	121,859
	2,511,165	1,556,170
Less investment fees	(41,711)	(41,551)
Net investment income	2,469,454	1,514,619
Contributions		
Employers	2,642,712	2,365,249
Reciprocal agreements (net)	(309,132)	29,644
Withdrawal liability	-	165,355
	2,333,580	2,560,248
Total additions	4,803,034	4,074,867
DEDUCTIONS		
Benefits paid directly to participants	3,089,399	3,085,987
Administrative expenses (Schedule I)	156,698	152,342
Allowance for doubtful accounts, withdrawal liability	-	165,355
Total deductions	3,246,097	3,403,684
Net increase	1,556,937	671,183
Net Assets Available for Benefits		
Beginning of year	17,613,628	16,942,445
End of year	$ 19,170,565	$ 17,613,628

The accompanying notes are an integral part of these financial statements.

PLUMBERS AND STEAMFITTERS LOCAL 131
PENSION FUND

Statement of Actuarial Present Value of Accumulated Plan Benefits and Statement of Changes in Actuarial Present Value of Accumulated Plan Benefits

	November 1	
	2012	2011
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Active participants	$ 26,759,066	$ 27,071,476
Other vested participants	15,368,503	14,638,081
	42,127,569	41,709,557
Nonvested benefits	26,274	20,496
Total actuarial present value of accumulated plan benefits	$ 42,153,843	$ 41,730,053
Actuarial present value of accumulated plan benefits at beginning of year	$ 41,730,053	$ 41,494,050
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial experience	495,748	350,646
Interest	3,014,029	2,995,426
Benefits paid	(3,085,987)	(3,110,069)
Net change	423,790	236,003
Actuarial present value of accumulated plan benefits at end of year	$ 42,153,843	$ 41,730,053

The accompanying notes are integral part of these financial statements.

A - Description of Plan

General

The Plumbers and Steamfitters Local No. 131 Pension Fund (the "Fund" or "Plan") was established on January 21, 1971 under a trust agreement, with amendments since that time, and is maintained pursuant to collective bargaining agreements which provide for the rate of employer contributions, the type of work and areas of work for which contributions are payable and certain other terms governing contributions. The Fund's purpose is to provide for retirement, disability and death benefits to eligible participants. The Fund is administered by a Board of Trustees ("Trustees") consisting of representatives of both the employers and the Union.

The Fund is a non-contributory, defined benefit plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Trustees have engaged an actuary to determine the benefit level that can be provided by the hourly contribution rates specified in the collective bargaining agreements. This rate, as actuarially computed, provides for funding of the current service cost and amortization of the unfunded accrued liability.

Employers' Contributions

Contributions to the Fund are made by contributing employers at rates established by collective bargaining agreements. The prior collective bargaining agreement provided for employer contributions at a rate of $6.60 for each hour worked in covered employment effective June 1, 2011 through May 31, 2012. The collective bargaining agreement effective June 1, 2012 through May 31, 2014 provides for employer contributions at a rate of $6.60 for the period June 1, 2012 through May 31, 2013 and $6.74 for the period June 1, 2013 through May 31, 2014 Contributing employers primarily conduct business in the state of New Hampshire. Contributions from four employers comprise 67% of total contributions for 2013.

Pension Benefits and Vesting

The following brief description of the Fund's pension benefits is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

Vested participants are eligible for normal retirement upon reaching the age of 65. Participants may also be eligible for vested deferred benefits, early retirement benefits, or disability retirement benefits if certain conditions are met as outlined in the Plan.

Subject to certain conditions outlined in the Plan, participants presently working in covered employment who have attained normal retirement age receive a monthly pension benefit equal to $10 for each year of credited past service; $70 for each year of credited future service up to February 1, 1996; $90 for each year of credited future service earned between February 1, 1996 and October 31, 2006; and $45 for each year of future service earned after November 1, 2006. Employees receive one year of vesting service for each plan year in which they complete at least 1,000 hours of service in covered employment.

In the event a vested participant dies and has met certain requirements outlined in the Plan, the spouse will be eligible to receive the participant's benefit as if the participant had retired and elected the day of the participant's death to commence benefit payments. In the event a retired member dies, the beneficiary also receives a lump sum benefit of $2,500.

B - Summary of Significant Accounting Policies

Valuation of Investments

The Trustees have appointed investment managers and investment custodians. Subject to an investment policy adopted by the Trustees, the investment managers have discretionary authority concerning purchases and sales of investments, which consist of common collective trust funds, registered investment companies and cash equivalents.

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

See Note L for discussion of fair value measurements.

Securities Lending Transactions

The Pension Fund has authorized its custodian, State Street Advisors, to act as agent in the lending of the common collective trust fund's securities to third parties. Under this arrangement, securities are lent to firms which also have a contractual agreement with State Street Advisors regarding security loans. Collateral in the form of cash, government securities, equities, certificates of deposit or letters of credit are provided to State Street Advisors by the borrower in values greater than the loaned securities. The security is delivered to the borrower simultaneously, while the collateral is invested by State Street Advisors in a commingled collateral pool account. The duration of these transactions is overnight, but can be renewed the next day. At the conclusion of the loan, the borrower returns the security to State Street Advisors. State Street Advisors divests the collateral to enable payment to the borrowing firm of both principal and a rebate in consideration for collateral. The Fund earns the spread between the earnings on the collateral and the rebate to the borrower, less State Street Advisor's fee as agent. Securities lending revenue is placed in a non-interest bearing separate account and may be reinvested in the Fund quarterly or used as a prepayment of investment management fees.

As agent, State Street Advisors establishes and reviews the credit limits of each borrower. Collateral is valued daily to ensure adequate security. If necessary, additional collateral must be furnished to State Street Advisors to cover any shortfalls. The Fund retains ownership of the loaned securities throughout the transaction.

B - Summary of Significant Accounting Policies (cont.)

Securities Lending Transactions (cont.)

Although the Common Collective Trust Fund's securities lending activities are collateralized as described above, and although the terms of the securities lending agreement with the custodial bank require the bank to comply with government rules and regulations related to the lending of securities held by ERISA plans, the securities lending program involves both market and credit risks. In this context, market risk refers to the possibility that the borrowers of securities will be unable to collateralize their loan upon a sudden material change in the fair value of the loaned securities or the collateral, or that the bank's investment of cash collateral received from the borrowers of the Fund's securities may be subject to unfavorable market fluctuations. Credit risk refers to the possibility that counter-parties involved in the securities lending program may fail to perform in accordance with the terms of their contracts. To date, the Common Collective Trust Fund has experienced no losses in connection with the securities lending program.

Derivative Financial Instruments

The Fund, at times, has only a limited, indirect involvement with derivative financial instruments through certain investments. These investments utilize both derivative contracts and securities in accordance with the permissible uses of these financial instruments as defined in the Plan's "Investment Objectives and Guidelines." The Fund is unable to quantify any potential losses due to credit and market risks inherent in these investments, however, the Investment Managers believe the risk of incurring loss is remote and any loss would not be material.

Use of Estimates

The preparation of financial statements, in conformity with accounting principles generally accepted in the United States of America, requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

C – Investments

A summary of Fund investments is as follows:

October 31,2013	Fair Value	Cost
Investments at fair value as determined by quoted market prices:		
Common/collective trust funds	$ 10,935,489	$ 7,989,026
Registered investment companies	4,855,767	3,240,530
Cash equivalents	3,607	3,607
	15,794,863	11,233,163
Investments at estimated fair value:		
Common trust fund	2,807,542	1,370,672
	$ 18,602,405	$ 12,603,835

October 31,2012	Fair Value	Cost
Investments at fair value as determined by quoted market prices:		
Common/collective trust funds	$ 9,332,071	$ 7,989,025
Registered investment companies	5,182,527	4,171,939
Cash equivalents	3,607	3,607
	14,518,205	12,164,571
Investments at estimated fair value:		
Common trust fund	2,593,037	1,367,069
	$ 17,111,242	$ 13,531,640

During 2013 and 2012, the Fund's investments, including gains and losses on investments bought and sold, as well as held during the year appreciated in value by $2,393,097 and $1,434,311, respectively, as follows:

	October 31, 2013	October 31, 2012
Investments at fair value as determined by quoted market prices:		
Registered investment companies	$ 575,173	$ 388,162
Common/collective trust funds	1,603,420	866,393
	2,178,593	1,254,555
Investments at estimated fair value:		
Common trust fund	214,504	179,756
	214,504	179,756
	$ 2,393,097	$ 1,434,311

C – Investments (cont.)

Individual investments that represent 5% or more of the Fund's net assets available for benefits are as follows:

	October 31,	
	2013	2012
SSGA S&P 550 Flagship SL Fund	$ 3,821,703	$ 3,004,010
SSGA MSCI ACWI Ex USA NL Fund	3,833,183	3,179,520
Multi - Employer Property Trust	2,807,542	2,593,037
Dimensional US Small Cap	2,293,635	2,001,034
Western Asset Core Plus Bond	2,562,132	3,181,493
PIMCO All Asset Collective Trust	3,280,603	3,148,541

D – Fidelity Bond

The Plan is insured up to a maximum of $500,000, through a fidelity bond against losses as a result of fraud or dishonesty.

E – Plan Termination

Although they have not expressed intent to do so, the Trustees have the right to terminate the Plan subject to the provisions of ERISA.

In the event of Plan termination, each participant's rights will be non-forfeitable to the extent funded, after providing for any administrative expenses. Assets remaining in the Fund will be allocated among the pensioners, beneficiaries, spouses and participants in the following order:

1. Pension benefits payable to all participants receiving benefits or eligible to receive benefits prior to the three year period ending on the termination date.

2. Pension benefits payable to all participants receiving benefits or eligible to receive benefits prior to the three year period ending on the termination date.

