

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>07/01/2013</u> and ending <u>06/30/2014</u>	
A This return/report is for:	☒ 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.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information								
1a Name of plan PLUMBERS AND PIPEFITTERS NATIONAL PENSION FD	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/23/1968</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 07/23/1968					
1b Three-digit plan number (PN) ▶	001								
1c Effective date of plan 07/23/1968									
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND 103 ORONOCO STREET ALEXANDRIA, VA 22314	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) 52-6152779</td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number 703-739-9020</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 525100</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) 52-6152779		2c Sponsor's telephone number 703-739-9020		2d Business code (see instructions) 525100			
2b Employer Identification Number (EIN) 52-6152779									
2c Sponsor's telephone number 703-739-9020									
2d Business code (see instructions) 525100									

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.		
	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) JEROME J. ROBERTSON, CPA SALTER & COMPANY, LLC 4600 EAST-WEST HIGHWAY, SUITE 300 BETHESDA, MD 20814-3415			Preparer's telephone number (optional) 301-830-7400

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2013)
v. 130118

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	146863
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	71066
b Retired or separated participants receiving benefits		6b	39114
c Other retired or separated participants entitled to future benefits		6c	35095
d Subtotal. Add lines 6a , 6b , and 6c		6d	145275
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	6428
f Total. Add lines 6d and 6e		6f	151703
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	1954
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	4595
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A			
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) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☒ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2013 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014		
A Name of plan PLUMBERS AND PIPEFITTERS NATIONAL PENSION FD	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779	

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

(a) Name of insurance carrier
METLIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0566090	87726	919453		07/01/2013	06/30/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

NA

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4****5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1570901**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 54982
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 54982**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1625883**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 1625883

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

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 PIPEFITTERS NATIONAL PENSION FD	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 07 Day 01 Year 2013	
b Assets	
(1) Current value of assets	1b(1) 4993233092
(2) Actuarial value of assets for funding standard account	1b(2) 5709077316
c (1) Accrued liability for plan using immediate gain methods	1c(1) 7388429965
(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) 7388429965
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) 12867341089
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 285218453
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)
(3) Expected plan disbursements for the plan year	1d(3) 500719743

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.

<div>SIGN HERE</div>	03/03/2015
Signature of actuary	Date
KENNETH A KENT, FSA, FCA	14-03776
Type or print name of actuary	Most recent enrollment number
CHEIRON, INC	703-893-1456
Firm name	Telephone number (including area code)
1750 TYSONS BOULEVARD, SUITE 1100, MCLEAN, VA 22102	
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	4993233092
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	45021	6063309240
(2) For terminated vested participants	25021	1705811017
(3) For active participants:		
(a) Non-vested benefits		186129812
(b) Vested benefits		4912091020
(c) Total active	67415	5098220832
(4) Total	137457	12867341089
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	38.81 %

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
01/01/2014	367144926				
Totals ▶ 3(b)				367144926	3(c)

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	E
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	77.3 %
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	☒ Yes ☐ No	
d If the plan is in critical status, were any adjustable benefits reduced?	☐ Yes ☒ 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 ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Reorganization
j ☐ Other (specify):

k If box h is checked, enter period of use of shortfall method	5k	
l Has a change been made in funding method for this plan year?	☐ Yes ☒ 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	3.61 %
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
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.50 %
e Expense loading	6e	16.6 % ☐ 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	6.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.9 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
8	253350670	21142566
1	-157559613	-16604180

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 8d(1) is "Yes," enter the number of years by which the amortization period was extended: **8d(2)** 5

(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** 165164429

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any: **9a** 0

b Employer's normal cost for plan year as of valuation date: **9b** 137259653

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	3972063928	481832180
(2) Funding waivers		
(3) Certain bases for which the amortization period has been extended		

d Interest as applicable on lines 9a, 9b, and 9c: **9d** 46431887

e Total charges. Add lines 9a through 9d: **9e** 665523720

Credits to funding standard account:

f Prior year credit balance, if any: **9f** 1617312820

g Employer contributions. Total from column (b) of line 3: **9g** 367144926

h Amortization credits as of valuation date: **9h** 675398459 125565136

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h: **9i** 144234882

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	4461002047
(2) "RPA '94" override (90% current liability FFL)	6208782067
(3) FFL credit	9j(3)

k (1) Waived funding deficiency: **9k(1)**

(2) Other credits: **9k(2)**

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2): **9l** 2254257764

m Credit balance: If line 9l is greater than line 9e, enter the difference: **9m** 1588734044

n Funding deficiency: If line 9e is greater than line 9l, enter the difference: **9n**

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2013 plan year	9o(1)	
(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)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	
(3) Total as of valuation date	9o(3)	

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	☒ Yes ☐ No
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning **07/01/2013** and ending **06/30/2014**

A Name of plan PLUMBERS AND PIPEFITTERS NATIONAL PENSION FD	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
INTERCONTINENTAL REAL ESTATE	1270 SOLDIERS FIELD RD BOSTON, MA 02135
04-3549299	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
MESIROW FINANCIAL	353 NORTH CLARK ST CHICAGO, IL 60654
36-3741067	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
NEW TOWER TRUST COMPANY	3 BETHESDA METRO CENTER BETHESDA, MD 20814
20-1641876	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AFL CIO BUILDING INVESTMENT TRUST	815 CONNECTICUT AVE, NW WASHINGTON, DC 20006
52-6328901	

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

ATTALUS CAPITAL LP

2929 ARCH ST 1500
PHILADELPHIA, PA 1910498-1032745

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

AQR CAPITAL MANAGEMENT LLC

TWO GREENWICH PLAZA, 3RD FLOOR
GREENWICH, CT 0683013-3987414

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

AETOS CAPITAL LLC

875 THIRD AVENUE
NEW YORK, NY 10022

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

PINNACLE ASSET MANAGEMENT LP

712 5TH AVENUE
NEW YORK, NY 10019

(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)

STARWOOD HOTELS & RESORTS

PO BOX 198872
ATLANTA, GA 30384-8872

(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?
49	NONE	9404562	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BROWARD COUNTY REVENUE CO

PO BOX 11905
NEWARK, NJ 07101-4905

(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?
49	NONE	6154534	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON RISK SERVICES INC

PO BOX 7247-7376
PHILADELPHIA, PA 19170-7376

16-1067929

(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?
49	NONE	5249080	Yes ☐ No ☒	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)

US FOODS

PO BOX 281838
ATLANTA, GA 30384-1838

(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?
49	NONE	4297201	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOUTH FLORIDA HOTEL & CULINARY

PO BOX 918-8758
ORLANDO, FL 32891-8758

(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?
49	NONE	3653929	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FLORIDA POWER & LIGHT COMPANY

GENERAL MAIL FACILITY
MIAMI, FL 33188-0001

59-0247775

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	3626130	Yes ☐ No ☒	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)

PSAV PRESENTATION SERVICES

23918 NETWORK PLACE
CHICAGO, IL 60673

(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?
49	NONE	3069717	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPITAL HOTEL MGMT LLC

548 CABOT ST
BEVERLY, MA 01915

52-2266331

(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	NONE	3051549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AAA PARKING

1100 SPRING ST NW, STE 800
ATLANTA, GA 30309

(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?
49	NONE	2580158	Yes ☐ No ☒	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)

1 WORLD LAUNDRY, LLC

2610 ORANGE AVENUE
FT PIERCE, IL 34950

(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?
49	NONE	2352215	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON MANAGEMENT

75 STATE STREET
BOSTON, MA 02109

04-2683227

(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 51 68	NONE	1889899	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PBGC

PO BOX 77000
DETROIT, MI 48277

52-1042410

(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?
49	NONE	1703026	Yes ☐ No ☒	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)

O'DONOGHUE & O'DONOGHUE

4748 WISCONSIN AVE NW
WASHINGTON, DC 20016

53-0120528

(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	NONE	1610887	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC BANK

PO BOX 856177
LOUISVILLE, KY 40285

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62 68	NONE	1593242	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BELL ASSET MGMT

225 GEORGE STREET
SYDNEY AU

04-3412674

(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 51	NONE	1512322	Yes ☐ No ☒	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)

LSV ASSET MGMT

155 N WACKER DR
CHICAGO, IL 60606

23-2772200

(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 51	NONE	1440215	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CITY OF HOLLYWOOD

2600 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020-4807

(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?
49	NONE	1362442	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHSTAR SEAFOOD, INC.

2213 NW 30TH PLACE, 7A
POMPANO BEACH, FL 33069-1026

65-0341430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	1361691	Yes ☐ No ☒	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)

DISCIPLINED GROWTH INVESTORS

150 S FIFTH ST
MINNEAPOLIS, MN 55402

(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?
51	NONE	1318986	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

A-ONE-A PRODUCE AND DAIRY

2300 NW 19TH ST
POMPANO BEACH, FL 33069

(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?
49	NONE	1271942	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDD HELMS (ELECTRIC)

17850 NE 5TH AVENUE
MIAMI, FL 33162

(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?
49	NONE	1177791	Yes ☐ No ☒	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)

SCHULTE ROTH AND ZABEL

919 THIRD AVENUE
NEW YORK, NY 10022

13-2639996

(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	NONE	1145292	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JPMORGAN CHASE BANK NA

PO BOX 974958
DALLAS, TX 75397

13-2624428

(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 51	NONE	1044266	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS CAPITAL

100 HERITAGE RESERVE
MENOMONEE FALLS, WI 53051

95-3692822

(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 51	NONE	985634	Yes ☐ No ☒	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)

T AND T CUSTOM DESIGNS INC

130-103 401 E LAS OLAS BLVD
FT LAUDERDALE, FL 33301

26-2863221

(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?
49	NONE	933407	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOSTON INVESTMENT MANAGEMENT

ONE BOSTON PLACE
BOSTON, MA 02108-4408

04-3404987

(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 51 68	NONE	927235	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

PROSKAUER ROSE LLP

1585 BROADWAY
NEW YORK, NY 10036

13-1840454

(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	NONE	859262	Yes ☐ No ☒	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)

SCHRODER INVESTMENT MGMT

875 THIRD AVENUE
NEW YORK, NY 10022

13-4064414

(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 51	NONE	855546	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HALPERN'S STEAK AND SEAFOOD

PO BOX 116421
ATLANTA, GA 30368-6421

(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?
49	NONE	812113	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOUTHERN WINE AND SPIRITS

PO BOX 864921
ORLANDO, FL 32886-4921

59-1285786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	805961	Yes ☐ No ☒	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)

LOOMIS SAYLES

2001 PENNSYLVANIA AVENUE, NW
WASHINGTON, DC 20006

04-3200030

(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 51 68	NONE	805734	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ARONSON PARTNERS

230 SOUTH BROAD
PHILADELPHIA, PA 19102

23-2322104

(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 51	NONE	774293	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PREMIER BEVERAGE COMPANY

9801 PREMIER PARKWAY
MIRAMAR, FL 33025

65-0772142

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	772965	Yes ☐ No ☒	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)

RBC

155 FEDERAL STREET
BOSTON, MA 02110

41-1460668

(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 51	NONE	758128	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN HOTEL REGISTER

PO BOX 71299
CHICAGO, IL 60694-1299

32-0726190

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	741123	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLUMBIA PARTNERS

5425 WISCONSIN AVE
CHEVY CHASE, MD 20815

52-1940739

(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 51 68	NONE	734835	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

PLUMBERS & PIPEFITTERS

PO BOX 918755
ORLANDO, FL 32891-8755

(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?
49	NONE	713010	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTEGRITY SERVICES

1451 WEST CYPRESS CREEK ROAD 300
FORT LAUDERDALE, FL 33309

(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?
49	NONE	637572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FEDERAL INSURANCE COMPANY

SEGAL COMPANY 333 W 34TH ST 4TH FLR
NEW YORK, NY 10001

13-1963496

(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?
23	NONE	633376	Yes ☐ No ☒	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)

TROON GOLF

15044 N SCOTTSDALE RD SUITE 300
SCOTTSDALE, AZ 85254

86-0832529

(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?
49	NONE	620310	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OTIS ELEVATOR COMPANY

PO BOX 73579
CHICAGO, IL 60673-7579

13-5583389

(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?
49	NONE	595140	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CORPORATE BUSINESS CTR

3555 SOUTH OCEAN DRIVE
HOLLYWOOD, FL 33019

42-1561888

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	553409	Yes ☐ No ☒	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)

BOUCHER BROTHERS MANAGEMENT, INC.

1451 OCEAN DRIVE 205
MIAMI BEACH, FL 33139

65-0884415

(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?
49	NONE	551592	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO

1625 I ST, NW
WASHINGTON, DC 20006

13-1423090

(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 51 72	NONE	529038	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SPOTMASTER LINENS-R-US

1290 N.E. 125TH STREET
NORTH MIAMI, FL 33161

(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?
49	NONE	525001	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GERDING EDLEN

1477 NW EVERETT ST
PORTLAND, OR 97209

(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?
51	NONE	525000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE DIPLOMAT RESORT & SPA

3555 S OCEAN DRIVE
HOLLYWOOD, FL 33019

52-2056797

(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?
49	NONE	512394	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEDGE CAPITAL MANAGEMENT

301 S COLLEGE ST 2920
CHARLOTTE, NC 28202

56-1557450

(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 51 68	NONE	503278	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

UNITE HERE NATIONAL RETIREMENT FUND

6 BLANKSTONE VALLEY PLACE STE 302
LINCOLN, RI 02865

(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?
49	NONE	478374	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRANDYWINE GLOBAL

2929 ARCH STREET
PHILADELPHIA, PA 19104

51-0294065

(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 51	NONE	450373	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INDEPENDENT FIDUCIARY SVCS

805 15TH ST NW STE 1120
WASHINGTON, DC 20005

13-3406417

(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?
31	NONE	414865	Yes ☐ No ☒	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)

KELLY PRESS, INC.

1701 CABIN BRANCH RD.
CHEVERLY, MD 20785

52-0975591

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	405994	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MASTER PURVEYORS, INC.

355 FOOD CENTER DR. B-14
BRONX, NY 10474

13-5666907

(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?
49	NONE	388431	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPARTAN SECURITY

4141 NORTH MIAMI AVE STE 200
MIAMI, FL 33127

65-1156613

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	373284	Yes ☐ No ☒	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)

CDM RETIREMENT CONSULTANTS, INC.