3. To all other benefits of the individuals under the Plan guaranteed under Title IV of ERISA.

4. To all other vested benefits under the Plan.

5. To all other benefits under the Plan.

F - Tax Status

The Plan is qualified under Section 401(a) of the Internal Revenue Code and the related trust is exempt from federal income tax under Section 501(a).

F - Tax Status (cont.)

The Plan obtained its latest determination letter on August 15, 2011, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's legal counsel believes that the Plan is currently designed, and the Plan administrator believes that the Plan is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan is qualified and the related trust is tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of October 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to October 31, 2010.

G - Actuarial Information

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries, and (c) present participants or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an independent actuary from the firm of The Segal Company and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment between the valuation date and the date of payment.

Significant assumptions underlying the actuarial computations are as follows:

Actuarial Cost Method:	Scheduled Cost: Entry age normal actuarial cost method with shortfall. Entry age is the age of employment or, if date is unknown, current age minus pension credits. Normal cost and actuarial accrued liability are calculated on an individual basis and are allocated by service, with normal cost determined as if the current benefit accrual rate had always been in effect.
	Funding Standard Account: Unit Credit Actuarial Cost Method with Shortfall. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.

G - Actuarial Information (cont.)

Net Investment Return:	7.5%
Mortality Rates:	Healthy – RP-2000 Combined Healthy Blue Collar Mortality Table projected generationally using scale AA Disabled – RP-2000 Combined Healthy Blue Collar Mortality Table projected generationally using scale AA set forward 5 years The underlying mortality tables reasonably reflect the projected mortality experience of the Plan as of the measurement date. The mortality tables were then adjusted to future years using generational projection under Scale AA to reflect future mortality improvement.
Weighted average retirement Age:	63.5
Retirement age for inactive vested participants:	65
Administrative Expenses:	$175,000, payable at the beginning of the year for the year beginning November 1, 2012 (previously $195,000).
Current Liability Assumptions:	
Interest:	3.84% (previously, 4.37%) within the permissible range prescribed under IRC Section 431 (c)(6)(E)
Mortality:	Mortality prescribed under IRS Regulation 1.431(c)(6)-1 and 1.430(h)(3)-1: RP-2000 tables projected forward to the valuation year plus seven years for annuitants and 15 years for non annuitants.
Actuarial Value of Assets:	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period (10-year period for years that relief is elected). The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

G - Actuarial Information (cont.)

Future Benefit Accruals:	Each active participant is assumed to work the same number of hours in each future year as worked in the plan year prior to the valuation date.
Definition of Active Participants:	Those with at least one hour of service in the most recent plan year and who have accumulated at least one tenth pension credit for service after 1996, excluding those who have retired as of the valuation date.

The Pension Protection Act of 2006 requires that a plan in the red "critical" zone adopt a Rehabilitation Plan that will enable the Plan to improve its funded position to meet statutory funding requirements over time. To comply with the Act, the Pension Plan adopted a Rehabilitation Plan on July 22, 2009, most recently revised and adopted August 13, 2012.

On January 29, 2013, the Fund actuary certified that the Fund continued to be in critical status for the plan year beginning November 1, 2012. The Trustees adopted an election permitted by the Worker, Retiree and Employer Recovery Act of 2008 to extend the ten-year rehabilitation period by three years.

Subsequent to year end, January 29, 2014, the Fund's actuary certified the Pension Plan remains in critical status (the red zone) for the Plan Year beginning November 1, 2013.

H - Funding Policy

Contributions to the Fund are made by contributing employers at rates established by the collective bargaining agreements. The Fund's actuary has represented that contributions for the years ended October 31, 2013 and 2012 have met the minimum funding requirements of ERISA.

I - Pension Benefit Guaranty Corporation

The Plan is a defined benefit plan and certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions.

I - Pension Benefit Guaranty Corporation (cont.)

However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

If plan benefits have been increased within the five-year period before plan termination, the entire amount of the plan's vested benefits or the benefit increase may not be guaranteed. In addition, there is a statutory ceiling on the amount of monthly benefit that PBGC guarantees, which is adjusted periodically.

Whether all participants receive their benefits should the plan terminate at some future time will depend on the sufficiency, at that time, of the plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by PBGC.

J - Contract Administration

The Fund has a contract with Insurance Programmers, Inc. ("IPI"), a third party administrator, to administer the Fund. The contract provides for a monthly fee of $4,070 effective April 1, 2011; $4,274 effective September 1, 2013 and $4,402 effective September 1, 2014. The agreement shall be automatically extended for additional 12 month periods without further action of either party, unless terminated.

K – Reciprocal Agreements

Participants of other funds from time to time are employed within the territorial jurisdiction of the Fund. The Fund transfers contributions received for these participants to the Funds of their home locals in accordance with provisions of signed reciprocal agreements.

L – Fair Value Measurements

Assets and Liabilities Measured at Fair Value on a Recurring Basis

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 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. 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;

I - Fair Value Measurements (cont.)

Assets and Liabilities Measured at Fair Value on a Recurring Basis (cont.)

- Level 2 -
  - 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no changes in the methodologies used at October 31, 2013 and 2012.

Registered Investment Companies:

Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end (also reference following paragraphs).

- Dimensional U.S. Small Cap Portfolio – Securities held by U.S. Small Cap Value Portfolio, including over-the-counter securities, are valued at the last quoted sale price of the day. Price information on listed securities is taken from the exchange where the security is primarily traded. Generally, securities issued by open-end investment companies are valued using their respective net asset values or public offering prices, as appropriate, for purchase orders place at the close of the New York Stock Exchange (NYSE).

- Western Asset Core Plus Bond – The valuations for fixed income securities and certain derivative instruments are typically the prices supplied by independent third party pricing service, which may use market prices or broker/dealer quotations or a variety of fair valuation techniques and methodologies. Short-term fixed income securities that will mature in 60 days or less are valued at amortized cost; unless it is determined that using this method would not reflect an investment's fair value. Futures contracts are valued daily at the settlement price established by the board of trade or exchange on which they are traded. Equity securities for which market quotations are available are valued at the last reported sales price or official closing price on the primary market or exchange on which they trade. If independent third party pricing services are unable to supply prices for a portfolio investment, or if the prices supplied are deemed by the manager to be unreliable, the market price may be determined by the manager using quotations from one or more broker/dealers. When the Fund holds securities or other assets that are denominated in a foreign currency, the Fund will normally use the currency exchange rates as of 4:00 p.m. (Eastern Time).

L – Fair Value Measurements (cont.)

Registered Investment Companies (cont.):

When reliable prices are not readily available, such as when the value of a security has been significantly affected by events after the close of the exchange or market on which the security is principally traded but before the Fund calculates its net asset value, the Fund values these securities as determined in accordance with procedures approved by the Fund's Board of Directors.

Common Collective Trust Funds:

Common collective trust funds are valued at the net asset value per unit of the fund as represented by the investment custodian (also reference following paragraphs).

- Multi-Employer Property Trust - Multi-Employer Property Trust is a common trust fund primarily invested in cash equivalents, equity real estate properties and real estate notes across the United States. The Trustees of the Multi-Employer Property Trust estimates the values of equity real estate investments, for which market quotations are not available, based on several methods which are subject to review by an independent review appraiser. Real estate notes receivable are stated at fair value as determined by the Trustee quarterly. Fair value is generally determined by adjusting the principal balance of the notes based on the values associated with the Trust's participation in appreciation in the property collateralizing the note. When full collection of a real estate note receivable is in doubt, an allowance for loan loss is established, and the charge is included as a decrease in the unrealized value of investments in the statement of changes in net assets. Because of the inherent uncertainty in the valuation of this investment, the estimated values may differ significantly from the values that would have been used had a ready market for these investments existed, and the differences could be material.

- PIMCO All Asset Collective Trust – For purposes of calculating the NAV, portfolio securities and other assets for which market quotes are readily available are valued at fair market value is generally determined on the basis of last reported sales prices, or if no sales are reported, based on quotes obtained from a quotation reporting system, established market makers, or pricing services.

  Investments initially valued in currencies other than the U.S. dollar are converted to the U.S. dollar using exchange rates obtained from pricing service providers. As a result, the NAV of a Fund's shares may be affected by changes in the value of currencies in relation to the U.S. dollar. The value of securities traded in markets outside the United States or denominated in currencies other that the U.S. dollar may be affected significantly on a day that the NYSE is closed and the NAV may change on days when an investor is not able to purchase, redeem or exchange shares.

L – Fair Value Measurements (cont.)

Common Collective Trust Funds(cont.):

- SSgA MSCI ACWI Ex USA NL Fund – The investment valuation policy of the Fund is to value investments at fair value, which is generally determined as the amount that could reasonably be expected to be realized from an orderly disposition of securities and other financial instruments over a reasonable period of time. By its nature, a fair value price is a good faith estimate of the valuation in a current sale and may not reflect an actual market price. Investments and other portfolio instruments are generally valued using a market approach. Short-term investments (with 60 days or less to maturity), if any, are stated at amortized cost, which approximates fair value. Investments in registered investment companies (other than those that are exchange traded) or collective investment funds, if any, are valued at their respective net asset value.

  With respect to Underlying Funds, equity investments for which market quotations are readily available (including registered investment companies that are exchange traded) are valued at the last reported sale price on their principal exchange on valuation date, or official close price for certain markets. If no sales are reported for that day, investments are valued at the last published sale price, the mean between the last reported bid and asked prices or at fair value as determined in good faith by the Trustee.

- SSgA S&P 500 Flagship SL Fund – The investment valuation policy of the Fund is to value investments at fair value, which is generally determined as the amount that could reasonably be expected to be realized from an orderly disposition of securities and other financial instruments over a reasonable period of time. By its nature, a fair value price is a good faith estimate of the valuation in a current sale and may not reflect an actual market price. Investments and other portfolio instruments are generally valued using a market approach.