300 EAST JOPPA RD STE 210
TOWSON, MD 21286

52-2136664

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	338465	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERILAND SERVICES, LLC

18385 LAKE BEND DRIVE
JUPITER, FL 33458

(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?
49	NONE	320800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SWEENEY JR., WILLIAM T.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	313101	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WASTE MANAGEMENT, INC

PO BOX 930580
ATLANTA, GA 31193

(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?
49	NONE	294235	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL ADVISORS, INC

PO BOX 4142 CHURCH STREET STATION
NEW YORK, NY 10261

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	NONE	271103	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERCONN RESOURCES, INC.

PO BOX 1337
HOUSTON, TX 77251

72-1370574

(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?
49	NONE	266182	Yes ☐ No ☒	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)

EXPRESS SCRIPTS

131 S DEARBORN 6TH FLR
CHICAGO, IL 60673

43-1420563

(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?
23	NONE	262418	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDWARD DON & COMPANY

2562 PAYSHERE CIRCLE
CHICAGO, IL 60674-0025

(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?
49	NONE	260485	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOLD COAST BEVERAGE DISTRIBUTORS

10055 NW 12TH STREET
DORAL, FL 33172

59-1264956

(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?
49	NONE	259640	Yes ☐ No ☒	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)

BASYS, INC

857 ELKRIDGE LANDING RD 7TH FL
LINTHICUM, MD 21090

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	252698	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONTINENTAL AMERICAN INS

1932 WYNNTON ROAD
COLUMBUS, GA 31999-0797

(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?
49	NONE	251970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEIRON, INC.

PO BOX 37117
BALTIMORE, MD 21297

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	249843	Yes ☐ No ☒	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)

SALTER & COMPANY, LLC

4600 EAST-WEST HIGHWAY STE 300
BETHESDA, MD 20814

20-2088757

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	245847	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRAVEL TRADERS HOTEL STORES, INC

6205 BLUE LAGOON DRIVE, STE 550
MIAMI, FL 33126

(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?
49	NONE	236526	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FLORIDA COCA-COLA BOTTLING CO.

PO BOX 403390
ATLANTA, GA 30384-3390

58-0503352

(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?
49	NONE	232598	Yes ☐ No ☒	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)

WHITESTAR ADVISORS LLC

902 CLINT MOORE RD STE 220
BOCA RATON, FL 33487

64-1060104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	224000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WORLDWIDE PAYMENT SYSTEMS

CALLE TORNEO 72
SEVILLA ES

(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?
49	NONE	223468	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

USA TRANSPORTATION

PO BOX 21684
FT LAUDERDALE, FL 33335

62-1861887

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	222473	Yes ☐ No ☒	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)

HOTEL EMPLOYEE RESTUARANT

1525 NY 167TH STREET, STE 350
MIAMI, FL 33169

(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?
49	NONE	217839	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DANZINGER KOSHER CATERING

3910 WEST DEVON AVE
LINCOLNWOOD, IL 60712

(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?
49	NONE	217253	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POTOMAC ASSET MANAGEMENT

5 S MARKET
FREDERICK, MD 21701

52-1224946

(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 51	NONE	214389	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HOLLY D HARRIS

444 NW 1ST AVE, LOFT 201
FT LAUDERDALE, FL 33301

(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?
49	NONE	213211	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACRA LOCAL 725 PENSION

2010 NW 150TH AVENUE, STE 100
PEMBROKE PINES, FL 33028

(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?
49	NONE	211512	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT FLAMMIA

440 MAIN STREET STE 6
STONEHAM, MA 02180

27-2085534

(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?
49	NONE	207853	Yes ☐ No ☒	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)

SONIFI SOLUTIONS INC

PO BOX 952141
ST. LOUIS, MO 63195-2141

(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?
49	NONE	205731	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GE CAPITAL

PO BOX 740425
ATLANTA, GA 30374-0425

52-2121565

(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?
49	NONE	198566	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ETHRIDGE QUINN

33 WOOD LANE
ROCKVILLE, MD 20850

52-1543979

(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	NONE	189407	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CUSHMAN WAKEFIELD

6000 FAIRVIEW AVENUE
CHARLOTTE, NC 28210

13-3093656

(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	NONE	189407	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNISON ASSOCIATES

1000 WINTER STREET
WALTHAM, MA 02351

52-2069785

(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 51 68	NONE	188976	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CUSANO'S BAKERY

2798 SW 32ND AVE
PEMBROKE PARK, FL 33023

59-1550859

(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?
49	NONE	187499	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WORLDWIDE POOLS, CORP

15476 NW 77 CT STE 168
MIAMI LAKES, FL 33016

20-8591517

(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?
49	NONE	187103	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONFERENCE DIRECT

PO BOX 69777
LOS ANGELES, CA 90069

95-4703518

(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?
49	NONE	183879	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XEROX CORPORATION

PO BOX 827181
PHILADELPHIA, PA 19182

16-0468020

(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?
49	NONE	172070	Yes ☐ No ☒	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)

GOURMET FOODS INTERNATIONAL

PO BOX 116585
ATLANTA, GA 30368-6585

(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?
49	NONE	165627	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

ONE LINCOLN ST, 33RD FLOOR
BOSTON, MA 02111

04-1867445

(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 51	NONE	163758	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GARCIA STROMBERG HOLDINGS

2365 VISTA PARKWAY 15
WEST PALM BEACH, FL 33411

(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?
49	NONE	163114	Yes ☐ No ☒	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)

TERRA BELLA & ASSOCIATES, INC.

PO BOX 22397
HIALEAH GARDENS, FL 33002

33-1105688

(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?
49	NONE	162670	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANKE, BENJAMIN C.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	162551	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SYSCO FOOD SERVICES - SOUTH FL

PO BOX 64000-A
MIAMI, FL 33164

74-2541433

(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?
49	NONE	159742	Yes ☐ No ☒	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)

GRAEBEL RELOCATION SERVICES

PO BOX 71775
CHICAGO, IL 60694-1775

(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?
49	NONE	157078	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON CONTROLS

PO BOX 905240
CHARLOTTE, NC 28290-5240

39-0380010

(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?
49	NONE	156053	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOFTMART, INC.

PO BOX 8500-52288
PHILADELPHIA, PA 19178

23-2984561

(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?
49	NONE	155902	Yes ☐ No ☒	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)

LEAHEY, DONALD M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	153400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HD SUPPLY FACILITIES MAINTENANCE

PO BOX 509058
SAN DIEGO, CA 92150-9058

(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?
49	NONE	152379	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRECRAFT OF FLORIDA, INC.

STE C-7 10034 SPANISH ISLES BLVD.
BOCA RATON, FL 33498

11-3353835

(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?
49	NONE	148425	Yes ☐ No ☒	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)

STRUCTURED SOLUTIONS

548 CABOT STREET
BEVERLY, MA 01915

83-0400460

(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?
49	NONE	147047	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DE LAGE LANDEN FINANCIAL

PO BOX 41602
PHILADELPHIA, PA 19101-1602

(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?
49	NONE	144959	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SWISS CHALET FINE FOODS

9455 NW 40TH ST ROAD
MIAMI, FL 33178

(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?
49	NONE	144035	Yes ☐ No ☒	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)

DAELEMANS, LINDA K.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	143392	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'BRIEN WILCOX, MARGARET

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	138885	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAETEC COMMUNICATIONS INC.

PO BOX 90001013
LOUISVILLE, KY 40290-1013

(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?
49	NONE	138129	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELL MARKETING LLP

PO BOX 643561
PITTSBURGH, PA 15264

74-2616805

(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?
49	NONE	137449	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BIG CHEF

5830 FUNSTON STREET
HOLLYWOOD, FL 33023-1932

90-0117046

(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?
49	NONE	134738	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REPUBLIC NATIONAL

441 SW 12TH AVE
DEERFIELD BEACH, FL 33442

(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?
49	NONE	134566	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

K&M MEAT CO, INC

2443 E. 27TH STREET
VERNON, CA 90058

(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?
49	NONE	133189	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WORLD CINEMA, INC.

9801 WESTHEIMER SUITE 409
HOUSTON, TX 77042

(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?
49	NONE	133060	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COOKE, ROBERT H.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	131747	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRIKRYL, ANDREW G.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	129897	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEUJA, KUMAR

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	127097	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TECO PEOPLE GAS

PO BOX 31017
TAMPA, FL 33631-3017

59-0475140

(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?
49	NONE	126085	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUGO, CURTIS A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	123695	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DADE PAPER CO.

PO BOX 523666
MIAMI, FL 33152

59-0784248

(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?
49	NONE	123168	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AWNINGS OF HOLLYWOOD, INC

5828 WASHINGTON STREET
HOLLYWOOD, FL 33023

(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?
49	NONE	122295	Yes ☐ No ☒	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)

KUKKALA, VENKATESWARARAO E.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	119674	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

W W GRAINGER

DEPT 845434307
PALATINE, IL 60038-0001

(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?
49	NONE	119264	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HELMS-BRISCOE/ABC

20875 N 90TH PLACE
SCOTTSDALE, AZ 85255

(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?
49	NONE	117953	Yes ☐ No ☒	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)

SAYFIE LAW FIRM

450 E LAS OLAS BLVD
FT LAUDERDALE, FL 33301

65-1127167

(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	NONE	117500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CITY OF HALLANDALE BEACH

400 SOUTH FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009

(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?
49	NONE	113736	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAMS, REN'EE A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	112977	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KPMG, LLC

PO BOX 120001
DALLAS, TX 75312

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	111800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DOMINION VIRGINIA POWER

PO BOX 26543
RICHMOND, VA 23290

54-1836683

(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?
49	NONE	109142	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BCD M&I LLC

500 WEST MADISON ST, STE 1200
CHICAGO, IL 60661

(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?
49	NONE	108251	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OFFICEMAX CONTRACT INC.

75 REMITTANCE DRIVE 2698
CHICAGO, IL 60675-2698

(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?
49	NONE	107306	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLEARVIEW CLEANING CONTRACTORS

6440 SW 42ND STREET
DAVIE, FL 33314

59-2621722

(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?
49	NONE	104583	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEPHENS DISTRIBUTING COMPANY

185 ANGLERS AVENUE
FT LAUDERDALE, FL 33312

59-2359783

(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?
49	NONE	103689	Yes ☐ No ☒	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)

ROURK, WANDA F.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	102970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZENEBE, IYOB

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	102391	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMBIUS, INC

PO BOX 14086
READING, PA 19612

(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?
49	NONE	102136	Yes ☐ No ☒	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)

DEVORE, KAREN A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	100315	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAMBRIDGE SPECIALTY

2601 E OAKLAND PARK BLVD 200
FT LAUDERDALE, FL 33306

(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?
49	NONE	98821	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDD HELMS GROUP, INC.

17850 NE 5TH AVENUE
MIAMI, FL 33162-1008

59-2605868

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	98652	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'REILLY-WALKER, ARLETTE M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	94195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DYNALECTRIC COMPANY

2501 SW 160TH AVE 500
MIRAMAR, FL 33027

(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?
49	NONE	94000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INGE, MAURICE A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	93430	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SMITH BUCKLINE CORP

401 N MICHIGAN AVE
CHICAGO, IL 60611-4267

(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?
49	NONE	93399	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRON MOUNTAIN

PO BOX 27128
NEW YORK, NY 10087

04-3038590

(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?
49	NONE	92856	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERZ-HUBER CO.

630 FAIRVIEW RD
SWARTHMORE, PA 19081

23-1596511

(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?
23	NONE	92559	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDWARDS, PERPETUA E.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	91477	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EVANS, CYNTHIA P.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	91220	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROUNTREE, ELOISE S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	90691	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GALBREATH, KIM M

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	89025	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GEOHAGAN, WAYNE S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	88018	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON, KATHRYNE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	87097	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MASTERTEC PAINTING & WATERPROOFING

3341 RALEIGH STREET, 2B
HOLLYWOOD, FL 33021

(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?
49	NONE	85183	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RASHEED, SUSAN B.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	84668	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSCOE, TONI C.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	83173	Yes ☐ No ☒	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)

KENNESAW FRUIT & JUICE

1300 SW 1ST COURT
POMPANO BEACH, FL 33069

(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?
49	NONE	80584	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GAGHAN MECHANICAL, INC.

5649D GENERAL WASHINGTON DR
ALEXANDRIA, VA 22312

54-1789937

(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?
49	NONE	80285	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FENDERSON, MELISSA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	79916	Yes ☐ No ☒	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)

ECOLAB

PO BOX 100512
PASADENA, CA 91189

(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?
49	NONE	79463	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILL, GERALD A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	78503	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RILEY, ROBERT J.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	78381	Yes ☐ No ☒	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)

YOUHOUSE, JOSEPH D.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	78282	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANK PARSONS PAPER CO INC.

PO BOX 791416
BALTIMORE, MD 21279

53-0179108

(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?
49	NONE	78247	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALLAWAY GOLF

PO BOX 9002
CARLSBAD, CA 92018-9002

33-0533992

(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?
49	NONE	77744	Yes ☐ No ☒	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)

BELL SOUTH TELECOMMUNICATIONS

PO BOX 105503
ATLANTA, GA 30348-5503

(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?
49	NONE	77649	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOACK, LADONNA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	77491	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RECOVERY POINT SYSTEMS

75 W WATKINS MILL RD
GAITHERSBURG, MD 20878

52-2212966

(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?
49	NONE	77285	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GUERRA, MARY M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	77217	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RILEY, SANDRA L.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	75520	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ORKIN PEST CONTROL/WESTERN PEST

3375 SW THIRD AVENUE
FT LAUDERDALE, FL 33315

(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?
49	NONE	75250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERIZON
PO BOX 660720
DALLAS, TX 75266
47-0751768

(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?
49	NONE	74979	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BEKOE, KOFI
103 ORONOCO STREET
ALEXANDRIA, VA 22314
52-6088636

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30	EMPLOYEE	74603	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SIGNAL COMMUNICATIONS, LLC
6820 LYONS TECHNOLOGY CIRCLE 115
COCONUT CREEK, FL 33073
65-0918022

(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?
49	NONE	73209	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GENERAL CAULKING & COATING

101 NW 176TH STREET
MIAMI, FL 33169

(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?
49	NONE	73160	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PANCIERA, MARTHA E.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	72397	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COCOA CREATIONS

PO BOX 630583
MIAMI, FL 33163

20-5387278

(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?
49	NONE	72168	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AGILYSYS NV, LLC.