  Equity investments for which market quotations are readily available (including registered investment companies that are exchange traded)are valued at the last reported sale price on their principal exchange on valuation date, or official close price for certain markets, If no sales are reported for that day, investments are valued at the last published sale, the mean between the last reported bid and asked prices or at fair value as determined in good faith by the Trustee. Short-term investments (with 60 days or less to maturity), if any, are stated at amortized cost, which approximates fair value. Investments in registered investment companies (other than those that are exchange traded) or collective investment funds, if any, are valued at their respective net asset value.

L – Fair Value Measurements (cont.)

The following table presents assets and liabilities measured at fair value on a recurring basis at October 31, 2013:

	Level 1	Level 2	Level 3	Net balance
Assets				
Cash equivalents	$ 3,607	$ -	$ -	$ 3,607
Common/collective trust funds	7,064,091	3,899,474	2,779,466	13,743,031
Registered investment companies				
U.S. small cap	1,972,526	321,109	-	2,293,635
Core plus bond	-	2,562,132	-	2,562,132
Total	$ 9,040,224	$ 6,782,715	$ 2,779,466	$ 18,602,405

As required under FASB ASC 820, the following table presents a reconciliation of the beginning and ending balances for all assets and liabilities measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the year ended October 31, 2013.

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)		
	Common/ Collective Trust Funds	Registered Investment Companies	Total
Balance as of 10/31/12	$ 2,593,037	$ 5,090	$ 2,598,127
Net gains (losses) realized/unrealized including earnings	186,429	-	186,429
Interest and dividend income	-	-	-
Acquisitions/issuances/ contributions	-	-	-
Disposition/settlements distributions	-	(5,090)	(5,090)
Ending Balances @10/31/13	$ 2,779,466	$ -	$ 2,779,466
Unrealized gains (losses) for the period relating to Level 3 assets that were still held at the reporting date	$ 186,429	$ -	$ 186,429

M – Risk and Uncertainties

The Plan invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector risks. Due to the level of risks associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

The actuarial present value of accumulated Plan benefits is reported based on certain assumptions pertaining to investment returns and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

N – Related-Party and Party in Interest Transactions

The Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

O - Subsequent Events

Subsequent events have been evaluated through August 13, 2014 which is the date the financial statements were available to be issued.

PLUMBERS AND STEAMFITTERS LOCAL NO. 131
PENSION FUND

Schedule I

Administrative Expenses

	Years Ended October 31	
	2013	2012
Administration fees	$ 49,248	$ 48,840
Actuarial and consulting services	40,465	51,963
Fiduciary and fidelity bond insurance	30,369	24,158
Legal	16,428	8,324
Audit	12,350	11,330
Accounting - employer audits	3,123	608
Pension Benefit Guaranty Corporation premium	2,862	5,058
Dues	598	285
Technology services	468	468
Meetings and conferences	318	185
Trustees expenses	253	261
Printing and postage	216	862
Total	$ 156,698	$ 152,342

PLUMBERS AND STEAMFITTERS LOCAL NO. 131
PENSION FUND

Schedule II

Schedule of Employer Contributions

	Year Ended October 31 2013
Babcock & Wilcox	$ 1,091,724
Northern Peabody Inc. Manchester	337,551
RTH Mechanical Contractors, Inc	290,697
J.S. Thomas Mechanical LLC	228,484
Honeywell, Inc	182,247
HVAC Unlimited	111,310
Johnson Controls, Inc.	101,386
RTH Mechanical Services, Inc.	58,211
Siemens Building Tech Ind.	39,681
Stone & Webster Const. Svcs	30,794
Plumbers & Steamfitters Local Union 131	27,702
Day & Zimmerman	25,328
Federal Piping Company, Inc.	22,709
J.C. Higgins Corp.	14,443
Dynamics Systems, Inc.	14,086
Swisslog Translogic Corp	12,477
John W. Danforth Company	9,794
M.J. Electric, Inc.	9,770
CCB, Inc.	8,875
Williams Plant Services	5,178
O'Connor Constructors, Inc.	4,429
Harris Environmental Systems	3,458
Mollenberg-Betz, Inc.	2,852
Prime Piping and Mechanical, Inc.	2,741
New England High Purity, Inc.	2,245
New England State Pipe Trades	2,165
Ouellette Plumbing & Heating Corp	1,412
Sullivan & Merritt, Inc.	699
American Refrigeration Company	264
	$ 2,642,712

PLUMBERS AND STEAMFITTERS LOCAL NO. 131
PENSION FUND

Schedule III - Supplemental Schedule Required by ERISA
Form 5500, Schedule H, Part IV Item 4i
Schedule of Assets Held for Investment Purposes at End of Year
EIN 51-6029575; Plan No. 001
October 31, 2013

(a)	(b) Identity of issue, borrower, lessor or similar party (c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Common/Collective Trust Funds		
*	Multi-Employer Property Trust	$ 1,370,672	$ 2,807,542
*	SSgA S&P 500 Flagship SL Fund	2,049,486	3,821,703
*	SSgA MSCI ACWI Ex USA NL Fund	3,200,000	3,833,183
*	PIMCO All Asset Collective Trust	2,739,540	3,280,603
	Total common/collective trust funds	$ 9,359,698	$ 13,743,031
	Registered Investment Companies		
*	Dimensional US Small Cap Portfolio	$ 855,881	$ 2,293,635
*	Western Asset Core Plus Bond	2,384,649	2,562,132
	Total registered investment companies	$ 3,240,530	$ 4,855,767
	Cash and Cash Equivalents		
*	Multi-Employer Property Trust	$ 3,607	$ 3,607
	Total Investments	$ 12,603,835	$ 18,602,405

* Represents a party-in-interest

PLUMBERS AND STEAMFITTERS LOCAL NO. 131
PENSION FUND

Schedule IV - Supplemental Schedule Required by ERISA
Form 5500, Schedule H, Part IV, Item 4j - Schedule of Reportable Transactions
EIN 51-6029575; Plan No. 001

The following schedule summarizes investment transactions during the year ended October 31, 2013, which exceeded 5% of the funds assets at November 1, 2012.

(a) Identity of Party involved	(b) Description of asset (includes interest rate and maturity in case of loan)	(c) Purchase Price	(d) Selling Price	(f) Expense incurred with Transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Single Transaction							
	None	$ -	$ -	$ -	$ -	$ -	$ -
Series of Transactions							
*	Western Asset Core Plus Bond	-	120,000	-	110,137	120,000	9,863
*	Western Asset Core Plus Bond	-	115,000	-	106,093	115,000	8,907
*	Western Asset Core Plus Bond	-	70,000	-	64,412	70,000	5,588
*	Western Asset Core Plus Bond	-	65,000	-	59,403	65,000	5,597
*	Western Asset Core Plus Bond	-	70,000	-	64,467	70,000	5,533
*	Western Asset Core Plus Bond	-	200,000	-	189,735	200,000	10,265
*	Western Asset Core Plus Bond	-	120,000	-	113,439	120,000	6,561
*	Western Asset Core Plus Bond	-	120,000	-	110,421	120,000	9,579
*	Western Asset Core Plus Bond	-	140,000	-	128,714	140,000	11,286
*	Western Asset Core Plus Bond	400,000	-	-	400,000	400,000	-

* Represents a party-in-interest

EIN 51-6029575/ PN 001

EXHIBIT III

Schedule of Active Participant Data
(Schedule MB, line 8b)

The participant data is for the year ended October 31, 2012.

		Pension Credits							
Age	**Total**	**0-4**	**5-9**	**10-14**	**15 - 19**	**20 - 24**	**25 - 29**	**30 - 34**	**35 - 39**
20 - 24	4	4	- -	- -	- -	- -	- -	- -	- -
25 - 29	17	17	- -	- -	- -	- -	- -	- -	- -
30 - 34	24	13	9	2	- -	- -	- -	- -	- -
35 - 39	11	4	3	4	- -	- -	- -	- -	- -
40 - 44	32	4	13	12	1	2	- -	- -	- -
45 - 49	37	8	6	9	5	6	2	1	- -
50 - 54	45	6	10	5	8	5	3	8	- -
55 - 59	40	4	6	9	3	6	7	5	- -
60 - 64	21	5	5	3	1	3	2	1	1
65 - 69	1	- -	1	- -	- -	- -	- -	- -	- -
Total	232	65	53	44	18	22	14	15	1

EIN 51-6029575/ PN 001

EXHIBIT VII

Statement of Actuarial Assumptions/Methods (Schedule MB, line 6)

Mortality Rates:

Healthy: RP-2000 Combined Healthy Blue Collar Mortality Table projected generationally using Scale AA.

Disabled: RP-2000 Combined Healthy Blue Collar Mortality Table projected generationally using Scale AA set forward 5 years.

The underlying mortality tables reasonable reflect the projected mortality experience of the Plan as of the measurement date. The mortality tables were then adjusted to future years using generational projection under Scale AA to reflect future mortality improvement.

Termination Rates before Retirement:

	Rate (%)			
	Mortality[1]		Disability	Withdrawal[2]
Age	Male	Female		
20	0.03	0.02	0.13	5.33
25	0.04	0.02	0.14	3.98
30	0.07	0.03	0.14	2.93
35	0.11	0.05	0.15	2.13
40	0.14	0.09	0.16	1.56
45	0.18	0.14	0.21	1.11
50	0.24	0.20	0.29	0.72
55	0.42	0.28	0.43	0.00
60	0.83	0.49	0.68	0.00

[1] *Rates shown are before generational projection.*

[2] *Withdrawal rates are multiplied by the following factors:*

Retirement Rates:

Years of Service	Withdrawal Rate Multipliers
1	10
2	8
3	6
4	4
5 or more	2

Age	Retirement Rates
60 – 61	10%
62	20
63 – 64	10
65	100

Description of Weighted Average Retirement Age: Age 63.5, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential retirement age times the probability of surviving from entry age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the November 1, 2012 actuarial valuation.

Retirement Age for Inactive Vested Participants: 65

Future Benefit Accruals: Each active participant is assumed to work the same number of hours in each future year as worked in the plan year prior to the valuation date.