1858 PAYSHERE CIRCLE
CHICAGO, IL 60674

20-0690011

(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?
49	NONE	71645	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOUTHERN CALIFORNIA PIPE TRADES

501 SHATTO PL 5TH FL
LOS ANGELES, CA 90020

95-4557526

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	71643	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHESNICK, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	71515	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FENNELL, CECELIA M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	71391	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONEL, INC

2770 NW 24TH STREET
MIAMI, FL 33142-7088

(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?
49	NONE	71225	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HERITAGE FOOD SVCS EQUIPMENT, INC

PO BOX 8710
FORT WAYNE, IN 46898-8710

(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?
49	NONE	70667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERICKS CONSULTANTS, INC.

205 S ADAMS ST
TALLAHASSEE, FL 32301

59-2722222

(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?
49	NONE	70458	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARKER, LINDA S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	70405	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YIMER, TSEDAY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	69985	Yes ☐ No ☒	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)

LEIGH, SANDRA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	69526	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BECKER & POLIAKOFF PA

PO BOX 9057
FT LAUDERDALE, FL 33310

59-1640708

(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	NONE	69393	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD, CHANTELE Y.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	69203	Yes ☐ No ☒	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)

RICKENBAKER, PAUL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	68996	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DALTON WHARF ASSOCIATION INC

107 ORONOCO ST
ALEXANDRIA, VA 22314

54-1182576

(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?
49	NONE	68925	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAVIA, SANDRA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	68316	Yes ☐ No ☒	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)

NEWMARKET INTERNATIONAL, INC.

PO BOX 845707
BOSTON, MA 02284-5707

(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?
49	NONE	68257	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

K SEA TRADING

12201 NW 106TH COURT
MEDLEY, FL 33178-1205

01-0771265

(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?
49	NONE	67982	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALERT GLOBAL MEDIA

STE 2300 80 SW 8TH STREET
MIAMI, FL 33130

65-0105637

(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?
49	NONE	67324	Yes ☐ No ☒	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)

CONGRESS ASSET MGMT

2 SEAPORT LANE
BOSTON, MA 02210

94-3362212

(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 51	NONE	66691	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBUSTELLI WORLDWIDE LLC

1177 HIGH RIDGE ROAD
STAMFORD, CT 06905

(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?
49	NONE	66613	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEBORAH CORRAO

3001 SOUTH OCEAN DRIVE, STE 1647
HOLLYWOOD, FL 33019

(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?
49	NONE	66451	Yes ☐ No ☒	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)

ANDREWS, JUDY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	65893	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WHITE, AYEISHA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	65887	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ECONOMY FIRE PROTECTION INC

2110 LINCOLN STREET, STE 2
HOLLYWOOD, FL 33020

59-1777640

(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?
49	NONE	65804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST FEDERAL CORPORATION

PO BOX 37142
BALTIMORE, MD 21297

52-1548842

(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?
49	NONE	65511	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CENVEO CORP.

PO BOX 802035
CHICAGO, IL 60680-2035

(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?
49	NONE	65384	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAMPHAL, HARESH

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	64950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARPER, SHARON

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	63991	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBINSON, KIVEN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	63758	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARRELL'S FERTILIZER

PO BOX 935358
ATLANTA, GA 31193-5358

(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?
49	NONE	63589	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEPHENS, JANEEN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	62656	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOURMET TABLE SKIRTS & LINENS

PO BOX 670571
DALLAS, TX 75267-0571

(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?
49	NONE	62156	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WRENN, SHEILA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	62112	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCGEADY, SHERRY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	62060	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VIRGINIA & AMBINDER, LLP

111 BROADWAY STE 1403
NEW YORK, NY 10006

43-1995226

(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	NONE	62056	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BROWN, LINDA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	61844	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLAASEN, GREGORY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	61843	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONGOLD, GARY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	61843	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN, LEWIS & BOCKIUS, LLP

PO BOX 8500 S-6050
PHILADELPHIA, PA 19178

23-0891050

(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	NONE	61840	Yes ☐ No ☒	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)

JOHNSON, DAVID A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	61699	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROCTOR, CHRISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	61675	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FULTZ, RUTH

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	61413	Yes ☐ No ☒	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)

CITY OF HOLLYWOOD RECLAIM

PO BOX 229045
HOLLYWOOD, FL 33022-9045

(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?
49	NONE	61123	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONLON, DENNIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	61063	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SILENT GUARD

4835 HOLLYWOOD BLVD. SUITE 1
HOLLYWOOD, FL 33021

65-0575927

(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?
49	NONE	60456	Yes ☐ No ☒	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)

COLLINS, ZENA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	60387	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HITCH, LAUREN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	60183	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRENNAN, CAROL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	60164	Yes ☐ No ☒	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)

AON (BERMUDA) LTD

PO BOX HM2020
HAMILTON BM

(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?
49	NONE	60000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARROLL, CORNELIUS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	59769	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLUMB, DARLENE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	59565	Yes ☐ No ☒	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)

POWELL, PENNY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	59500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EUGENE ROBERTO & ASSOCIATES INC

PO BOX 460357
FT LAUDERDALE, FL 33346

65-1087182

(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?
49	NONE	59280	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAYSON, MARIBEL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	59152	Yes ☐ No ☒	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)

GPSI LEASING, LLC

PO BOX 25035
BRADENTON, FL 34206

(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?
49	NONE	59079	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORRISON, RYAN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	59022	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EJIGU, HABTAMA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	58590	Yes ☐ No ☒	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)

ELLIS, ROBIN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	58485	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IMEDEX, LLC

11675 RAINWATER DRIVE
ALPHARETTA, GA 30009

02-0601048

(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?
49	NONE	58084	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARK, CHARMELE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	58064	Yes ☐ No ☒	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)

SHAMLEY, MADRIENNE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	57849	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PALMER LOONEY, JAN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	57437	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IMN SOLUTIONS, INC

1110 NORTH GLEBE ROAD 580
ARLINGTON, VA 22201

(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?
49	NONE	57290	Yes ☐ No ☒	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)

GREEN, TOLEATHIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	57288	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERTSON, JAMES

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	57288	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JONES, NIKKI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	57287	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEETING RESOURCES

11811 N. TATUM BLVD 3031
PHOENIX, AZ 85028

(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?
49	NONE	57057	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SMITH, RANNIE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	57038	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERTSON, BEVERLY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	56995	Yes ☐ No ☒	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)

MICHAEL J PIERSON ASSOCIATES

23441 SOUTH POINTE DRIVE 160
LAGUNA HILLS, CA 92653

(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?
49	NONE	56821	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BEDWELL, STEPHANIE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	56802	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAMS, YURI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	56701	Yes ☐ No ☒	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)

THOMAS, KLANESHA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088363

(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?
30	EMPLOYEE	56644	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALPHA RISK MGMT

60 CUTTER MILL ROAD
GREAT NECK, NY 11021

11-2834548

(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?
23	NONE	56613	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DICKENSON, MARY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	55501	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EWELL, SANDRA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	55480	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WAKE, BRIAN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	55307	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ST. REMY, CHRIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	55234	Yes ☐ No ☒	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)

ATKINS, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	55153	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WARD, STACY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	54958	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MIAMI CARPET CARE

4000 PONCE DE LEON BLVD STE 470
CORAL GABLES, FL 33136

(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?
49	NONE	54635	Yes ☐ No ☒	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)

EDY'S GRAND ICE CREAM

3852 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

94-2761189

(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?
49	NONE	54567	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUTCHEE, TONIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	54521	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOSLEY, NAKETA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	54498	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COME TOGETHER CORP

4220 GLENCOE AVE 150
MARINA DEL RAY, CA 90292

(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?
49	NONE	54496	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXPERIENT

PO BOX 932320
CLEVELAND, OH 44193

34-1139972

(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?
49	NONE	54335	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PETERS, MICHAEL JR

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	54303	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEWIS, VANISHA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	54194	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SINCLAIR, NEICOLE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	53808	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KOPP III, ROBERT

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	53744	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLEVENGER CORPORATION

10718 TUCKER ST
BELTSVILLE, MD 20705

52-0702240

(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?
49	NONE	53502	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KENT, JIRINA H.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	53477	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLEVELAND MENU PRINTING INC

1441 E 17TH STREET
CLEVELAND, OH 44114

34-0692640

(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?
49	NONE	53297	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KERNEY & ASSOCIATES INC

1300 NW 65TH PLACE
FORT LAUDERDALE, FL 33309

(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?
49	NONE	53100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TMG, LLC

13975 CONNECTICUT AVENUE
SILVER SPRING, MD 20906

(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?
49	NONE	52899	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST CORPORATION

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

36-2723087

(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 51 68	NONE	52843	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CRANFORD, CYNTHIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	52573	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHAMLEY, BARBARA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	52485	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BROWN, CHARMAINE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	52310	Yes ☐ No ☒	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)

GAILLARD, KIANA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	52294	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUNT, JASON

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	52262	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEWIS, WILLIAM

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	52086	Yes ☐ No ☒	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)

T-MOBILE

PO BOX 790047
ST. LOUIS, MO 63179-0047

(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?
49	NONE	51805	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

A CLEANER WORLD DRY CLEAN

6650 NE 4TH AVENUE
MIAMI, FL 33138

(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?
49	NONE	51326	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YOUHOUSE, MARIANELLA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	51027	Yes ☐ No ☒	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)

CHRISTENSEN JAMES AND MARTIN

7440 W SAHARA AVE
LAS VEGAS, NV 89117

88-0330040

(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	NONE	50702	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ITA GROUP

4800 WESTOWN PKWY SUITE 300
WEST DES MOINES, IA 50266

(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?
49	NONE	50386	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRISAM GROUP INC

PO BOX 347555
PITTSBURGH, PA 15251-4555

(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?
49	NONE	50238	Yes ☐ No ☒	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)

REID, LARRY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	50150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FERGUSON ENTERPRISES

PO BOX 100286
ATLANTA, GA 30384-0286

(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?
49	NONE	50081	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMAS, ANGELA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	49735	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IDN ARMSTRONGS, INC

3589 BROAD STREET
CHAMBLEE, GA 30341

(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?
49	NONE	49484	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GALAXY HOTEL SYSTEMS, LLC

PO BOX 198872
ATLANTA, GA 30384-8872

(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?
49	NONE	49192	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON, ANGELA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	48739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEAN HOLDING COMPANY

PO BOX 932688
ATLANTA, GA 31193-2688

(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?
49	NONE	48216	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REVEL, DONNA L.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	47968	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOLDSTEIN CRAGEL

526 SUPERIOR AVENUE
CLEVELAND, OH 44114

34-1599328

(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	NONE	47745	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARAHULL SERVICES, INC

6851 W. SUNRISE BLVD 124
PLANTATION, FL 33313

(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?
49	NONE	45594	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN COLLEGE OF NEUROLOGY

5034-A THOROUGHbred LANE
BRENTWOOD, TN 37027

(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?
49	NONE	45399	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARITY, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	45017	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACKSON, LILIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	44736	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'CONNOR, KRISTINA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	44638	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ISS FACILITY SERVICES - DC

9701 PHILADELPHIA CT STE R
LANHAM, MD 20706

06-1535240

(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?
49	NONE	44614	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CINTAS CORPORATION

PO BOX 633842
CINCINNATI, OH 45263

(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?
49	NONE	44565	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REYNOLDS, WILBERT

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	44534	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NICHOLAS P FRISCO-RESTORATION

1102 SUMMER LAKES DRIVE
ORLANDO, FL 32835

(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?
49	NONE	42688	Yes ☐ No ☒	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)

PALMDALE OIL CO.

911 NORTH 2ND STREET
FT PIERCE, FL 34950

(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?
49	NONE	42580	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE AMERICAN GROUP OF COMPANIES

60 SOUTH HARBOR ROAD
NORTHPORT, NY 11768

13-3385593

(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?
49	NONE	42265	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHSTAR TRAVEL MEDIA LLC

PO BOX 150414 DEPT 106086
HARTFORD, CT 06115-0414

(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?
49	NONE	42000	Yes ☐ No ☒	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)

GSD CONTRACTING, LLC

4675 ANGLERS AVE
FT LAUDERDALE, FL 33312

59-2329721

(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?
49	NONE	41538	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADVANCOAT LLC

7050 W PALMETTO PARK ROAD 15-555
BOCA RATON, FL 33433

(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?
49	NONE	41460	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STARMARK

210 S. ANDREWS AVENUE
FT LAUDERDALE, FL 33301

65-0817203

(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?
49	NONE	41180	Yes ☐ No ☒	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)

QUINN & CO

520 EIGHTH AVE, FL 21
NEW YORK, NY 10018

(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?
49	NONE	39709	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FABRIC INNOVATIONS, INC

2665 S. BAYSHORE DRIVE, STE 712
MIAMI, FL 33133

(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?
49	NONE	39384	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSIGHT DIRECT USA, INC.

PO BOX 731069
DALLAS, TX 75373-1069

(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?
49	NONE	39136	Yes ☐ No ☒	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)

PLUMBERS & PIPEFITTERS LU 719

2502 SOUTH ANDREWS AVE
FT LAUDERDALE, FL 33316

(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?
49	NONE	39116	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ORANGE BOWL COMMITTEE

14360 NW 77TH COURT
MIAMI LAKES, FL 33016

59-0384382

(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?
49	NONE	38938	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SYSTEMS DESIGN & DEVELOPMENT INC

800-A N.W. 17TH AVE
DELRAY BEACH, FL 33445

65-0027467

(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?
49	NONE	38553	Yes ☐ No ☒	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)

PRESTIGE INTERIORS DESIGN

4910 SW 33RD TERRACE
FT LAUDERDALE, FL 33312

(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?
49	NONE	38268	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CVENT, INC.

PO BOX 822699
PHILADELPHIA, PA 19182-2699

(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?
49	NONE	38097	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TAYLOR MADE GOLF CO, INC

PO BOX 406043
ATLANTA, GA 30384-6043

(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?
49	NONE	37818	Yes ☐ No ☒	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)

JIM THRELKEL FLORIST

820 W OAKLAND PARK BLVD
FT LAUDERDALE, FL 33311

(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?
49	NONE	37763	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AIRWAYS CLEANING & FIREPROOFING CO

4200 PETERS ROAD
FT LAUDERDALE, FL 33317-4541

59-1611645

(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?
49	NONE	37195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMANO MCGANN, INC.

651 TAFT STREET NE
MINNEAPOLIS, MN 55413

41-1415904

(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?
49	NONE	37081	Yes ☐ No ☒	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)

AVAYA COMMUNICATIONS, INC.

PO BOX 5332
NEW YORK, NY 10087

22-3713430

(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?
49	NONE	36879	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINT-IT USA.COM

13660 STATE ROAD 84
DAVIE, FL 33325

65-0332211

(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?
49	NONE	36829	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMMERCIAL ENERGY SPECIALIST

860 JUPITER PARK DRIVE STE 2
JUPITER, FL 33458

59-2550057

(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?
49	NONE	35985	Yes ☐ No ☒	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)

TRAVELCLICK, INC

101 MARIETTA STREET STE 3525
ATLANTA, GA 30304

(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?
49	NONE	35912	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED REFRIGERATION INC

PO BOX 677036
DALLAS, TX 75267-7036

23-1307731

(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?
49	NONE	35651	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TITLEIST

PO BOX 532402
CHARLOTTE, NC 28290-2402

(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?
49	NONE	35523	Yes ☐ No ☒	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)

ADP INC

PO BOX 842875
BOSTON, MA 02284-2875

(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?
49	NONE	35157	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHERWIN WILLIAMS CO

2733 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020-4821

(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?
49	NONE	34975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PANTROPIC POWER PRODUCTS, INC.

8205 NW 58 STREET
MIAMI, FL 33166

59-2749643

(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?
49	NONE	34643	Yes ☐ No ☒	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)

HOSPITALITY PERFORMANCE NETWORK

13825 NORTH NORTHSIGHT BLVD 201
SCOTTSDALE, AZ 85260

(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?
49	NONE	33791	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NALCO COMPANY

PO BOX 70716
CHICAGO, IL 60673-0716

(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?
49	NONE	33740	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIRECTV

PO BOX 60036
LOS ANGELES, CA 90060-0036

95-4321465

(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?
49	NONE	33585	Yes ☐ No ☒	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)

INTRIAGO GROUP

444 BRICKELL AVENUE
MIAMI, FL 33131

(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?
49	NONE	33157	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FOOTJOY

PO BOX 532419
CHARLOTTE, NC 28290-2419

(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?
49	NONE	32957	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARITZ TRAVEL

100 PENN SQUARE EAST 11TH FLR
PHILADELPHIA, PA 19107

(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?
49	NONE	32434	Yes ☐ No ☒	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)

FEDEX

PO BOX 660481
DALLAS, TX 75266-0481

71-0427007

(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?
49	NONE	32413	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AWARD EXCELLENCE

3800 NORTH 28TH WAY
HOLLYWOOD, FL 33020

65-1074838

(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?
49	NONE	32313	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KARAWA, CAROLYNE SANARE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	32077	Yes ☐ No ☒	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)

SUSHI MAKI CATERING CORP

8005 NW 90TH STREET
MEDLEY, FL 33166

65-1176864

(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?
49	NONE	31942	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J.A. SEXAUER

PO BOX 404284
ATLANTA, GA 30384-4284

(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?
49	NONE	31701	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPOTMASTER DRY CLEANERS

2100 NE 123RD STREET
NORTH MIAMI, FL 33181

(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?
49	NONE	31673	Yes ☐ No ☒	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)

DANIELS, JANICE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	31656	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILNER INC

PO BOX 923197
NORCROSS, GA 30010-3197

(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?
49	NONE	31257	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLIANCE TECHNOLOGY GROUP

7420 PARKWAY DR
HANOVER, MD 21076

52-2060067

(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?
49	NONE	30482	Yes ☐ No ☒	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)

TIGERDIRECT, INC.

7795 W FLAGLER ST
MIAMI, FL 33144

59-2830635

(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?
49	NONE	30249	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

APPLIED BUSINESS SERVICES, INC.

900 WIND RIVER LN STE 102
GAITHERSBURG, MD 20878

52-1423216

(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?
49	NONE	29983	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AT&T CORP DBA ACC BUSINESS

PO BOX 105306
ATLANTA, GA 30348-5306

(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?
49	NONE	29717	Yes ☐ No ☒	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)

MEETING EXPECTATIONS

3525 PIEDMONT ROAD NORTHEAST 300
ATLANTA, GA 30305

(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?
49	NONE	29472	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ODWALLA, INC.

PO BOX 742456
LOS ANGELES, CA 90074-2456

(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?
49	NONE	29260	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARKY'S CAVIAR INTERNATIONAL

1000 NW 159TH DRIVE
MIAMI, FL 33169

(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?
49	NONE	29182	Yes ☐ No ☒	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)

ASAP LOCK SAFE & KEY CO

1944 TIGERTAIL BLVD
DANIA BEACH, FL 33004

(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?
49	NONE	29056	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

USA TODAY

PO BOX 677446
DALLAS, TX 75267-7446

06-1032273

(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?
49	NONE	28496	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JORNEE UNLIMITED, INC

312 SOUTHEAST 4TH AVENUE
FORT LAUDERDALE, FL 33316

(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?
49	NONE	28215	Yes ☐ No ☒	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)

STARBUCKS COFFEE COMPANY

PO BOX 84348
SEATTLE, WA 98124-5648

(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?
49	NONE	27911	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASSOCIATION OF TEST PUBLISHERS

601 PENNSYLVANIA AVE NW 900
WASHINGTON, DC 20004

(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?
49	NONE	27810	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WALDNER'S BUSINESS ENVIRONMENTS

215 LEXINGTON AVENUE
NEW YORK, NY 10016

(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?
49	NONE	27627	Yes ☐ No ☒	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)

BAGELS N BAGELS, INC

128 SW 2ND AVE
DANIA BEACH, FL 33004

(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?
49	NONE	27473	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAUNCH INCENTIVES INC

224 GREENFIELD AVENUE
SAN ANSELMO, CA 94960

(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?
49	NONE	27321	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GM COLLIN SKIN CARE INC.

613 STATE ROUTE 3
PLATTSBURGH, NY 12901-6530

(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?
49	NONE	27307	Yes ☐ No ☒	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)

JACKSON, TASHANNA M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(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?
30	EMPLOYEE	27253	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PKF CONSULTING

50 CALIFORNIA ST
SAN FRANCISCO, CA 94111

94-3149582

(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?
34	NONE	27041	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DLA PIPER RUDNICK GRAY CARY US LP

PO BOX 64029
BALTIMORE, MD 21264

52-0616490

(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	NONE	26839	Yes ☐ No ☒	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)

TOSHIBA GLOBAL COMMERCE SOLUTIONS

PO BOX 644938
PITTSBURGH, PA 15264

(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?
49	NONE	26717	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLANNING MODE, LLC

4111 COLE AVENUE STE 38
DALLAS, TX 75204

(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?
49	NONE	26614	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOJO SYSTEMS

2411 S WALKER ST
SEATTLE, WA 98144

14-1889768

(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?
49	NONE	26596	Yes ☐ No ☒	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)

MORROW TECHNOLOGIES CORPORATION

12000 28TH STREET NORTH
ST PETERSBURG, FL 33716

62-1220428

(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?
49	NONE	26420	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WT VENTURES, LLC

3491 PALL MALL DRIVE STE 108
JACKSONVILLE, FL 32257-5462

(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?
49	NONE	26182	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RECIPROCITY ADMINISTRATION SVCS, IN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

20-1717978

(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?
49	NONE	25663	Yes ☐ No ☒	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)

EVERGLADES PINESTRAW, INC

5552 TICE STREET
FORT MYERS, FL 33905

(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?
49	NONE	25159	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OMEGA WORLD TRAVEL, INC

3102 OMEGA OFFICE PARK
FAIRFAX, VA 22031

(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?
49	NONE	24838	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AT&T

PO BOX 5094
CAROL STREAM, IL 60197

13-4924710

(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?
49	NONE	24811	Yes ☐ No ☒	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)

BROWN DISTRIBUTING CO, INC

1300 ALLENDALE ROAD
WEST PALM BEACH, FL 33405

(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?
49	NONE	24591	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EARTH NETWORKS, INC

12410 MILESTONE CENTER DRIVE
GERMANTOWN, MD 20876

(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?
49	NONE	24380	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DMX, INC

PO BOX 602777
CHARLOTTE, NC 28260-2777

(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?
49	NONE	24249	Yes ☐ No ☒	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)

ALAAFAVE, INC

5805 BLUE LAGOON DRIVE 290
MIAMI, FL 33126

(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?
49	NONE	24010	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNION REALTY ADVISORS, LLC

1325 MASSACHUSETTS AVE NW 2ND FL
WASHINGTON, DC 20005

52-2009431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	24000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ENTIC LLC

20841 JOHNSON STREET 116
PEMBROKE PINES, FL 33029

(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?
49	NONE	24000	Yes ☐ No ☒	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)

MEETINGS MANAGEMENT GROUP

11812 NORTH 56TH STREET
TAMPA, FL 33617

(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?
49	NONE	23811	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLLINSON & COMPANY, INC

241 SUNRISE HWY
ROCKVILLE CENTRE, NY 11570

(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?
49	NONE	23750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUN SENTINEL

PO BOX 904027
CHARLOTTE, NC 28290-4027

59-1022684

(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?
49	NONE	22664	Yes ☐ No ☒	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)

PITNEY BOWES GLOBAL FINANCIAL

PO BOX 371887
PITTSBURGH, PA 15250

20-1344287

(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?
49	NONE	22583	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PERFORMING ARTS CENTER AU

201 SW 5TH AVENUE
FT LAUDERDALE, FL 33312

(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?
49	NONE	22500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE WYNFORD GROUP, INC

1125 LESLIE STREET
TORONTO CA

(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?
49	NONE	22220	Yes ☐ No ☒	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)

NOREENA DOWNEY & FLORIDA'S FINEST

429 LAKEVIEW DRIVE APT 104
WESTON, FL 33326

13-4347024

(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?
49	NONE	22200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOURMET RESOURCE INC.

3535 NW 33RD STREET
MIAMI, FL 33142

65-1130370

(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?
49	NONE	22137	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

A1A CLIPPER LLC

1140 SEABREEZE BLVD
FT LAUDERDALE, FL 33316

(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?
49	NONE	22042	Yes ☐ No ☒	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)

US BRICK & BLOCK SYSTEMS

1800 NW 22ND STREET
FT LAUDERDALE, FL 33311

(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?
49	NONE	21804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRIANGLE FIRE, INC.

7720 NW 53RD STREET
MIAMI, FL 33166

65-0561018

(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?
49	NONE	21488	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ETEMP

5 COLD HILL ROAD SOUTH 20
MENDHAM, NJ 07945

(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?
49	NONE	20910	Yes ☐ No ☒	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)

CONNER WINTERS LLP

4000 ONE WILLIAMS CTR
TULSA, OK 74172

73-1388566

(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	NONE	20898	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WASHINGTON COURIER

5520 CHEROKEE AVE STE 120
ALEXANDRIA, VA 22312

06-1626936

(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?
49	NONE	20849	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTIN BEACH RESORT FT LAUDERDALE

PO BOX 843867
DALLAS, TX 75284-3867

20-2774725

(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?
49	NONE	20652	Yes ☐ No ☒	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)

FREEMAN & HASSELWANDER

5902 SILVER KING BLVD
CAPE CORAL, FL 33914

(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?
49	NONE	20443	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREENBERG TRAUIG

401 EAST LAS OLAS BLVD STE 2000
FT LAUDERDALE, FL 33301

59-1270754

(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?
49	NONE	20116	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INDOFF, INC.

PO BOX 842808
KANSAS CITY, MO 64184

43-0964848

(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?
49	NONE	20015	Yes ☐ No ☒	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)

PROSOUND INC

1375 NE 123RD STREET
MIAMI, FL 33161

(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?
49	NONE	19894	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AT&T

PO BOX 5091
CAROL STREAM, IL 60197-5091

22-3646053

(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?
49	NONE	19504	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PANACHE PARTY RENTALS

2009 NW 25TH AVE
POMPANO BEACH, FL 33069

(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?
49	NONE	19383	Yes ☐ No ☒	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)

HOBART CORPORATION

PO BOX 2517
CAROL STREAM, IL 60132-2517

26-0028406

(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?
49	NONE	19159	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CITY FIRE EQUIPMENT

PO BOX 3673
HOLLYWOOD, FL 33083

65-0106937

(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?
49	NONE	19023	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADVANCED TELECOMMUNICATIONS SERVICE

386 CROOKED RIVER DR.
WOODBINE, GA 31569

57-1064337

(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?
49	NONE	18900	Yes ☐ No ☒	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)

BAKER HOSTETLER

PO BOX 70189
CLEVELAND, OH 44190

34-0082025

(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	NONE	18720	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAR SPRINGER MILLER

PO BOX 1547
STOWE, VT 05672

20-1625264

(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?
49	NONE	18611	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JUST BARS, INC

10404 W. MCNAB ROAD
TAMARAC, FL 33321

(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?
49	NONE	18598	Yes ☐ No ☒	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)

NIKE GOLF

PO BOX 847648
DALLAS, TX 75284-7648

(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?
49	NONE	18558	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HELLO FLORIDA

3840 VINELAND ROAD STE 200
ORLANDO, FL 32811

59-2731509

(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?
49	NONE	18420	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REALLYGREATMEETINGS, INC

348 S MADISON ST
WOODSTUCK, IL 60098

(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?
49	NONE	18361	Yes ☐ No ☒	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)

J NEWTON ENTERPRISES, INC

755 S LITTLE JOHN AVE
INVERNESS, FL 34450

51-0468702

(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?
49	NONE	18210	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AERIAL BANNERS, INC.