Unknown Data for Participants: Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Definition of Active Participants: Active participants are defined as those with at least one hour in the most recent plan year and who have accumulated at least one tenth pension credit for service after 1996, excluding those who have retired as of the valuation date.

Percent Married: 80%

EIN 51-6029575/ PN 001

Age of Spouse:	Females 5 years younger than males
Benefit Election:	All married participants are assumed to elect the Life Annuity form of payment.
Net Investment Return:	7.50%
Annual Administrative Expenses:	$175,000, payable at the beginning of the year for the year beginning November 1, 2012. (Previously, $195,000)
Actuarial Value of Assets:	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five – year period (10-year period for years that relief is elected). The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method:	Funding Standard Account: Unit Credit Actuarial Cost Method with Shortfall. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.
Elections under the Pension Relief Act of 2010	
Expanded Smoothing Period (IRC Section 431(b)(8)(B)	The asset valuation method is as follows: the difference between expected and actual returns for the Plan Years ended October 31, 2008 and October 31, 2009 are recognized over a period of 10 years. In addition, the upper limit on the actuarial value of assets has been temporarily increased from 120% to 130% of market value for the plan years beginning November 1, 2008 and November 1, 2009.
Benefits Valued:	Unless otherwise indicated, includes all benefits summarized in Exhibit VIII.
Current Liability Assumptions:	
Interest	3.84%, (previously, 4.37%) within the permissible range prescribed under IRC Section 431(c)(6)(E)
Mortality	Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1: RP-2000 tables projected forward to the valuation year plus seven years for annuitants and 15 years for nonannuitants.

EIN 51-6029575/ PN 001

Justification for Change in Actuarial Assumptions (Schedule MB, line 11):	For purposes of determining current liability, the current liability interest rate was changed due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the administrative expense assumption was lowered from $195,000 to $175,000 payable at the beginning of the year.
Estimated Rate of Investment Return:	
On actuarial value of assets (Schedule MB, line 6g):	8.28%, for the Plan Year ending October 31, 2012
On current (market) value of assets (Schedule MB, line 6h):	9.17%, for the Plan Year ending October 31, 2012
Funding Standard Account Contribution Timing (Schedule MB, line 3(a)):	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the Funding Standard Account is therefore assumed to be equivalent to a May 15 contribution date.

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	2012 This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 11/01/2012 and ending 10/31/2013

A This return/report is for: [X] a multiemployer plan; [ ] a multiple-employer plan; or [ ] a single-employer plan; [ ] a DFE (specify) ___

B This return/report is: [ ] the first return/report; [ ] the final return/report; [ ] an amended return/report; [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. ▶ [X]

D Check box if filing under: [X] Form 5558; [ ] automatic extension; [ ] the DFVC program; [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PLUMBERS AND STEAMFITTERS LOC 131 PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/21/1971

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 131 PENSION PLAN

C/O INSURANCE PROGRAMMERS, INC.
P.O. BOX 5817 10 TECHNOLOGY DR

WALLINGFORD CT 06492 WALLINGFORD CT 06492

2b Employer Identification Number (EIN) 51-6029575

2c Sponsor's telephone number 203-269-7741

2d Business code (see instructions) 238220

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

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

SIGN HERE	Signature of plan administrator	Date: 8/14/14	Enter name of individual signing as plan administrator: David Pelletier
SIGN HERE	Signature of employer/plan sponsor	Date: 8/14/14	Enter name of individual signing as employer or plan sponsor: John Doherty
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address

BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 131 PENSION PLAN
C/O INSURANCE PROGRAMMERS, INC.
P.O. BOX 5817

WALLINGFORD CT 06492

3b Administrator's EIN: 51-6029575

3c Administrator's telephone number: 203-269-7741

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	608
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	245
b	Retired or separated participants receiving benefits	**6b**	188
c	Other retired or separated participants entitled to future benefits	**6c**	118
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	551
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	64
f	Total. Add lines **6d** and **6e**	**6f**	615
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	33

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 1G

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) ☐	Insurance	(1) ☐	Insurance
(2) ☐	Code section 412(e)(3) insurance contracts	(2) ☐	Code section 412(e)(3) insurance contracts
(3) ☒	Trust	(3) ☒	Trust
(4) ☐	General assets of the sponsor	(4) ☐	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1) ☒ **R** (Retirement Plan Information)

(2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) ☒ **H** (Financial Information)

(2) ☐ **I** (Financial Information – Small Plan)

(3) ☐ **A** (Insurance Information)

(4) ☒ **C** (Service Provider Information)

(5) ☒ **D** (DFE/Participating Plan Information)

(6) ☐ **G** (Financial Transaction Schedules)

PLUMBERS AND STEAMFITTERS LOCAL NO. 131
PENSION FUND

Schedule IV - Supplemental Schedule Required by ERISA
Form 5500, Schedule H, Part IV, Item 4j - Schedule of Reportable Transactions
EIN 51-6029575; Plan No. 001

The following schedule summarizes investment transactions during the year ended October 31, 2013, which exceeded 5% of the funds assets at November 1, 2012.

(a) Identity of Party involved	(b) Description of asset (includes interest rate and maturity in case of loan)	(c) Purchase Price	(d) Selling Price	(f) Expense incurred with Transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Single Transaction							
	None	$ -	$ -	$ -	$ -	$ -	$ -
Series of Transactions							
*	Western Asset Core Plus Bond	-	120,000	-	110,137	120,000	9,863
*	Western Asset Core Plus Bond	-	115,000	-	106,093	115,000	8,907
*	Western Asset Core Plus Bond	-	70,000	-	64,412	70,000	5,588
*	Western Asset Core Plus Bond	-	65,000	-	59,403	65,000	5,597
*	Western Asset Core Plus Bond	-	70,000	-	64,467	70,000	5,533
*	Western Asset Core Plus Bond	-	200,000	-	189,735	200,000	10,265
*	Western Asset Core Plus Bond	-	120,000	-	113,439	120,000	6,561
*	Western Asset Core Plus Bond	-	120,000	-	110,421	120,000	9,579
*	Western Asset Core Plus Bond	-	140,000	-	128,714	140,000	11,286
*	Western Asset Core Plus Bond	400,000	-	-	400,000	400,000	-

* Represents a party-in-interest

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 11/01/2012 and ending 10/31/2013

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
PLUMBERS AND STEAMFITTERS LOC 131 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL

D Employer Identification Number (EIN)
51-6029575

E Type of plan: (1) [X] Multiemployer Defined Benefit (2) [ ] Money Purchase (see instructions)

1a Enter the valuation date: Month 11 Day 01 Year 2012

b	Assets		
(1)	Current value of assets	1b(1)	17613628
(2)	Actuarial value of assets for funding standard account	1b(2)	21136354
c (1)	Accrued liability for plan using immediate gain methods	1c(1)	42153843
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	1c(2)(a)	
(b)	Accrued liability under entry age normal method	1c(2)(b)	
(c)	Normal cost under entry age normal method	1c(2)(c)	
(3)	Accrued liability under unit credit cost method	1c(3)	42153843
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2)	"RPA '94" information:		
(a)	Current liability	1d(2)(a)	64733929
(b)	Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	650500
(c)	Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	3136862
(3)	Expected plan disbursements for the plan year	1d(3)	3311862

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE A. DONALD MORGAN

Signature of actuary — Date: 08/12/2014

A. DONALD MORGAN, FSA, MAAA — 1405662

Type or print name of actuary — Most recent enrollment number

THE SEGAL COMPANY — 617-424-7300

Firm name — Telephone number (including area code)

116 HUNTINGTON AVENUE, 8TH FLOOR

BOSTON MA 02116-5712

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	**2a**		17613628
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		253	36125666
(2) For terminated vested participants		123	9995168
(3) For active participants:			
(a) Non-vested benefits			706463
(b) Vested benefits			17906632
(c) Total active		232	18613095
(4) Total		608	64733929
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		27.20%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/15/2013	2333580	0			
		Totals ► 3(b)	2333580	3(c)	0

4 Information on plan status:

a Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to item 5	**4a**	C
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4b**	50.1%
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		[X] Yes [ ] No
d If the plan is in critical status, were any adjustable benefits reduced?		[ ] Yes [X] No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date	**4e**	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a [ ] Attained age normal **b** [ ] Entry age normal **c** [X] Accrued benefit (unit credit) **d** [ ] Aggregate
e [ ] Frozen initial liability **f** [ ] Individual level premium **g** [ ] Individual aggregate **h** [X] Shortfall
i [ ] Reorganization **j** [ ] Other (specify):

k If box h is checked, enter period of use of shortfall method	**5k**	76
l Has a change been made in funding method for this plan year?		[ ] Yes [X] No
m If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		[ ] Yes [ ] No
n If line l is "Yes," and line m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5n**	

LINE 3(B): CONTRIBUTIONS RECEIVED CONTINUOUSLY THROUGHOUT THE YEAR
LINE 4(C): SEE ATTACHMENT

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability				**6a**	3.84 %
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	A		A	
(2) Females	**6c(2)**	A		A	
d Valuation liability interest rate	**6d**	7.50%		7.50%	
e Expense loading	**6e**	53.9 %	☐ N/A	%	☒ N/A
f Salary scale	**6f**	%	☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date			**6g**	8.3%	
h Estimated investment return on current value of assets for year ending on the valuation date			**6h**	9.2%	

7 New amortization bases established in the current plan year:

	(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1		-35375	
2		-702520	

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	**8a**	
b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule.		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line (1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line (3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line (3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line (3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	**8e**	-1464639