601 SW 77TH WAY
PEMBROKE PINES, FL 33023

65-0909740

(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?
49	NONE	18025	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REINHART, BOERNER & VAN DEUREN

1000 N WATER ST 2100 PO BOX 2965
MILWAUKEE, WI 53201

39-1126909

(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	NONE	17953	Yes ☐ No ☒	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)

ALL FLORIDA PAPER, INC

9150 NW 105 WAY
MEDLEY, FL 33178

(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?
49	NONE	17864	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEEDLES & ASSOCIATES, LLC

350 INTERLOCKEN BLVD STE 220
BROOMFIELD, CO 80021

51-0435869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	17533	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALSCO INC

2631 NW 17TH LANE
POMPANO BEACH, FL 33064-1539

(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?
49	NONE	17224	Yes ☐ No ☒	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)

TORQUE ADVERTISING & DESIGN

1719 NE 17TH STREET
FT LAUDERDALE, FL 33305

(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?
49	NONE	17184	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERITY, INC.

PO BOX 201051
DALLAS, TX 75320

77-0182779

(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?
49	NONE	17000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRAVEL AQUISION, LLC

55 MARIETTA ST NW, STE 940
ATLANTA, GA 30303

(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?
49	NONE	16986	Yes ☐ No ☒	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)

PERFECTION MIRRORS AND GLASS

681 N. FIG TREE LANE
PLANTATION, FL 33317-1844

(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?
49	NONE	16943	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DESTINATIONS LINK HOSPITAL

2250 BROADWAY STE 4D
NEW YORK, NY 10024

(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?
49	NONE	16898	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METROCONNECTIONS, LLC

417 NW 16TH STREET
BELLE GLADE, FL 33430

(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?
49	NONE	16783	Yes ☐ No ☒	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)

LA PARISIENNE BAKERY, LLC

1909 NORTHEAST 154TH STREET
NORTH MIAMI BEACH, FL 33162

(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?
49	NONE	16562	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUDSON & CALLEJA LLC

3211 PONCE DELEON BLVD STE 102
CORAL GABLES, FL 33134

37-1635439

(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?
49	NONE	16458	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LERCH BATES, INC.

8089 S LINCOLN STREET STE 300
LITTLETON, CO 80122

36-2285171

(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?
49	NONE	16317	Yes ☐ No ☒	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)

FOR THE RECORD

10760 DEMARR ROAD
WHITE PLAINS, MD 20695

52-1748111

(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	NONE	15985	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERIZON WIRELESS SERVICES

PO BOX 660108
DALLAS, TX 75266-0108

(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?
49	NONE	15687	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FUMAR CIGARS ECO, LLC

12811 COMMERCE LAKES DR, 26
FT MYERS, FL 33913

59-3468817

(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?
49	NONE	15496	Yes ☐ No ☒	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)

STARWOOD ASSOCIATE RELIEF

PO BOX 742289
LOS ANGELES, CA 90074-2289

(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?
49	NONE	15461	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CDW DIRECT LLC

PO BOX 75723
CHICAGO, IL 60675-5723

36-4530079

(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?
49	NONE	15417	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEEWAY CORP

831 NE 20TH AVENUE
FORT LAUDERDALE, FL 33304

(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?
49	NONE	15354	Yes ☐ No ☒	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)

WACO

26661 NETWORK PLACE
CHICAGO, IL 60673-1266

23-2386877

(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?
49	NONE	15151	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VOYAGES26.COM

8 AVENUE DES MINIMES
VINCENNES FR

(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?
49	NONE	15084	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREEN TEAM SERVICE CORP

4651 SOUTHWEST 51ST STREET 801
DAVIE, FL 33314

(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?
49	NONE	15082	Yes ☐ No ☒	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)

OPEN TABLE

PO BOX 671198
DALLAS, TX 75267-1198

94-3374049

(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?
49	NONE	15024	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SQUIRREL BRAND LP

113 INDUSTRIAL BLVD STE D 113
MCKINNEY, TX 75069

20-0163489

(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?
49	NONE	14954	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STAR SYSTEMS SERVICES, INC.

780 WELCH ROAD
COMMERCE TOWNSHIP, MI 48390

38-3264067

(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?
49	NONE	14873	Yes ☐ No ☒	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)

SHOWTURF, INC

1365 NEPTUNE DRIVE
BOYNTON BEACH, FL 33426

20-2885147

(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?
49	NONE	14773	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IN ROOM PLUS

2495 MAIN STREET STE 217
BUFFALO, NY 14214

(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?
49	NONE	14564	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EPICORE SOFTWARE

PO BOX 1547
LOS ANGELES, CA 90084

33-0277592

(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?
49	NONE	14424	Yes ☐ No ☒	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)

SELDAR FLORIDA FINANCE, LLC

9703 COLLINS AVENUE
BAL HARBOUR, FL 33154

32-0427637

(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?
49	NONE	14344	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FAST DRY CORPORATION

1400 NORTHWEST 13TH STREET
POMPANO BEACH, FL 33069

(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?
49	NONE	14283	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KOR SYSTEMS, LLC

702 MAPLE STREET
GAINESVILLE, GA 30501

(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?
49	NONE	14048	Yes ☐ No ☒	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)

PENSION BENEFIT INFORMATION

PO BOX 10308
SAN RAFAEL, CA 94912

94-2856521

(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?
49	NONE	14000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAVANAGH & O'HARA

407 EAST ADAMS PO BOX 5043
SPRINGFIELD, IL 62705

37-1259635

(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	NONE	13974	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREATER HOLLYWOOD CHAMBER

330 NORTH FEDERAL HIGHWAY
HOLLYWOOD, FL 33020

(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?
49	NONE	13967	Yes ☐ No ☒	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)

SALVO GROUP

PO BOX 267214
WESTON, FL 33326

(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?
49	NONE	13963	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRACY COOPER

4202 E. FOWLER AVE
TAMPA, FL 33620

(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?
49	NONE	13915	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FOCUS INCENTIVE MARKETING

819 N MAIN STREET 201
HIGH POINT, NC 27262

(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?
49	NONE	13875	Yes ☐ No ☒	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)

AROMATHERAPY ASSOCIATES INC

9741 PRESTON ROAD, STE 102
FRISCO, TX 75034

(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?
49	NONE	13816	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCKENZIE, ROTHWELL, BARLOW & KORPI

500 UNION ST STE 700
SEATTLE, WA 98101

91-0889948

(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	NONE	13649	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STAMATS MEETINGS MEDIA

2700 S QUINCY ST STE 310
ARLINGTON, VA 22206

(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?
49	NONE	13629	Yes ☐ No ☒	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)

FLORIDA LIFTS, LLC

1718 CORPORATE DRIVE
BOYNTON BEACH, FL 33426

(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?
49	NONE	13600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WASHINGTON GAS

PO BOX 37747
PHILADELPHIA, PA 19101

53-0162882

(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?
49	NONE	13198	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAIMLER INVESTMENTS US CORP

MERCEDESSTR 137
STUTTGART DE

(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?
	NONE	13152	Yes ☐ No ☐	Yes ☐ No ☐	0	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)

INT.ASSOCIATION OF FIREFIGHTERS

1750 NEW YORK AVE, NW
WASHINGTON, DC 20006

53-0088290

(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?
49	NONE	13040	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HONEYWELL INTERNATIONAL

101 COLUMBIA ROAD
MORRISTOWN, NJ 07960

(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?
49	NONE	12900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAM BOGGS PAUL CHUNG INC

1113 WEST MAIN ST
NORRISTOWN, PA 19401

(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?
49	NONE	12864	Yes ☐ No ☒	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)

KATE N DESIGN, INC

99901 EMAUS
ST JOHN, VI 00830

(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?
49	NONE	12779	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

ORACLE AMERICA, INC.

PO BOX 71028
CHICAGO, IL 60694

84-1332677

(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?
49	NONE	12709	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASSA ABLOY HOSPITALITY

PO BOX 676947
DALLAS, TX 75267-6947

(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?
49	NONE	12677	Yes ☐ No ☒	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)

RADIO ONE COMMUNICATIONS

7041 GRAND NATIONAL DRIVE STE 116
ORLANDO, FL 32819

(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?
49	NONE	12550	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SYSTEMS ASSOCIATES, INC.

500 LEHMAN AVENUE 29
BOWLING GREEN, OH 43402

34-1547357

(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?
49	NONE	12480	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHOES FOR CREWS, INC.

PO BOX 504634
ST. LOUIS, MO 63150-4634

65-0589679

(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?
49	NONE	12361	Yes ☐ No ☒	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)

TEL-AVIV TEXACO

126 N FEDERAL HIGHWAY
HALLANDALE BEACH, FL 33009

(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?
49	NONE	12334	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CUTTER & BUCK

PO BOX 34855
SEATTLE, WA 98124-1855

(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?
49	NONE	12101	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BABY BORROW 1

715 N FEDERAL HWY
HOLLYWOOD, FL 33020

(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?
49	NONE	12083	Yes ☐ No ☒	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)

GARDA, INC

3209 MOMENTUM PL, LOCKBOX 233209
CHICAGO, IL 60689-5332

(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?
49	NONE	11996	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

P&F USA, INC

PO BOX 846221
DALLAS, TX 75284-6221

(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?
49	NONE	11878	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HALL FOUNTAINS, INC

5500 NW 22ND AVE
FT LAUDERDALE, FL 33309

(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?
49	NONE	11707	Yes ☐ No ☒	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)

THYSSENKRUPP ELEVATOR CORP.

PO BOX 933007
ATLANTA, GA 31193

62-1211267

(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?
49	NONE	11583	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NESTLE WATERS NORTH AMERICA

PO BOX 856680
LOUISVILLE, KY 40285-6680

(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?
49	NONE	11562	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRIENDLY FRUITE, INC

PO BOX 50240
NEW BEDFORD, MA 02745

(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?
49	NONE	11540	Yes ☐ No ☒	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)

USA LIGHTING & MAINTENANCE SUPPLIES

1300 STIRLING ROAD SUITE 10AB
DANIA, FL 33004

65-0358624

(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?
49	NONE	11443	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE KELLEN COMPANY

1100 JOHNSON FERRY ROAD
ATLANTA, GA 30342

(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?
49	NONE	11350	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE STACOLE CO INC

1822 SW 2ND STREET
POMPANO BEACH, FL 33069

(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?
49	NONE	11341	Yes ☐ No ☒	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)

BLAKE & UHLIG

753 STATE AVENUE
KANSAS CITY, KS 66101

48-0918231

(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	NONE	11279	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BROWARD COUNTY, BOARD OF RULES

1 NORTH UNIVERSITY DRIVE, BOX 302
PLANTATION, FL 33324

(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?
49	NONE	11236	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JERMAIN DUNNAGAN

3000 A STREET
ANCHORAGE, AK 99503

92-0116216

(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	NONE	11186	Yes ☐ No ☒	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)

ACHIEVA GLOBAL MEETINGS

PO BOX 824336
DALLAS, TX 75382

(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?
49	NONE	11178	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PCMA

10269 NORTHWEST 46TH STREET
SUNRISE, FL 33351

(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?
49	NONE	11120	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PATHOGEN CONTROL ASSOCIATES

270 SCIENTIFIC DRIVE SUITE 3
NORCROSS, GA 30092

58-1715576

(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?
49	NONE	11061	Yes ☐ No ☒	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)

READER PARTNER

1354 CROSS TIMBER DRIVE
SOUTHLAKE, TX 76092

(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?
49	NONE	11000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HOSTAR INTERNATIONAL INC

15000 CROSS CREEK PARKWAY
NEWBURY, OH 44065

(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?
49	NONE	10935	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEDBETTER PARISI

9240 MARKETPLACE DR
MIAMISBURG, OH 45342

03-0599899

(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	NONE	10927	Yes ☐ No ☒	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)

TROPICAL NUT AND FRUIT CORP

PO BOX 600096
RALEIGH, NC 27675-6096

(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?
49	NONE	10872	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JEHD, LLC

1741 E COMMERCIAL BLVD
FORT LAUDERDALE, FL 33334

(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?
49	NONE	10844	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BROWN & BIGELOW INC

NW 8554 PO BOX 1450
MINNEAPOLIS, MN 55485-8554

(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?
49	NONE	10825	Yes ☐ No ☒	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)

WILLIAM C HOWARD

8775 REDWING AVE
LITTLETON, CO 80126

(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?
49	NONE	10800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CINTAS LOC 17

1111 NW 209TH AVE
PEMBROKE PINES, FL 33029

(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?
49	NONE	10761	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MIDWAY ELECTRICAL SUPPLIES

280 NE 181ST STREET
MIAMI, FL 33162-1008

(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?
49	NONE	10710	Yes ☐ No ☒	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)

PARAGON INTERNATIONAL, INC

1901 NORTH ROSELLE ROAD 711
SCHAUMBURG, IL 60195

(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?
49	NONE	10623	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COX RADIO INC TAMPA BAY

11300 4TH STREET NORTH 300
ST PETERSBURG, FL 33716

(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?
49	NONE	10621	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SALOMON CONSTRUCTIONS R R

689 WEST 26TH STREET
HIALEAH, FL 33010

(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?
49	NONE	10438	Yes ☐ No ☒	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)

LARGAY TRAVEL INC

1525 HAMILTON AVENUE
WATERBURY, CT 06706

(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?
49	NONE	10432	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE ACTIVE NETWORK, INC

717 NORTH HARDWOOD STREET 2500
DALLAS, TX 75201

(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?
49	NONE	10394	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JASON DEWEY

344 STERLING ROSE COURT
APOPKA, FL 32703

(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?
49	NONE	10350	Yes ☐ No ☒	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)

WORLD TRAVEL, INC

620 PENNSYLVANIA DRIVE
EXTON, PA 19341

(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?
49	NONE	10333	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROXY VOTE PLUS, LLC

1200 SHERMER RD STE 216
NORTHBROOK, IL 60062

76-0702630

(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?
70	NONE	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NAVITAS LEASE CORP

814 HIGHWAY A1A NORTH 205
PONTE VEDRA BEACH, FL 32082

(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?
49	NONE	9986	Yes ☐ No ☒	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)

SKYSIGHT, LLC

321 NORTH KENTUCKY AVE 8
LAKELAND, FL 33801

(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?
49	NONE	9884	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOLF AGRONOMICS SUPPLY & HANDLING

2165 17TH STREET
SARASOTA, FL 34234

65-0241332

(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?
49	NONE	9856	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROLLING GREENS, INC

7155 OLD ALEXANDRIA FERRY RD
CLINTON, MD 20735

54-1087867

(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?
49	NONE	9850	Yes ☐ No ☒	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)

BISCAYNE ENGINEERS

PO BOX 011164
MIAMI, FL 33101

59-0165220

(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?
49	NONE	9840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN E. KELLY & SONS ELECTRIC

8431 OLD MARLBORO PIKE, 201
UPPER MARLBORO, MD 20772

52-1544913

(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?
49	NONE	9807	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLI (PLASTICARD-LOCKTECH INTL)

605 SWEETEN CREEK INDUSTRIAL PARK
ASHEVILLE, NC 28803

(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?
49	NONE	9797	Yes ☐ No ☒	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)

BRAGARD, INC.