9 Funding standard account statement for this plan year:				
Charges to funding standard account:				
a Prior year funding deficiency, if any			9a	2350481
b Employer's normal cost for plan year as of valuation date			9b	488676
c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	26043156		4123593
(2) Funding waivers	9c(2)	0		0
(3) Certain bases for which the amortization period has been extended	9c(3)	0		0
d Interest as applicable on lines 9a, 9b, and 9c			9d	522206
e Total charges. Add lines 9a through 9d			9e	7484956
Credits to funding standard account:				
f Prior year credit balance, if any			9f	0
g Employer contributions. Total from column (b) of line 3			9g	2333580
		Outstanding balance		
h Amortization credits as of valuation date	9h	7376148		1044318
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			9i	158541
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)	26917664		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	38949330		
(3) FFL credit			9j(3)	0
k (1) Waived funding deficiency			9k(1)	0
(2) Other credits			9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			9l	3536439
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			9n	3948517
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the 2011 plan year			9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			9o(2)(b)	0
(3) Total as of valuation date			9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)			10	3948517
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.				[X] Yes [ ] No

Plumbers & Steamfitters Local No. 131 Pension Plan
Attachment to Schedule MB
EIN 51-6029575

Shortfall Method for Plan Year Ending October 31, 2013

A. Ratio of actual to estimated base units

1.	Estimated base units	359,600
2.	Actual base units	351,827
3.	Ratio of actual to estimated base units: (2) / (1)	0.97838432

B. Funding standard account statement

1. Charges to funding standard account

Item (1)	Anticipated Charge (2)	Net Charge (3)
a. Prior year funding deficiency	$2,350,481	$2,350,481
b. Employer's normal cost	499,472	488,676
c. Amortization charges	4,214,697	4,123,593
d. Interest on (a), (b) and (c)	529,849	522,206
e. Total charges	$7,594,499	$7,484,956

2. Credits to funding standard account

Item (1)	Anticipated Credit (2)	Net Credit (3)
a. Prior year credit balance	$0	$0
b. Employer contributions	2,333,580	2,333,580
c. Amortization credits	1,067,390	1,044,318
d. Interest on (a), (b) and (c)	160,272	158,541
e. Total credits	$3,561,242	$3,536,439

3. Credit balance (funding deficiency): 2(e) (Column 3) – 1(e) (Column 3) $(3,948,517)

4. Shortfall gain (loss):

1(e) (Column 3) – 1(e) (Column 2) + 2(e) (Column 2) – 2(e) (Column 3) $(84,740)

8047811v1/05233.001

2012 Form 5500 Schedule MB Line 4c
Documentation Regarding Progress Under
Funding Improvement or Rehabilitation Plan

PLUMBERS AND STEAMFITTERS LOCAL NO. 131 PENSION PLAN
EIN/PN 51-6029575/001

The rehabilitation period began November 1, 2009. Please see attachment indicating that the Plan is making scheduled progress as of November 1, 2012.

8047829v1/05233.001

SEGAL

THE SEGAL COMPANY

January 29, 2013

Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (SE:TEGE:EP)
Room 1700 - 17th Floor
230 S. Dearborn Street
Chicago, IL 60604

To Whom It May Concern:

As required by ERISA Section 305 and the Internal Revenue Code (IRC) Section 432, we have completed the actuarial status certification as of November 1, 2012 for the following plan:

Name of Plan: Plumbers and Steamfitters Local No. 131 Pension Plan
Plan number: EIN 51-6029575/ PN 001
Plan sponsor: Board of Trustees, Plumbers and Steamfitters Local No. 131 Pension Plan
Address: P.O. Box 5817, Wallingford, CT 06492
Phone number: 203.269.7741

As of November 1, 2012, the Plan is in critical status.

This certification also notifies the IRS that the plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on information received from the sponsor and based on the annual standards of the rehabilitation plan.

SEGAL

If you have any questions on the attached certification, you may contact me at the following:

The Segal Company
116 Huntington Ave., 8th Floor
Boston, MA 02116
Phone number: 617.424.7300

Sincerely,

A. Donald Morgan, FSA, MAAA, EA
Senior Vice President & Actuary
Enrolled Actuary No. 11-5662

EIN 51-6029575/ PN 001

EXHIBIT VIII

Summary of Plan Provisions
(Schedule MB, line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year:	November 1 through October 31
Pension Credit Year:	November 1 through October 31
Plan Status:	Ongoing plan
Collective Bargaining Agreement Ends:	May 31, 2014
Regular Pension:	
Age Requirement	65
Service Requirement	None
Other Requirement	Be a participant as of the date of retirement.
Amount	$10 per year of Credited Past Service plus $70 per year of credited future service up to February 1, 1996, plus $90 per year of Credited Future Service from February 1, 1996 through November 1, 2006, plus $45 per year of Credited Future Service after November 1, 2006.
Early Retirement:	
Age Requirement	55
Service Requirement	5 years of Credited Future Service
Amount	Regular pension accrued reduced by 6% for each year of age less than 65.

EIN 51-6029575/ PN 001

Disability:	
Age Requirement	None
Service Requirement	5 years of Credited Future Service
Amount	Younger than 55, 40% of Regular pension. Age 55 or older, reduced by 6% for each year of age less than 65.
Vesting:	
Age Requirement	None
Service Requirement	5 years of Credited Future Service
Amount	Regular pension accrued based
Normal Retirement Age	65
Spouse's Pre-Retirement Death Benefit:	
Age Requirement	None
Service Requirement	5 years of Credited Future Service
Amount	The benefit is calculated as if the employee retired at his or her date of death, using his or her age on that date but not less than 55, and elected the 100% Joint and Survivor Annuity form. Monthly payments to the spouse begin immediately and are payable for the spouse's lifetime.
Pre-Retirement Lump-sum Death Benefit (if not eligible for spouse's benefit)**:**	
Age Requirement	None
Service Requirement	None
Amount	100% of contributions

EIN 51-6029575/ PN 001

Post-Retirement Death Benefit:	
Lump – sum Benefit for Pensioners	$2,500
Husband and Wife	If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the employee. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, or if not married, benefits are payable for the life of the employee, or in any other available optional form elected by the employee in an actuarially equivalent amount.
Automatic Benefit Forms:	
Not Married	The accrued pension is paid as a Single Life Annuity.
Married	Lifetime monthly annuity to the retiree with 50% of such annuity continuing to the retiree's spouse following the retirees' death. The accrued benefit is adjusted to be actuarially equivalent to the Single Life Annuity.
Optional Benefit Forms:	
Single Life Annuity	Retirees may elect the Single Life Annuity.
Ten-Year Certain and Life	Retirees may elect the Ten-Year Certain and Life Pension. The accrued pension is adjusted to be actuarially equivalent to the Single Life Annuity.
Joint and Survivor Forms	Retirees may elect a joint and survivor annuity with a 50%, 66 2/3%, 75% or 100% survivor benefit continued to the spouse of the retiree. The benefit under any such election will be adjusted based on actuarial equivalence to the Single Life Annuity.
Participation	Immediately on the first day in which he or she completes an hour of service in covered employment.
Credited Past Service	Length of membership prior to January 12, 1972, to a maximum of 25 years.

EIN 51-6029575/ PN 001

Credited Future Service	This is the credit an employee receives for service under a prior plan on or after the effective date of such plan, plus service on or after February 1, 1971. Effective February 1, 2001, the sum of (A) plus (B): (A) Future hours of service earned prior to February 1, 2001 divided by 2,000 (B) Future hours of service earned after February 1, 2001 divided by 1,900
Vesting Credit:	One credit is granted for each plan year in which at least 1,000 hours were worked in covered employment.
Contribution Rate:	The contribution rate increases from $6.60 to $6.74 effective June 1, 2013.
Changes in Plan Provisions:	There were no changes in plan provisions reflected in this actuarial valuation.

PLUMBERS AND STEAMFITTERS LOCAL NO. 131
PENSION FUND

Schedule III - Supplemental Schedule Required by ERISA
Form 5500, Schedule H, Part IV Item 4i
Schedule of Assets Held for Investment Purposes at End of Year
EIN 51-6029575; Plan No. 001
October 31, 2013

(a)	(b) Identity of issue, borrower, lessor or similar party (c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Common/Collective Trust Funds		
*	Multi-Employer Property Trust	$ 1,370,672	$ 2,807,542
*	SSgA S&P 500 Flagship SL Fund	2,049,486	3,821,703
*	SSgA MSCI ACWI Ex USA NL Fund	3,200,000	3,833,183
*	PIMCO All Asset Collective Trust	2,739,540	3,280,603
	Total common/collective trust funds	$ 9,359,698	$ 13,743,031
	Registered Investment Companies		
*	Dimensional US Small Cap Portfolio	$ 855,881	$ 2,293,635
*	Western Asset Core Plus Bond	2,384,649	2,562,132
	Total registered investment companies	$ 3,240,530	$ 4,855,767
	Cash and Cash Equivalents		
*	Multi-Employer Property Trust	$ 3,607	$ 3,607
	Total Investments	$ 12,603,835	$ 18,602,405

* Represents a party-in-interest

SEGAL

THE SEGAL COMPANY

January 29, 2013

Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (SE:TEGE:EP)
Room 1700 - 17th Floor
230 S. Dearborn Street
Chicago, IL 60604

To Whom It May Concern:

As required by ERISA Section 305 and the Internal Revenue Code (IRC) Section 432, we have completed the actuarial status certification as of November 1, 2012 for the following plan:

Name of Plan: Plumbers and Steamfitters Local No. 131 Pension Plan
Plan number: EIN 51-6029575/ PN 001
Plan sponsor: Board of Trustees, Plumbers and Steamfitters Local No. 131 Pension Plan
Address: P.O. Box 5817, Wallingford, CT 06492
Phone number: 203.269.7741

As of November 1, 2012, the Plan is in critical status.

This certification also notifies the IRS that the plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on information received from the sponsor and based on the annual standards of the rehabilitation plan.

SEGAL

If you have any questions on the attached certification, you may contact me at the following:

The Segal Company
116 Huntington Ave., 8th Floor
Boston, MA 02116
Phone number: 617.424.7300

Sincerely,

A. Donald Morgan, FSA, MAAA, EA
Senior Vice President & Actuary
Enrolled Actuary No. 11-5662

EIN 51-6029575/ PN 001

January 29, 2013

ACTUARIAL STATUS CERTIFICATION AS OF NOVEMBER 1, 2012 UNDER IRC SECTION 432

This is to certify that The Segal Company ("Segal") has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Plumbers and Steamfitters Local No. 131 Pension Plan as of November 1, 2012 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

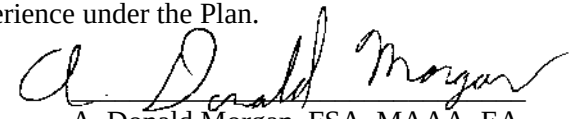
The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); differences in statutory interpretation and changes in plan provisions or applicable law.

This certification is based on the November 1, 2011 actuarial valuation, dated August 13, 2012 . Additional assumptions required for the projections and sources of financial information used are summarized in Exhibit V.

The Segal Company does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretations on which this certification is based reflect Segal's understanding as an actuarial firm.

This certification was based on the assumption that the Plan was qualified as a multiemployer plan for the year.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the Plan.



A. Donald Morgan, FSA, MAAA, EA
Senior Vice President & Actuary
Enrolled Actuary No. 11-5662

EIN 51-6029575/ PN 001

Certificate Contents

EXHIBIT I	Status Determination as of November 1, 2012
EXHIBIT II	Summary of Actuarial Valuation Projections
EXHIBIT III	Funding Standard Account Projections
EXHIBIT IV	Funding Standard Account – Projected Bases Assumed Established After November 1, 2011
EXHIBIT V	Actuarial Assumptions and Methodology

EIN 51-6029575/ PN 001

EXHIBIT I

Status Determination as of November 1, 2012

Status	Condition	Test Component Result	Final Result
Critical Status			
1.	Funding deficiency projected in four years?		Yes
2.	Funding deficiency projected in five years	Yes	
	AND present value of vested benefits for non-actives more than present value of vested benefits for actives	Yes	
	AND normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) greater than contributions for current year?	No	No
3.	Funding deficiency projected in five years	Yes	
	AND funded percentage less than 65%?	Yes	Yes
4.	Funded percentage less than 65%	Yes	
	AND assets plus contributions less than benefit payments and administrative expenses over seven years?	No	No
5.	Assets plus contributions less than benefit payments and administrative expenses over five years?		No
6.	In critical status for immediately preceding plan year and funding deficiency projected within ten years?		Yes
In Critical Status?			**Yes**
Endangered Status			
1.	Funded percentage less than 80%	N/A	
	AND not in Critical Status?	N/A	N/A
2.	Funding deficiency projected in seven years	N/A	
	AND not in Critical Status?	N/A	N/A
In Endangered Status?			**No**
In Seriously Endangered Status?			**No**
Neither Critical Status Nor Endangered Status			
Neither Critical nor Endangered Status?			**No**

This certification also notifies the IRS that the plan is making the scheduled progress in meeting the requirements of its rehabilitation plan, based on information received from the sponsor and based on the annual standards of the rehabilitation plan.

EIN 51-6029575/ PN 001

EXHIBIT II

Summary of Actuarial Valuation Projections

The actuarial factors as of November 1, 2012 (based on projections from the November 1, 2011 valuation certificate):

				November 1, 2012
I.	**Asset and Contribution Information**			
1.	Market value of assets			$17,579,477
2.	Actuarial value of assets			21,095,372
3.	Reasonably anticipated contributions			
a.	Upcoming year			2,130,213
b.	Present value for the next five years			9,024,220
c.	Present value for the next seven years			11,821,511
II.	**Liabilities**			
1.	Present value of vested benefits for active participants			10,040,684
2.	Present value of vested benefits for non-active participants			31,917,192
3.	Total unit credit accrued liability			42,036,896
4.	Present value of payments	**Benefit Payments**	**Administrative Expenses**	**Total**
a.	Next five years	$13,298,815	$936,770	$14,235,585
b.	Next seven years	17,723,315	1,264,494	18,987,809
5.	Unit credit normal cost plus expenses			499,538
III.	**Funded Percentage** (I.2)/(II.3)			50.18%
IV.	**Funding Standard Account**			
1.	Credit Balance as of the end of prior year			-$1,677,077
2.	Years to projected funding deficiency, if within ten years			0

EIN 51-6029575/ PN 001

EXHIBIT III

Funding Standard Account Projections

The tables below present the Funding Standard Account Projections for the Plan Years beginning November 1, 2011 through 2021.

	Year Beginning November 1,							
	2011	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
1. Credit balance at beginning of year	-$625,157	-$1,677,077	-$3,618,428	-$5,508,002	-$7,151,431	-$8,894,779	-$10,406,345	-$11,675,517
2. Interest on (1)	-46,887	-125,781	-271,382	-413,100	-536,357	-667,108	-780,476	-875,664
3. Normal cost	294,328	297,713	301,136	304,600	308,102	311,646	315,230	318,855
4. Administrative expenses	195,000	201,825	208,889	216,200	223,767	231,599	239,705	248,094
5. Net amortization charges	2,719,568	3,239,075	3,069,516	2,697,939	2,665,160	2,316,544	1,973,912	2,492,686
6. Interest on (3), (4) and (5)	240,667	280,396	268,466	241,405	239,777	214,484	189,664	229,473
7. Expected contributions	2,363,292	2,130,213	2,155,712	2,155,712	2,155,712	2,155,712	2,155,712	2,155,712
8. Interest on (7)	81,238	73,226	74,103	74,103	74,103	74,103	74,103	74,103
9. Credit balance at end of year: (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	-$1,677,077	-$3,618,428	-$5,508,002	-$7,151,431	-$8,894,779	-$10,406,345	-$11,675,517	-$13,610,474

EIN 51-6029575/ PN 001

EXHIBIT III

Funding Standard Account Projections (continued)

	Year Beginning November 1,		
	2019	**2020**	**2021**
1. Credit balance at beginning of year	-$13,610,474	-$15,467,528	-$17,268,017
2. Interest on (1)	-1,020,786	-1,160,065	-1,295,101
3. Normal cost	322,522	326,231	329,982
4. Administrative expenses	256,778	265,765	275,067
5. Net amortization charges	2,272,870	2,077,994	1,914,874
6. Interest on (3), (4) and (5)	213,913	200,249	188,994
7. Expected contributions	2,155,712	2,155,712	2,155,712
8. Interest on (7)	74,103	74,103	74,103
9. Credit balance at end of year: (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	-$15,467,528	-$17,268,017	-$19,042,220

EIN 51-6029575/ PN 001

EXHIBIT IV

Funding Standard Account – Projected Bases Assumed Established After November 1, 2011

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment	Shortfall Deferral Date
Actuarial experience loss	11/01/2012	-$1,030,511	15	-$136,330	2014
Actuarial experience loss	11/01/2013	264,772	15	31,189	2014
Actuarial experience loss	11/01/2014	1,045,760	15	138,348	2016
Actuarial experience loss	11/01/2015	1,113,585	15	131,177	2016
Actuarial experience loss	11/01/2016	886,916	15	117,334	2018
Actuarial experience loss	11/01/2017	1,026,211	15	120,885	2018
Actuarial experience loss	11/01/2018	137,868	15	18,239	2020

EIN 51-6029575/ PN 001

EXHIBIT V

Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the November 1, 2011 actuarial valuation certificate, dated August 13, 2012, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

Plan of Benefits:	Unchanged from the valuation.
Contribution Rates:	The contribution rate in this certification reflects a change from $6.60 per hour to $6.74 per hour effective June 1, 2013. The change in contribution rate on June 1, 2013 was based on formal commitments by the collective bargaining parties as provided by the plan sponsor.
Asset Information:	The financial information as of October 31, 2012 was based on an unaudited financial statement provided by the Fund Auditor. For projections after that date, the assumed administrative expenses were increased by 3.5% per year and the benefit payments were projected based on the November 1, 2011 actuarial valuation. The projected net investment return was assumed to be 7.5% of the average market value of assets for the 2012 - 2021 Plan Years. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.
Projected Industry Activity:	As required by Internal Revenue Code Section 432, assumptions with respect to projected industry activity are based on information provided by the plan sponsor. Based on this information, the total number of hours worked is assumed to be 320,000 hours each year.

EIN 51-6029575/ PN 001

Future Normal Costs: Based on the assumed industry activity and the unit credit cost method, we have assumed that the Normal Cost will increase by 1.0% per year due to the overall aging of the active population. Additionally, the Normal Cost in future years has been adjusted upward by 0.15% per year to reflect the effects of mortality improvements projected in the generational mortality assumption.

The Segal Company ("Segal") does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which the certification is based reflects Segal's understanding as an actuarial firm. Due to the complexity of the statute and the significance of its ramifications, Segal recommends that the Board of Trustees consult with legal counsel when making any decisions regarding compliance with ERISA and the Internal Revenue Code.