300-00 47TH AVENUE
LONG ISLAND CITY, NY 11101

13-3214947

(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?
49	NONE	9741	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOUTH FLORIDA STADIUM, LLC

2269 DAN MARINO BLVD
MIAMI GARDENS, FL 33056

(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?
49	NONE	9680	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BSA SHEET METAL, INC

2530 ALI BABA AVE
OPALOCKA, FL 33054

(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?
49	NONE	9545	Yes ☐ No ☒	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)

COASTAL COMMUNICATIONS CO

123 GWYN DRIVE
PANAMA CITY, FL 32417

(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?
49	NONE	9449	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE FILTA GROUP, INC.

STE 1 7075 KINGSPONTE PARKWAY
ORLANDO, FL 32819

98-0375567

(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?
49	NONE	9440	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NIKE USA INC.

PO BOX 847648
DALLAS, TX 75284-7648

93-1243023

(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?
49	NONE	9406	Yes ☐ No ☒	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)

TSAO DESIGN

417 MONTGOMERY STREET 8TH FLR
SAN FRANCISCO, CA 94104

94-3364738

(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?
49	NONE	9395	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

B.A.S. INTERIORS

20 CLEVELAND ROAD
MIDDLESEX GB

(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?
49	NONE	9353	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE COMPHY CO, INC

7034 PORTAL WAY 110
FERNDAL, WA 98248

(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?
49	NONE	9150	Yes ☐ No ☒	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)

OVER THE TOP INC

11880 STATE ROAD 84 STE D-5
FORT LAUDERDALE, FL 33325

(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?
49	NONE	9101	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J LINDBERG USA

3040 E ANA STREET
RANCHO DOMINGUEZ, CA 90221

(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?
49	NONE	9075	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRIME MERIDIAN TRADING CORP

4624 N HIATUS ROAD
FORT LAUDERDALE, FL 33351

(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?
49	NONE	9035	Yes ☐ No ☒	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)

BCD TRAVEL USA GROUP, INC

8501 MOON GLASS COURT
COLUMBIA, MD 21045

(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?
49	NONE	9032	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRETT J STERENSON

2209 NW 13TH STREET STE E
GAINESVILLE, FL 32609

(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?
49	NONE	8948	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RESTAURANT BEVERAGE SERVICE

20219 NE 15TH COURT
MIAMI, FL 33179

(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?
49	NONE	8911	Yes ☐ No ☒	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)

ACCELERA SOLUTIONS, INC

7600 LEESBURG PIKE 140
FALLS CHURCH, VA 22043

04-3616686

(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?
49	NONE	8902	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FULL CIRCLE EVENT MANAGEMENT

1251 VIADUCT ESTRELLA
WINTER PARK, FL 32789

(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?
49	NONE	8800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DISTINCTIVE DESTINATION

401 NORTH HOWARD STREET
NEWBERG, OR 97132

(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?
49	NONE	8772	Yes ☐ No ☒	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)

KNOWLAND GROUP LLC

PO BOX 347710
PITTSBURGH, PA 15251-4710

(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?
49	NONE	8700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARLING COMMUNICATIONS

1370 INDIA STREET
SAN DIEGO, CA 92101

(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?
49	NONE	8643	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HOME DEPOT USA, INC

PO BOX 9055
DES MOINES, IA 50368-9055

(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?
49	NONE	8634	Yes ☐ No ☒	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)

SIMON WARREN ENTERPRISES

10034 SPANISH ISLES BLVD
BOCA RATON, FL 33498

(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?
49	NONE	8600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YA BABI LLC

116 N ROOSEVELT AVE STE 131
CHANDLER, AZ 85226

(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?
49	NONE	8576	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BELLSOUTH CORPORATION

PO BOX 105262
ATLANTA, GA 30348-5262

(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?
49	NONE	8575	Yes ☐ No ☒	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)

SEMA CONNECT, INC

TESLA DRIVE
BOWIE, MD 20715

(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?
49	NONE	8502	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLEAR CHANNEL SOUTH FLORIDA

500 E. BROWARD BLVD
FORT LAUDERDALE, FL 33394

(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?
49	NONE	8500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FOUR WINDS INTERACTIVE

PO BOX 912441
DENVER, CO 80291-2441

20-3477403

(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?
49	NONE	8459	Yes ☐ No ☒	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)

CROWN EQUIPMENT CORPORATION

44 SOUTH WASHINGTON STREET
NEW BREMEN, OH 45869

(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?
49	NONE	8449	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAL HARBOUR HOTEL, LLC

10295 COLLINS AVENUE
BAL HARBOUR, FL 33154

(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?
49	NONE	8391	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILSON RACQUET SPORTS USA

PO BOX 3135
CAROL STREAM, IL 60132-3135

(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?
49	NONE	8358	Yes ☐ No ☒	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)

NORTH SOUTH PROMOTIONS II

1516 N DIXIE HWY
HOLLYWOOD, FL 33020

(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?
49	NONE	8253	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ART AND CULTURE CENTER OF HOLLYWOOD

1650 HARRISON STREET
HOLLYWOOD, FL 33020

(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?
49	NONE	8250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HOTELS AT HOME INC

208 PASSAIC AVE
FAIRFIELD, NJ 07004

22-3738147

(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?
49	NONE	8245	Yes ☐ No ☒	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)

CLEARVIEW BUILDING SERVICES

2150 JOSHUAS PASS
HAUPPAUGE, NY 11788

(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?
49	NONE	8143	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEER CREST JANNA, LLC

2300 DEER VALLEY DRIVE EAST
PARK CITY, UT 84060

(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?
49	NONE	8018	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LSP CASUAL INDOOR & OUTDOOR INC

3640 NW 52ND STREET
MIAMI, FL 33142

(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?
49	NONE	8009	Yes ☐ No ☒	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)

NORTHEAST CAPITAL

7 AIRPORT PARK
LATHAM, NY 12110

14-1755641

(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?
34	NONE	7998	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPRINT

PO BOX 4181
CAROL STREAM, IL 60197

48-1165245

(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?
49	NONE	7943	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOUCH UP TEAK

23200 CAMINO DEL MAR
BOCA RATON, FL 33433

(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?
49	NONE	7883	Yes ☐ No ☒	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)

STARCITE, INC

DEPT 2421 PO BOX 122421
DALLAS, TX 75312-2421

(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?
49	NONE	7867	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

R.W. SMITH & CO

8555 MIRALANI DRIVE
SAN DIEGO, CA 92126

(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?
49	NONE	7818	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RA KAMM & ASSOCIATES

1407 W NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442

(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?
49	NONE	7780	Yes ☐ No ☒	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)

HARPER PEARSON

1 RIVERWAY
HOUSTON, TX 77056

74-1695589

(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	NONE	7750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ISUZU FINANCE OF AMERICA, INC.

25763 NETWORK PLACE
CHICAGO, IL 60673-1763

20-8585680

(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?
49	NONE	7664	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FAIRWAY AND GREENE, LTD

4 CORPORATE DRIVE 398
SHELTON, CT 06484

(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?
49	NONE	7629	Yes ☐ No ☒	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)

FLORIDA RESTAURANT & LODGING

PO BOX 1779
TALLAHASSEE, FL 32302-1779

(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?
49	NONE	7579	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PETAL PRODUCTIONS

45 NORTHEAST 26TH STREET
MIAMI, FL 33137

(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?
49	NONE	7566	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NCCMP

815 SIXTEEN ST NW STE 600
WASHINGTON, DC 20006

52-1041104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	7500	Yes ☐ No ☒	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)

BRIGHT BUSINESS MEDIA, INC

475 GATE 5 ROAD 235
SAUSALITO, CA 94965

(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?
49	NONE	7500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SESAC INC

PO BOX 900013
RALEIGH, NC 27675-9013

13-1325220

(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?
49	NONE	7488	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SIMMONS CONTRACT SALES, LLC

PO BOX 945655
ATLANTA, GA 30328

(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?
49	NONE	7484	Yes ☐ No ☒	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)

BMI GENERAL LICENSING

250 GREENWICH STREET
NEW YORK, NY 10007

(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?
49	NONE	7475	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL VISION ADMINISTRATORS

PO BOX 66583
ST. LOUIS, MO 63166

74-3033381

(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?
23	NONE	7438	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEETINGS & INCENTIVES DBA

10520 7 MILE ROAD
CALEDONIA, WI 53108

(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?
49	NONE	7345	Yes ☐ No ☒	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)

CAPRI HOTEL

401 NORTH FT LAUDERDALE BEACH BLVD
FT LAUDERDALE, FL 33304

(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?
49	NONE	7201	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BROWN MANAGEMENT CONSULTING

1801 NORTH MILITARY TRAIL
BOCA RATON, FL 33431

(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?
49	NONE	7168	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRECISION SMALL ENGINE CO INC

2510 NW 16TH LANE
POMPANO BEACH, FL 33064-1562

59-1985940

(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?
49	NONE	7109	Yes ☐ No ☒	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)

PACE COMMUNICATIONS INC

1301 CAROLINA STREET
GREENSBORO, NC 27401

(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?
49	NONE	7100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVID DRAY AURA

501 DIPLOMAT PKY
HALLANDALE BEACH, FL 33009

65-1011170

(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?
49	NONE	7085	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CROWNE PLAZA

3 RESEARCH COURT
ROCKVILLE, MD 20850

(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?
49	NONE	7074	Yes ☐ No ☒	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)

R&J PLUMBING & BACKFLOW

1802 N UNIVERSITY DRIVE
PLANTATION, FL 33322

(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?
49	NONE	7053	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HITCHED EVENT RENTALS

9385 NW 101ST STREET
MEDLEY, FL 33176

(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?
49	NONE	7038	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US POSTAL SERVICE

PO BOX 7247-0217
PHILADELPHIA, PA 19170-0217

(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?
49	NONE	7000	Yes ☐ No ☒	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)

THE TENEO COLLECTION, LLC

11995 SINGLETREE LANE
EDEN PRAIRIE, MN 55344

(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?
49	NONE	7000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BEVERLY CLARK ENTERPRISES

104 WEST ANAPAMU STREET, STE K
SANTA BARBARA, CA 93101

(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?
49	NONE	7000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AHEAD, LLC

150 SOUTH WACKER DRIVE 2500
CHICAGO, IL 60606

(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?
49	NONE	6999	Yes ☐ No ☒	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)

RM EUROPEAN BREAD BAKERY, INC.

1835 NE MIAMI GARDENS DRIVE 439
NORTH MIAMI BEACH, FL 33179

61-1467072

(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?
49	NONE	6992	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOREENA ENTERTAINMENT, INC

429 LAKEVIEW DRIVE APT 104
WESTON, FL 33326

(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?
49	NONE	6950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LA MACCHIA ENTERPRISES, INC

8907 NORTH PORT WASHINGTON ROAD
MILWAUKEE, WI 53217

(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?
49	NONE	6843	Yes ☐ No ☒	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)

SCENTAIR TECHNOLOGIES, INC

DEPT CH 19541
PALATINE, IL 60055-9541

(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?
49	NONE	6838	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FORD CREDIT

PO BOX 220564
PITTSBURGH, PA 15257

38-6638808

(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?
49	NONE	6787	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIVISION OF ALCOHOLIC BEVERAGES

PO BOX 6300
TALLAHASSEE, FL 32314-6300

(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?
49	NONE	6710	Yes ☐ No ☒	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)

COUNCIL OF INSTITUTIONAL INVESTORS

888 17 ST NE STE 500
WASHINGTON, DC 20006

52-1380217

(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?
72	NONE	6680	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PC CONNECTION SALES CORP

PO BOX 382808
PITTSBURGH, PA 15250-8808

(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?
49	NONE	6679	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAIDER ROOTER

PO BOX 304
DEERFIELD BEACH, FL 33443

65-0725368

(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?
49	NONE	6600	Yes ☐ No ☒	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)

FELHABER LARSON

PO BOX 860034
MINNEAPOLIS, MN 55486

41-0991071

(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	NONE	6584	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LARRY KLINE WHOLESALE MEATS

350 GOOLSBY BLVD
DEERFIELD BEACH, FL 33442

(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?
49	NONE	6464	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AQUATIC SYSTEMS

2100 NW 33RD ST
POMPANO BEACH, FL 33069

59-1721394

(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?
49	NONE	6420	Yes ☐ No ☒	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)

MCMaster-CARR

PO BOX 7690
CHICAGO, IL 60680-7690

(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?
49	NONE	6414	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIVISION OF HOTELS & REST

PO BOX 6300
TALLAHASSEE, FL 32314-6300

(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?
49	NONE	6346	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUGARMAN & SUSSKIND

100 MIRACLE MILE
CORAL GABLES, FL 33134

59-2539792

(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	NONE	6313	Yes ☐ No ☒	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)

FSA TRAINING

285 ANDREW YOUNG INTERNATIONAL BLVD
ATLANTA, GA 30303

(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?
49	NONE	6285	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JEB TRAVEL, INC

1425 SE 17TH STREET
FORT LAUDERDALE, FL 33316

(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?
49	NONE	6279	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRAND CRU COFFEES LLC

PO BOX 628004
ORLANDO, FL 32862-8004

(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?
49	NONE	6263	Yes ☐ No ☒	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)

LAKE MASTERS AQUATIC WEED

PO BOX 2300
PALM CITY, FL 34991

(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?
49	NONE	6140	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VICTORY PETROLEUM

2200 SOUTH DIXIE HWY 601
MIAMI, FL 33133

(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?
49	NONE	6134	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN EXPRESS TRAVEL R

2401 W BEHREND DRIVE STE 55
PHOENIX, AZ 85027

(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?
49	NONE	6098	Yes ☐ No ☒	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)

BUNNELL FOUNDATION, INC

1320 NW 18TH AVE
MIAMI, FL 33125

(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?
49	NONE	6000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROFESSIONAL WINDOW TINTERS

7385 BIRD ROAD
MIAMI, FL 33155

(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?
49	NONE	5953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONWIDE BATTERY, INC

3381 SW 11TH AVE
FT LAUDERDALE, FL 33315

(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?
49	NONE	5866	Yes ☐ No ☒	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)

SCULPTURED ICE

3439 SW 11TH STREET
DEERFIELD BEACH, FL 33442

65-0883456

(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?
49	NONE	5853	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EURO-SPRESS AND COFFEE

8930 STATE ROAD 84 290
DAVIE, FL 33324

(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?
49	NONE	5840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AAA MAIL STOP 2

1000 AAA DRIVE
HEATHROW, FL 32746-5063

(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?
49	NONE	5825	Yes ☐ No ☒	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)

ALLY FINANCIAL INC

PO BOX 9001948
LOUISVILLE, KY 40290-1948

(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?
49	NONE	5813	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CITRIX SYSTEMS, INC.

PO BOX 932841
ATLANTA, GA 31193

75-2275152

(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?
49	NONE	5725	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANASTASI & MOORE, PLLC

104 S DIVISION ST
SPOKANE, WA 99202

20-8149084

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	5706	Yes ☐ No ☒	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)

FAITELLA ENTERPRISES, INC

706 SOUTH US HWY 1
FORT PIERCE, FL 34950

(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?
49	NONE	5704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARAMARK

PO BOX 415758
BOSTON, MA 02241

23-1673482

(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?
49	NONE	5700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FLUID PRINTS, INC

5659 COMMERCE DRIVE 101
ORLANDO, FL 32839

(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?
49	NONE	5695	Yes ☐ No ☒	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)

EXPERT LASER SERVICES, INC.

1500 SW 106TH TERRACE
DAVIE, FL 33324

13-4244446

(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?
49	NONE	5693	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IMAVEX, LLC

9615 EAST 148TH ST
NOBLESVILLE, IN 46060

(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?
49	NONE	5627	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STANDARD REGISTER COMPANY

PO BOX 840655
DALLAS, TX 75824-0655

(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?
49	NONE	5622	Yes ☐ No ☒	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)

AVI INTEGRATORS, INC

1520 N POWERLINE ROAD
POMPANO BEACH, FL 33069

20-3882347

(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?
49	NONE	5615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IMPERIAL HEADWEAR INC

PO BOX 790051
ST. LOUIS, MO 63179-0051

(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?
49	NONE	5612	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEER PARK NATURAL SPRING WATER

PO BOX 856192
LOUISVILLE, KY 40285

94-3027237

(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?
49	NONE	5560	Yes ☐ No ☒	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)

ANDREW AND BRANSKY

302 W SUPERIOR STREET
DULUTH, MN 55802

41-1502219

(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	NONE	5544	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAILFINANCE

25881 NETWORK PLACE
CHICAGO, IL 60673-1258

(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?
49	NONE	5536	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY M LANDIS

410 WAYMONT COURT
LAKE MARY, FL 32746

(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?
49	NONE	5527	Yes ☐ No ☒	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)

NEXBELT, LLC

9010 LARAMIE DRIVE
RANCHO CUCAMONGA, CA 91737

(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?
49	NONE	5524	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARING INDUSTRIES

3249 SW 42ND STREET
FT LAUDERDALE, FL 33312

27-3265801

(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?
49	NONE	5481	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEVA ENTERTAINMENT

STE 120 1001 W CYPRESS CREEK RD
FT LAUDERDALE, FL 33309

(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?
49	NONE	5435	Yes ☐ No ☒	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)

FLORAL PALACE, INC.

PO BOX 163736
MIAMI, FL 33116

65-0478852

(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?
49	NONE	5323	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COBRA GOLF INCORPORATED

1818 ASTON AVENUE
CARLSBAD, CA 92008

(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?
49	NONE	5320	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JEFFREY ALLEN INC

PO BOX 891359
TAMPA, FL 33689

(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?
49	NONE	5290	Yes ☐ No ☒	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)

DORIAN CURRY

5018 MALLARDS COURT
COCONUT CREEK, FL 33073

(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?
49	NONE	5250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARTIN GOLD COAST, LLC

150 NW 70TH AVENUE, STE 5
PLANTATION, FL 33317

(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?
49	NONE	5240	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METRO SIGNS INC

1220 S STATE ROAD 7
HOLLYWOOD, FL 33023

65-0388211

(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?
49	NONE	5226	Yes ☐ No ☒	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)

MADDEN PREPRINT MEDIA

345 E. TOOLE AVE
TUSCON, AZ 85701

(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?
49	NONE	5200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

READY CARE INDUSTRIES

15845 E 32ND AVE BLDG 2 UNIT A
AURORA, CO 80011

(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?
49	NONE	5192	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEWART ARCHIBALD

7881 W CHARLESTON BLVD
LAS VEGAS, NV 89117

88-0382649

(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	NONE	5175	Yes ☐ No ☒	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)

FAULKNER HOFFMAN PHILLIPS

20445 EMERALD PARKWAY
CLEVELAND, OH 44135

45-1540483

(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?
26	NONE	5175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VARIETY ENTERTAINMENT

120 W 45TH STREET
NEW YORK, NY 10036

(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?
49	NONE	5170	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVOTECH SYSTEMS, INC

16530 VENTURA BLVD, STE 603
ENCINO, CA 91436

(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?
49	NONE	5143	Yes ☐ No ☒	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)

CRITTER CONTROL

2895 WEST PROSPECT ROAD
FT LAUDERDALE, FL 33309

(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?
49	NONE	5100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EVENTION, LLC

70 W. HUBBARD STREET STE 200
CHICAGO, IL 60654

(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?
49	NONE	5100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRAVEL GROUP WORLDWIDE

827 STATE STREET 24
SANTA BARBARA, CA 93101

(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?
49	NONE	5100	Yes ☐ No ☒	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)

VOLT DELTA RESOURCES, LLC

PO BOX 730401
DALLAS, TX 75373

20-1260532

(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?
49	NONE	5072	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TAMPA MEDIA GROUP, INC

202 S. PARKER STREET
TAMPA, FL 33606

(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?
49	NONE	5000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAW OFFICE OF JERMAINE O'NEILL

9050 PINES BOULEVARD
PEMBROKE PINES, FL 33024

(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?
49	NONE	5000	Yes ☐ No ☒	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)

AN LUXURY IMPORTS OF PALM BEACH

2345 OKEECHOBEE BLVD
WEST PALM BEACH, FL 33409

(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?
49	NONE	5000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEW BEAUTY MEDIA GROUP, LLC

3651 NW 8TH AVE
BOCA RATON, FL 33431

(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?
49	NONE	5000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ 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
BLOCK 3 DESIGN, INC 6851 KINGSTON DRIVE LAKE WORTH, FL 33462	49	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

A Name of plan <u>PLUMBERS AND PIPEFITTERS NATIONAL PENSION FD</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND</u>	D Employer Identification Number (EIN) <u>52-6152779</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO BUIDING INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>AFL-CIO</u>		
c EIN-PN <u>52-6220193-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>152232571</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI EMPLOYER PROPERTY TRUST</u>		
b Name of sponsor of entity listed in (a): <u>NEW TOWER TRUST COMPANY</u>		
c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>194711526</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>UNION LABOR LIFE (J ACCT)</u>		
b Name of sponsor of entity listed in (a): <u>UNION LABOR LIFE</u>		
c EIN-PN <u>13-1423090-203</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>91424350</u>
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

<div>SCHEDULE G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>Financial Transaction Schedules</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014		
A Name of plan PLUMBERS AND PIPEFITTERS NATIONAL PENSION FD		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND		D Employer Identification Number (EIN) 52-6152779

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.
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(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
BAL HARBOUR HOTEL LLC	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		8391			
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
A1A CLIPPER LLC	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		22042			
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
CAPRI HOTEL	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		7201			
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
CITYFRONT HOTEL ASSOCIATE	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		1377			
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
CJUF II STRATUS BLOCK 21	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		920			
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
CWT SAVANNAH HOTEL LLC	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		749			

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
DEER CREST JANNA LLC	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
		8018	
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
DOLPHIN HOTEL ASSOCIATES	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
		4132	
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
FREEMAN & HASSEL WANDER RE	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
		20443	
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
GALLERIA INVESTORS LP	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
		2259	
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
HOBOKEN HOTEL LLC	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
		1195	
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
HST LESSEE KEYSTONE LLC	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset
		232	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
LCCW PARTNERS	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		751			
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
SHERATION DALLAS HOTEL	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		1501			
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
STARPORT I LLC	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		1643			
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
STARWOOD ASSOCIATE RELIEF	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		15461			
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
STARWOOD HOTELS & RESORTS	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		1026			
(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
STARWOOD HOTELS & RESORTS	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		2257			

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
THE WESTIN FORT LAUDERDALE	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		484			

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
THE WESTIN JERSEY CITY	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		1946			

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
THE WESTIN SEATTLE	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		1021			

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
VIEQUES HOTEL PARTNERS	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		1380			

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
W NEW YORK TIMES SQUARE	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		739			

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
W SOUTH BEACH	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		4341			

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
WESTIN BEACH RESORT FT LAURDERDALE	RELATED PARTY VENDOR	REIMBURSEMENT FOR TASK FORCE LABOR			
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
		20652			

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value			(d) Purchase price
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014		
A Name of plan PLUMBERS AND PIPEFITTERS NATIONAL PENSION FD	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	31910957	49909751
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	44378012	58436917
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	42453349	30691231
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	144865625	93522279
	(2) U.S. Government securities	1c(2)	191821239	202559022
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	316396915	334564733
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)	2175315517	2480989789
	(5) Partnership/joint venture interests	1c(5)	378254595	502605079
	(6) Real estate (other than employer real property).....	1c(6)	505900000	525500000
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)	391897204	346944097
	(10) Value of interest in pooled separate accounts	1c(10)	88507308	91424350
	(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)	701150156	905793684
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1570901	1625883
	(15) Other.....	1c(15)	7751204	7784449

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	8580104	8375482
f Total assets (add all amounts in lines 1a through 1e)	1f	5030753086	5640726746

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	37519994	37077608
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	37519994	37077608

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4993233092	5603649138
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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)	367144926	
(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)		367144926
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	47508	
(B) U.S. Government securities	2b(1)(B)	7861659	
(C) Corporate debt instruments	2b(1)(C)	17748294	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	13847134	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		39504595
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	44090095	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		44090095
(3) Rents	2b(3)		77389970
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3492047287	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3334290219	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		157757068
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	361883864	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		361883864

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		37050161
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		3495079
(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)		144598481
c Other income.....	2c		140548
d Total income. Add all income amounts in column (b) and enter total.....	2d		1233054787

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	531159502	
(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)		531159502
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)	3976420	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	19770030	
(4) Other.....	2i(4)	67732789	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		91479239
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		622638741

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		610416046
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) ☒ 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 ☒ No

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

(1) Name: **SALTER & COMPANY LLC**

(2) EIN: **20-8078757**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	
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.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	X		130161
4d			
e Was this plan covered by a fidelity bond?	X		1000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014					
A Name of plan PLUMBERS AND PIPEFITTERS NATIONAL PENSION FD				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND				D Employer Identification Number (EIN) 52-6152779	
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	825
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.					
Schedule R (Form 5500) 2013 v. 130118					

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

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): _____

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): _____

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): _____

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): _____

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): _____

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	88
b The plan year immediately preceding the current plan year	14b	123
c The second preceding plan year	14c	91

- 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	102.60
b The corresponding number for the second preceding plan year	15b	112.70

- 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	26
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	2144875

- 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: 44.0% Investment-Grade Debt: 6.0% High-Yield Debt: _____% Real Estate: 9.0% Other: 41.0%

- 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 PIPEFITTERS NATIONAL PENSION FUND

AND SUBSIDIARY

CONSOLIDATED FINANCIAL STATEMENTS

AND

SUPPLEMENTAL SCHEDULES

FOR THE FISCAL YEARS ENDED JUNE 30, 2014 AND 2013

Plumbers and Pipefitters National Pension Fund and Subsidiary
Consolidated Financial Statements and Supplemental Schedules

For the Fiscal Years Ended June 30, 2014 and 2013

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Salter & Company, LLC
Certified Public Accountants
4600 EAST-WEST HIGHWAY, SUITE 300
BETHESDA, MD 20814
Telephone 301 830-7400 Facsimile 301 830-7401

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Board of Trustees
Plumbers and Pipefitters National
Pension Fund

We have audited the accompanying consolidated financial statements of Plumbers and Pipefitters National Pension Fund and subsidiary, which comprise the consolidated statements of net assets available for benefits as of June 30, 2014 and 2013, and the related consolidated statements of changes in net assets available for benefits for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

The Plan's management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated 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 consolidated 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 audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated 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 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 consolidated financial statements.

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

Board of Trustees
Plumbers and Pipefitters National
Pension Fund

Opinion

In our opinion, based on our audits and the report of other auditors, the consolidated financial statements referred to above present fairly, in all material respects, information regarding the Fund's consolidated net assets available for benefits as of June 30, 2014, and changes therein for the year then ended and its consolidated financial status as of June 30, 2013, and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplemental schedules, appearing in pages 24 to 66 are presented for the purpose of additional analysis and are not a required part of the basic consolidated financial statements. Such information is the responsibility of the Plan's management and was derived from and related directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the basic consolidated 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, which insofar as it relates to Diplomat Properties Limited Partnership, is based on the report of other auditors, such information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Other Matters

We did not audit the financial statements of Diplomat Properties Limited Partnership, a wholly owned subsidiary, which statements reflect total assets of \$561,994,045 and \$527,726,083 as of June 30, 2014 and 2013, respectively, and total revenues of \$146,531,326 and \$146,137,316 for the years then ended. Those statements were audited by other auditors whose report has been furnished to us and, in our opinion insofar as it relates to the amounts included for Diplomat Properties Limited Partnership, is based solely on the report of the other auditors.