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EXHIBIT IV (continued)

Funding Standard Account

Schedule of Funding Standard Account Bases (Charges)
(Schedule MB, line 9c)

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Initial unfunded	11/01/1976	$33,172	4	$119,435
Plan amendment	11/01/1977	26,365	5	114,668
Plan amendment	11/01/1983	166,373	1	166,373
Plan amendment	11/01/1984	231,909	2	447,638
Plan amendment	11/01/1985	60,405	3	168,867
Plan amendment	11/01/1986	70,514	4	253,886
Method change	11/01/1991	246,266	4	886,686
Shortfall loss	11/01/1993	3,770	1	3,770
Shortfall loss	11/01/1994	5,550	2	10,713
Shortfall loss	11/01/1996	29,422	4	105,936
Plan amendment	11/01/1996	15,752	14	143,754
Plan amendment	11/01/1997	53,252	15	505,321
Experience loss	11/01/1998	44,466	1	44,466
Experience loss	11/01/1999	28,976	2	55,931
Plan amendment	11/01/1999	44,181	17	448,066
Shortfall loss	11/01/2000	19,753	3	55,220
Plan amendment	11/01/2000	75,449	18	787,227
Change in assumptions	11/01/2001	10,183	19	109,024
Plan amendment	11/01/2001	32,292	19	345,714
Experience loss	11/01/2001	412,951	4	1,486,839
Experience loss	11/01/2002	362,870	5	1,578,242
Plan amendment	11/01/2003	9,737	21	109,006

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EXHIBIT IV (continued)

Funding Standard Account

Schedule of Funding Standard Account Bases (Charges)
(Schedule MB, line 9c)

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Shortfall loss	11/01/2003	34,620	6	174,691
Shortfall loss	11/01/2004	105,404	7	600,157
Experience loss	11/01/2004	115,435	7	657,272
Shortfall loss	11/01/2005	95,333	8	600,276
Experience loss	11/01/2005	222,302	8	1,399,750
Change in assumptions	11/01/2005	263,935	23	3,066,181
Shortfall loss	11/01/2006	41,399	9	283,888
Experience loss	11/01/2006	121,721	9	834,675
Shortfall loss	11/01/2007	67,301	10	496,606
Change in assumptions	11/01/2007	67,309	25	806,567
Shortfall gain	11/01/2008	18,407	11	144,758
Experience loss	11/01/2008	374,274	11	2,943,319
Shortfall gain	11/01/2009	14,375	12	119,532
Experience loss	11/01/2009	173,194	12	1,440,183
Experience loss	11/01/2010	108,981	13	951,983
Shortfall loss	11/01/2010	119,320	13	1,042,290
Change in assumptions	11/01/2010	235,507	13	2,057,219
Experience loss	11/01/2011	52,272	14	477,027
Total		$4,214,697		$26,043,156

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EXHIBIT IV (continued)

Funding Standard Account

Schedule of Funding Standard Account Bases (Credits)
(Schedule MB, line 9h)

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Change in assumptions	11/01/1983	$31,826	1	$31,826
Experience gain	11/01/1993	13,223	1	13,223
Shortfall gain	11/01/1995	33,824	3	94,556
Shortfall gain	11/01/1997	20,893	5	90,872
Shortfall gain	11/01/1998	2,900	6	14,631
Shortfall gain	11/01/1999	1,024	7	5,829
Experience gain	11/01/2000	13,558	3	37,901
Shortfall gain	11/01/2001	174,182	4	627,147
Experience gain	11/01/2002	25,709	5	111,819
Shortfall gain	11/01/2003	65,165	6	328,817
Plan amendment	11/01/2006	190,186	24	2,245,466
Experience gain	11/01/2007	38,976	10	287,596
Plan amendment	11/01/2008	85,756	11	674,391
Change in asset method	11/01/2008	247,112	6	1,246,900
Change in funding method	11/01/2010	104,521	8	658,128
Shortfall gain	11/01/2011	18,535	14	169,151
Experience gain	11/01/2012	Deferred to 2014	15	35,375
Shortfall gain	11/01/2012	Deffered to 2014	15	702,520
Total		$1,067,390		$7,376,148

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Justification for Change in Actuarial Assumptions (Schedule MB, line 11):

For purposes of determining current liability, the current liability interest rate was changed due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the administrative expense assumption was lowered from $195,000 to $175,000 payable at the beginning of the year.

Estimated Rate of Investment Return:

On actuarial value of assets (Schedule MB, line 6g):	8.28%, for the Plan Year ending October 31, 2012
On current (market) value of assets (Schedule MB, line 6h):	9.17%, for the Plan Year ending October 31, 2012

Funding Standard Account Contribution Timing (Schedule MB, line 3(a)):

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the Funding Standard Account is therefore assumed to be equivalent to a May 15 contribution date.

The attached summary of the Rehabilitation Plan includes a seventeen-year extension of the rehabilitation period as permitted under Section 205 of WRERA. This election was made on August 13, 2012.

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Plumbers and Steamfitters Local No. 131 Pension Plan
Rehabilitation Plan

Update For Plan Year Beginning November 1, 2011

Introduction

The Pension Protection Act of 2006 ("PPA"), as amended by the Worker, Retiree, and Employer Recovery Act of 2008 ("WRERA"), requires the Trustees of a multiemployer pension plan that has been certified by the plan's actuary as being in Critical status (also known as "Red Zone" status) to develop a Rehabilitation Plan ("Rehab Plan"). A Rehab Plan must prescribe actions, including recommended actions to be taken by the bargaining parties that are expected to enable a plan to meet stated annual financial benchmarks as well as the emergence criteria by the end of the rehabilitation period, based on reasonably anticipated experience and on reasonable actuarial assumptions. On January 29, 2009, the Plumbers and Steamfitters Local No. 131 Pension Plan ("Pension Plan") was certified by its actuary to be in Critical status for the plan year beginning November 1, 2008. It remains in Critical status for the plan year beginning November 1, 2011.

The Trustees and collective bargaining parties have taken a number of steps including benefit reductions and contribution rate increases to improve the financial position of the Pension Plan. This update to the Rehab Plan adopted by the Trustees is the latest step in the process.

This Rehabilitation Plan:

1. Specifies the rehabilitation period and the expected emergence date;

2. Includes a schedule (Default) of contribution changes that will be provided to the bargaining parties, which must be implemented as part of any future collective bargaining agreements entered into or renewed after November 1, 2012;

3. Provides annual standards for meeting the requirements of the Rehabilitation Plan and describes how the Rehabilitation Plan will be updated from time to time; and

4. Describes how the Default Schedule will be automatically implemented if there is no agreement between the bargaining parties in a timely manner.

Rehabilitation Period and Expected Emergence Date

Pursuant to Section 205 of WRERA, the Trustees elected on July 22, 2009 that the rehabilitation period shall be 13 years long. The Trustees also determined, based on information about the expiration of the collective bargaining agreements in effect on January 29, 2009, that the rehabilitation period will begin on November 1, 2009. The Pension Plan was projected to emerge from critical status by October 31, 2022 based on reasonable assumptions.

The Trustees have periodically reviewed the Rehabilitation Plan since then. Due to adverse investment and employment experience since the original adoption of the Rehabilitation Plan, the Pension Plan is no longer projected to meet the requirements to cease to be in Critical Status by the end of the rehabilitation period. The law provides, however, that if the Trustees determine that, based upon the exhaustion of all reasonable measures, the Pension Plan cannot reasonably

be expected to emerge by the end of a statutory 13-year rehabilitation period, then the Rehabilitation Plan should be designed to enable the Pension Plan to cease to be in Critical Status at a later date, or if not reasonable, to forestall possible insolvency. The Rehabilitation Plan must be based on reasonably anticipated experience and on reasonable actuarial assumptions.

Deliberations by Trustees

At a meeting of the Trustees held on September 13, 2011, the Pension Plan's actuary reviewed with the Trustees their obligation to update the Rehabilitation Plan setting forth actions by which the Pension Plan could emerge from the Critical Zone.

The Pension Plan's actuary reviewed at length the actuarial and other assumptions used in the projections. The assumptions used in the development of those projections were those used for, and set forth in the Plan's November 1, 2010 actuarial valuation. The Trustees determined that those assumptions were reasonable and approved their use for the purposes of updating the Rehabilitation Plan for the 2010 – 2011 plan year.

The Pension Plan's actuary reported that in order to emerge from Critical Status within the 13 years allowed by the statute, this Rehabilitation Plan would be required to have an increase each year of $0.95 per hour in employer contribution rates through November 1, 2022. This would require an hourly contribution rate of over $17.00 per hour by 2022. The Pension Plan's actuary noted that these projections reflected the Trustees' election of the funding relief options provided under the Pension Relief Act of 2010 that were available to the Plan.

The Trustees determined that contribution increases of that magnitude would be unachievable. For reference, the Trustees noted that the then current collective bargaining agreement covering June 1, 2010 through May 31, 2012 provided for an annual increase in total wages and fringe benefit contributions of $1.45 per hour per year. The total wage package increases by $1.45 from June, 2010 to June, 2011 ($46.85 to $48.30). Total fringe benefits represented 41% of the total wage package. It was the consensus of the Trustees that the size of the fringe benefits package was a major element in the loss of market share in New Hampshire. The Trustees noted that the percentage of union construction has continued to decline in the territory covered by the Pension Plan. Annual contribution increases in the past were historically in increments of $0.10 per hour. The hourly contribution rate to the Pension Plan in June 2006 was $4.15 an hour and as of June 2011 was $6.60, an increase of $2.45 or 59% in five years.

The Trustees then considered whether the increased contribution could reasonably be funded by a redirection of contributions currently allocated to other benefits. It was noted that the U A National Plan had a mandatory hourly contribution of $2.64, and the Health Fund of $8.70 with the expectation that the Health Fund will need increases with the cost of medical inflation to maintain a reasonable level of benefits. The Trustees agreed that the interests served by the other fringe benefit Funds would make it unreceptive to the general membership of Local No. 131 to reallocate contributions from another fund to the Pension Plan.

The current contribution level to the Pension Plan was raised $0.65 per hour in 2011 by the collective bargaining parties. The Trustees concluded that further reduction in the benefit package or the likelihood of no wage increases for a 13-year period would hinder efforts by the employers to attract and retain a qualified workforce, which would result in a decline in the contribution base of the Pension Plan. They noted that significant reductions in pension benefits

had already been made, with the accrual rate being cut in half in 2006 for future accruals earned after November 1, 2006 and increasing the early retirement factors from 1% to 6% per year for all years of service.

On the basis of the foregoing, it was the conclusion of the Trustees that no reasonable measures would enable the Pension Plan to emerge from Critical Status by the end of the statutory 13-year rehabilitation period. The Trustees determined that it would be reasonable to increase Employer Contributions as a consistent percentage of the total wage package. It was noted that the current total wage package was $48.30 per hour and the current contribution rate to the Pension Plan was $6.60 per hour (an increase of 59% over the past four years), resulting in a contribution rate that was 13.66% of the total wage package. The Trustees determined that for the Rehabilitation Plan it was not realistic to have the contribution rate increase faster than the total wage package. In other words, beginning with the June 2012 collective bargaining agreement, the hourly contribution rate would remain at 13.66% of the total wage package negotiated.

Based on the Trustees' assumption of a cumulative 3% per year wage package increase the Pension Plan is not expected to emerge from Critical Status until 2039.

If the actuary certifies before the end of this period that the Pension Plan is no longer in Critical status for a plan year, the rehabilitation period will end as of the close of the preceding plan year.

Rehabilitation Plan Remedies and Schedules

Default Schedule

Attached to this document as Exhibit A is the Default Schedule under the Rehabilitation Plan, which describe supplemental contributions that will be made if it is adopted. Recent updates to the Rehabilitation Plan have not included any additional benefit reductions beyond those made in the original Rehab Plan or previously. The following is a summary of the applicable benefit reduction rules in the original Rehab Plan.

Implementation of Remedies and Schedules

The benefits of participants whose annuity starting date is on or before November 1, 2006 are not subject to reduction under this Rehabilitation Plan. Benefits for other participants are determined as follows:

- A Participant who earns at least 190 hours under a collective bargaining agreement that adopts terms consistent with one of the Schedules of the original Rehabilitation Plan (including previous updates) shall have his or her benefits determined based on that Schedule.

- Except as provided below, under Special Rules for Application of Benefit Reductions, all other participants who terminated or will terminate covered employment (including those in pay status who retired after November 1, 2006) shall have their benefits determined based on the benefit changes described in the Default Schedule of the original Rehabilitation Plan. These provisions shall take effect on the date specified in the notice of benefit reduction provided by the Pension Plan.

- Benefit reductions for all active participants become effective when they earn 190 Hours of Service under a new collective bargaining agreement that is consistent with one of the Schedules of the original Rehabilitation Plan, but in no event later than 180 days following the expiration date of the collective bargaining agreement in effect on November 1, 2008.

- For a non-collectively bargained active participant on November 1, 2008 who has contributions made to the Pension Plan under the terms of a participation agreement, the effective date for compliance will be November 1, 2009.

- Participants who work outside the jurisdiction of the Pension Plan and have monies sent to this Pension Plan on their behalf under a "Money follows the man" reciprocity agreement shall, for such time period, be treated as subject to the benefit provisions of the Preferred Schedule of the original Rehabilitation Plan. For benefit accrual purposes, their hours will be converted to equivalent hours determined by dividing the total contributions sent to this Pension Plan by the applicable contribution rate in the Preferred Schedule. For vesting service purposes, their hours will not be adjusted.

Special Rules for Application of Benefit Reductions

A Participant who has become covered by a Schedule of the original Rehabilitation Plan as described above shall cease to be covered by that Schedule on the earliest of the date when:

- The Participant becomes covered under a different Schedule by earning at least 190 Hours of Service under a collective bargaining agreement that corresponds to that different Schedule;

- The Participant incurs a one-year Break in Service under the Plan, whether or not he was vested prior to the Break, or

- The collective bargaining agreement is modified or expires and a different Schedule is agreed to or imposed with respect to persons covered by the successor agreement.

A retiree who became covered by a Schedule as described above shall cease to be covered by that Schedule on the earlier of the date when:

- He returns to covered employment and becomes covered under a different Schedule by earning at least 190 Hours of Service under a collective bargaining agreement that corresponds to that different Schedule, or

- The collective bargaining agreement under which he worked when he became subject to the Schedule is modified or expires and a different Schedule is agreed to or imposed with respect to persons covered by the successor agreement.

Benefits of a beneficiary or alternate payee with respect to a Participant or Retiree shall be determined on the same basis as benefits of the Participant or Retiree to whom they relate.

Automatic Implementation of Default Schedule

If a collective bargaining agreement providing for contributions under the Pension Plan that was in effect on November 1, 2008 expires, and after receiving the Default and Preferred Schedules the bargaining parties fail to adopt an agreement with terms consistent with either of those schedules, the Default Schedule will be imposed by the Trustees, and the benefits adjusted accordingly, 180 days after the date on which the collective bargaining agreement expires.

Employer Contribution Surcharges

A surcharge of 5% of contributions was assessed on all contributions payable for work performed after March 28, 2009 through October 31, 2009. The surcharge increased to 10% as of November 1, 2009. Surcharges continued until a new collective bargaining agreement or other labor-management agreement, was adopted consistent with either the Default Schedule or the Preferred Schedule of the original Rehab Plan.

Annual Standards for Meeting the Rehabilitation Requirements

On an annual basis, in conjunction with the actuarial valuation, the Pension Plan's actuary will perform a projection to certify (a) whether or not the Pension Plan is still expected to emerge from critical status by the end of the rehabilitation period (that is, the Pension Plan will be certified as no longer being in critical status no later than the end of the 2038 - 2039 Plan Year), and (b) whether or not the following annual standards as set forth in this Rehab Plan are being achieved. The Trustees will annually update the Rehab Plan and will update the schedules to reflect the experience of the Pension Plan

The Trustees recognize that actual experience will differ from the reasonable assumptions used to develop this Rehabilitation Plan and the following annual standards reflect the fact that it is impossible to predict the future with any certainty.

Determination for Year Beginning November 1:	Credit Balance (Deficiency) Projected as of October 31:
2011 – 2012	$(2.8 Million)
2012 – 2013	(5.0 Million)
2013 – 2014	(7.5 Million)
2014 – 2015	(10.0 Million)
2015 – 2016	(13.0 Million)
2016 – 2017	(15.5 Million)
2017 – 2018	(16.3 Million)
2018 – 2019	(18.0 Million)
2019 – 2020	(19.5 Million)
2020 – 2021	(21.0 Million)
2021 – 2022	(23.0 Million)
2022 – 2023	(24.0 Million)
2023 – 2024	(26.0 Million)
2024 – 2025	(27.0 Million)

Determination for Year Beginning November 1:	Credit Balance (Deficiency) Projected as of October 31:
2025 – 2026	(27.5 Million)
2026 – 2027	(28.0 Million)
2027 – 2028	(29.0 Million)
2028 – 2029	(30.0 Million)
2029 – 2030	(28.0 Million)
2030 – 2031	(26.0 Million)
2031 – 2032	(24.0 Million)
2032 – 2033	(22.0 Million)
2033 – 2034	(20.0 Million)
2034 – 2035	(18.0 Million)
2035 – 2036	(14.0 Million)
2036 – 2037	(9.0 Million)
2037 – 2038	(5.0 Million)
2038 – 2039	0.0 Million

Annual Updating of Rehab Plan

Each year the plan's actuary will review and certify the status of the Pension Plan under the PPA funding rules and whether, starting with the beginning of the rehabilitation period, the Pension Plan is making the scheduled progress toward the requirements of the Rehab Plan. If the Trustees determine that it is necessary in light of updated information, they will revise the Rehab Plan and present updated schedules to the bargaining parties, which may prescribe additional benefit reductions or higher contribution rates.

Notwithstanding subsequent changes in benefit and contribution schedules, a schedule of contribution rates provided by the Trustees and relied upon by the bargaining parties in negotiating a collective bargaining agreement shall remain in effect for the duration of that collective bargaining agreement. However, a collective bargaining agreement that is renewed or extended will need to include terms consistent with one of the schedules in effect at the time of the renewal or extension.

Other Issues

Since contracts are typically negotiated for less than the length of the rehabilitation period, it is expected that future contract renewals will be consistent with the Default Schedule as applicable. The Board of Trustees may adjust this schedule at any time during the rehabilitation period.

In the event that a schedule has been implemented for an employer, and then another schedule is bargained as part of a subsequent negotiation, the Trustees may develop a revised contribution schedule for that particular situation.

If a participant changes employers and, as a result, becomes covered under a different schedule, benefits shall be determined as follows:

- If a participant who was covered by a particular Schedule subsequently becomes covered by another Schedule, benefits accrued up to the date of change will be determined under the first Schedule and benefits accruing after that date will be determined under the second Schedule. Other plan features (*e.g.,* disability benefits) will depend entirely on the Schedule applicable to the participant at the time of separation, death or retirement.

Benefit changes will become effective pursuant to the terms of this Rehabilitation Plan as soon as legally permissible after the Rehabilitation Plan is adopted and are expected to be permanent.

As noted, these schedules are subject to revision in future years if the Trustees determine that is necessary in light of the Pension Plan's future financial condition and the requirements of the PPA, or as appropriate.

Union Trustee

9/13/12
Date

Employer Trustee

8/13/12
Date

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Plumbers and Steamfitters Local No. 131 Pension Plan
Rehabilitation Plan

Update For Plan Year Beginning November 1, 2011

DEFAULT SCHEDULE

The default schedule consists of the following:

1. A contribution rate equal to 13.66% of the total wage package for every year that the Pension Plan is in Critical status (or similar increases that have the same effect).

2. The plan of benefits in effect as of the day before the original date of certification of Critical status (January 29, 2009), for all current and future active participants and inactive vested participants and for every year that the Pension Plan is in Critical status, except for

    a. The increase in the early retirement reduction factors to 6% for each year retiring before Normal Retirement Age for all years of service, effective for retirements after November 1, 2006 effective for payments on or after March 1, 2009 and later, and

    b. Any benefit changes required for the Pension Plan to continue meeting the requirements to maintain its tax qualification under the Internal Revenue Code and comply with other applicable law, and

    c. After commencement of the rehabilitation period, specific benefit increases, but only if the Trustees determine that they will be financed out of contributions not contemplated for the Rehab Plan, and will not impede the Pension Plan's progress toward achieving the PPA benchmarks for plans in critical status. Such benefit increases cannot be adopted unless the resulting projected emergence from critical status is within the original 13-year rehabilitation period that began on November 1, 2009.

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