Salter & Company LLC

Bethesda, MD
January 31, 2015

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
AND SUBSIDIARY

CONSOLIDATED STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF JUNE 30, 2014 AND 2013

	June 30,	
	2014	2013
<u>ASSETS</u>		
Investments, at Fair Value		
Temporary	\$ 93,522,279	\$ 144,865,625
Government and Agencies		
Notes and Bonds	202,559,022	191,821,239
Corporate and Other Notes and Bonds	334,564,733	316,396,915
Common and Preferred Stocks	2,480,989,789	2,175,315,517
Mutual And Other Funds	905,793,684	701,150,156
Real Estate Funds	438,368,447	480,404,512
Partnerships	502,605,079	378,254,595
Property and Improvements - Hollywood, Florida	525,500,000	505,900,000
Investment Contract with Insurance Company	1,625,883	1,570,901
Total Investments	\$ 5,485,528,916	\$ 4,895,679,460
Investments on Loan	(578,111,643)	(513,068,257)
Investments on Hand	\$ 4,907,417,273	\$ 4,382,611,203
Securities Lending		
Investments on Loan	\$ 578,111,643	\$ 513,068,257
Cash Collateral Held for Securities on Loan	593,222,455	525,596,628
Obligations to Refund Collateral	(593,222,455)	(525,596,628)
Net Investments on Loan	\$ 578,111,643	\$ 513,068,257
Receivables		
Employer Contributions and Reciprocals	\$ 55,090,550	\$ 42,323,884
Withdrawal Liability (Net)	3,346,367	2,054,128
Interest and Dividends	12,497,448	11,797,565
Securities Sold	7,076,425	21,255,232
Other	11,117,358	9,400,552
Total Receivables	\$ 89,128,148	\$ 86,831,361
Prepaid Expenses and Deposits	\$ 393,718	\$ 328,876
Inventories and other Assets	\$ 7,784,449	\$ 7,751,204
Property and Equipment (Net of Depreciation and Amortization)	\$ 7,981,764	\$ 8,251,228
Cash	\$ 49,909,751	\$ 31,910,957
TOTAL ASSETS	\$ 5,640,726,746	\$ 5,030,753,086
<u>LIABILITIES</u>		
Reciprocal Payments	\$ 306,472	\$ 181,756
Securities Purchased	3,456,967	9,281,325
Trade Creditors	26,928,417	22,481,439
Others	1,623,997	1,500,856
Advance Deposits - Conferences and Rooms	4,761,755	4,074,618
TOTAL LIABILITIES	\$ 37,077,608	\$ 37,519,994
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	\$ 5,603,649,138	\$ 4,993,233,092

See notes to consolidated financial statements.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
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CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE
FOR BENEFITS FOR THE FISCAL YEARS ENDED JUNE 30, 2014 AND 2013

	Fiscal Year Ended June 30,	
	2014	2013
<u>ADDITIONS</u>		
<u>Investment Income</u>		
Net Appreciation or (Depreciation) in Fair		
Value of Investments, etc.	\$ 704,784,652	\$ 407,866,792
Dividends	44,090,095	40,875,610
Interest	39,504,596	40,113,349
Commissions Recovered	140,548	301,824
Rental Income (Net of Expenses)	77,389,970	78,716,871
	<u>\$ 865,909,861</u>	<u>\$ 567,874,446</u>
Less:		
Investment Expenses	\$ 19,770,030	\$ 16,828,658
	<u>\$ 846,139,831</u>	<u>\$ 551,045,788</u>
<u>Contributions</u>		
Employer Contributions and Reciprocals (Net)	\$ 365,158,473	\$ 351,497,601
Withdrawal Liability (Net)	1,986,453	206,179
	<u>\$ 367,144,926</u>	<u>\$ 351,703,780</u>
 <u>TOTAL ADDITIONS</u>	 <u>\$ 1,213,284,757</u>	 <u>\$ 902,749,568</u>
 <u>DEDUCTIONS</u>		
Benefits Paid Directly to Participants	\$ 531,159,502	\$ 515,421,787
Administrative Expenses	71,709,209	69,291,898
	<u>\$ 602,868,711</u>	<u>\$ 584,713,685</u>
 <u>TOTAL DEDUCTIONS</u>	 <u>\$ 602,868,711</u>	 <u>\$ 584,713,685</u>
 <u>NET INCREASE</u>	 <u>\$ 610,416,046</u>	 <u>\$ 318,035,883</u>
 <u>NET ASSETS AVAILABLE FOR BENEFITS:</u>		
Beginning of Year	\$ 4,993,233,092	\$ 4,675,197,209
End of Year	<u>\$ 5,603,649,138</u>	<u>\$ 4,993,233,092</u>

See notes to consolidated financial statements.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2014 AND 2013

Note A Description of Entities

Plumbers and Pipefitters National Pension Fund

The following brief description of Plumbers and Pipefitters National Pension Fund (Plan) is provided for general information purposes only. Participants should refer to the Plan Booklet for more complete information.

1. The Plan is a defined benefit pension plan. It is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is funded by participating employers' contributions to the Plan in accordance with Collective Bargaining Agreements.
2. The Plan Provides normal, reduced, early retirement, deferred, disability, vested, surviving spouse pensions, and severance or death benefits.

Diplomat Properties Limited Partnership

Diplomat Properties Limited Partnership (the Partnership) is a Delaware operating limited partnership formed on September 26, 1997 for the purpose of acquiring, redeveloping and managing the Diplomat Hotel and Convention Center (the Hotel), The Diplomat Landings and The Diplomat Country Club and Spa (the Country Club), collectively, the Resort, located in Hollywood and Hallandale, Florida.

The original partners of the Partnership were the United Association of Journeymen and Apprentices of the Plumbers and Pipe Fitting Industry of the United States and Canada (UA) as limited partner with a 99% interest; and Diplomat Properties, LLC., a wholly-owned subsidiary of UA as general partner with a 1% interest. On October 7, 1997, the UA assigned and transferred its limited partner interest to the Plumbers and Pipefitters National Pension Fund as well as its ownership interest in the general partner.

On October 1, 1997, the Partnership purchased the existing Diplomat Hotel and Country Club (DHCC) for a total purchase price of \$40 million. The DHCC was subsequently razed for construction of the Resort.

The Partnership agreement sets forth the basis for determining capital contributions, allocations and distributions to the partners including allocation of profit and loss, special allocations for federal income tax purposes and distribution of net cash flow of the Partnership.

The Partnership terminates on December 31, 2017, unless sooner terminated pursuant to the provisions in the Partnership agreement.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2014 AND 2013

Note B Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Basis of Consolidation

The consolidated financial statements include the accounts of Plumbers and Pipefitters National Pension Fund and its wholly-owned subsidiary, Diplomat Properties Limited Partnership. All significant transactions and balances between the entities have been eliminated.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

The fair value of Diplomat Properties Limited Partnership property and improvements may differ significantly from the price at which it could be sold to a willing buyer at a particular point in time. Accordingly, the current value of the property and improvements, as reflected on the accompanying consolidated statements of net assets available for benefits, does not necessarily represent the liquidation value of the property and improvements. It is the opinion of management that the total value of the property and improvements included in the accompanying consolidated statements of net assets available for benefits represents its fair value.

Determination of estimated current value involves inherent uncertainty and subjectivity because the actual current value of real estate can be determined only by negotiation between the parties in an arm's-length sale transaction. Such differences could be material to the consolidated financial statements.

Foreign Currency Translation

The accounting records of the Fund are maintained in U.S. dollars. The market value of foreign securities, currency holdings, and other assets and liabilities are recorded in the books and records of the Fund after translation to U.S. dollars based on the exchange rates on that day. The cost of each security is determined using historical exchange rates. Income and withholding taxes are translated at prevailing exchange rates when accrued or incurred. The Fund does not isolate that portion of realized or unrealized gains or losses resulting from changes in the foreign exchange rate on investments from fluctuations arising from changes in the market prices of the securities. Such gains and losses are included with the net realized and unrealized gain or loss on investments.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2014 AND 2013

Note B Summary of Significant Accounting Policies (Continued)

Foreign Currency Translation (Continued)

Net realized gains and losses of foreign currency transactions represent net realized exchange gains or losses on closed foreign currency contracts and disposition of foreign currencies.

Forward Currency Contracts

The Fund has engaged in forward currency contracts, which are agreements between two parties to buy and sell currencies at a set price on a future date, to protect against a decline in value relative to the U.S. dollar of the currencies in which its portfolio securities are denominated or quoted. When the contract is closed, the Fund records a realized gain or loss equal to the difference between the value of the contract at the time it was opened and the value at the time it was closed. The Fund could be exposed to risk if the value of the currency changes unfavorably, if the counterparties to the contracts are unable to meet the terms of their contracts or if the Fund is unable to enter into a closing position.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Property and Equipment

Property and equipment are stated at cost, less accumulated depreciation or amortization computed on the straight-line method.

The following is a summary of fixed assets - at cost, less accumulated depreciation:

	As of June 30,	
	2014	2013
Building and Improvements	\$ 11,230,257	\$ 11,174,788
Office Furniture and Furnishings	1,311,161	1,310,892
Data Processing Equipment	10,989,226	10,929,255
Office Equipment	452,007	452,007
	<u>\$ 23,982,651</u>	<u>\$ 23,866,942</u>
Less: Accumulated Depreciation	<u>16,000,887</u>	<u>15,615,714</u>
Total	<u>\$ 7,981,764</u>	<u>\$ 8,251,228</u>

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2014 AND 2013

Note B Summary of Significant Accounting Policies (Continued)

Contributions and Reciprocals (Net)

Contributions paid from Contractors Under Union Agreements and Reciprocals Received, less Reciprocals Paid (Net) for the fiscal years ended June 30, 2014 and 2013, is comprised of the following:

	Year Ended June 30,	
	2014	2013
Contributions from Contractors	\$ 351,737,429	\$ 335,517,421
Reciprocal Receipts	<u>31,617,475</u>	<u>23,720,951</u>
	\$ 383,354,904	\$ 359,238,372
Deduct:		
Reciprocal Payments	<u>18,196,431</u>	<u>7,740,771</u>
	<u>\$ 365,158,473</u>	<u>\$ 351,497,601</u>

Inventories

Inventories, consisting of food and beverage, as well as operating supplies and equipment are valued at the lower of cost or market. Cost is determined using an first-in, first-out method of accounting. The carrying amount of inventories approximate fair value due to the nature of the inventory components, which turn over quickly.

Advertising Costs

Diplomat Properties Limited Partnership's policy is to expense advertising costs as incurred. For the years ended June 30, 2014 and 2013, advertising costs totaled \$9,999,281 and \$9,728,763, respectively, and are included in marketing in the consolidating schedule of administrative expenses.

Subsequent Events

Subsequent events were evaluated through January 31, 2015, which is the date the financial statements were available to be issued. On August 28, 2014 the Diplomat Properties Limited Partnership sold substantially all of its assets.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2014 AND 2013

Note C Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits as of July 1, 2013 and 2012, was as follows:

	July 1, 2013	2012
Vested Benefits	\$ 7,261,773,067	\$ 7,080,764,554
Non-vested Benefits	<u>126,656,898</u>	<u>136,663,646</u>
Total Actuarial Present Value	<u>\$ 7,388,429,965</u>	<u>\$ 7,217,428,200</u>

The factors which affected the change in the actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

<u>Factors</u>	Change in Actuarial Present Value of Accumulated Plan Benefits
Increase in Benefit Levels due to Increase in Benefit Accruals	\$ 119,066,155
Benefits Accumulated, Net Experience Gain or Loss, Changes in Data	36,099,217
Benefits Paid	(515,421,787)
Plan Amendments	-
Interest	<u>531,258,180</u>
	<u>\$ 171,001,765</u>

The actuarial present value of accumulated plan benefits is determined by an actuary from Cheiron and is that 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 payments (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and expected date of payment. The significant actuarial assumptions used in the valuations as of July 1, 2013 and 2012, were:

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2014 AND 2013

Note C Actuarial Present Value of Accumulated Plan Benefits (Continued)

Healthy life mortality rates - RP-2000 Combined Mortality (Blue Collar)

Disabled life mortality rates - RP-2000 Disabled Mortality

Disability rates - 60.45% of the rates used under the Old Age Survivors and Disability Insurance Program.

Rate of turnover - Sample termination rates before retirement:

Age	Rate %
25	9.38
30	8.75
35	8.13
40	7.60
45	7.10
50	6.60
55	6.10
60	5.60
63	0.00

Rate of Retirement - starting at age 55 with a 10% retirement probability moving in increments up to age 70 which has a 100% retirement probability.

Percent married - Social Security awards in 1972

Spouse's Age - Assumed that husbands are three years older than their spouses.

Net investment return - 7.50%

Net investment return for current liability - 3.61% for current valuation; 4.02% for prior valuation.

Annual service credits - 1.00 service credits per year per active employee included in the valuation.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2014 AND 2013

Note C Actuarial Present Value of Accumulated Plan Benefits (Continued)

Administration expenses - \$19,500,000

Actuarial value of assets - Market value of assets less a portion of the actual market value returns that are more or less than expected returns. The gain or loss for the year equals the market value net investment income less the expected return on an actuarial value based on the net investment return assumption and 25% of the gain or loss is recognized each year for four years. However, the 2009 investment loss is recognized at a rate of 10% per plan year due to funding relief. If necessary, the actuarial value is further adjusted to be within 20% of market value. If such a further adjustment is necessary, the gain or loss in the following year is adjusted by an amount equal to the further adjustment, but of the opposite sign.

Actuarial cost method - Unit Credit Cost Method.

PRA 2010 Funding Relief - The Fund's Board of Trustees elected funding relief under 431(b)(8) of the Code and 304(b)(8) of ERISA, specifically:

The "special amortization rule", which allowed the Plan's investment losses for the plan year ended June 30, 2009 to be separately amortized over 29 years, whereas they were previously required to be amortized over 15 years. The "special asset valuation rule" in determining the actuarial value of plan assets which allows the Plan to recognize the 2009 loss over 10 years, at 10% per year. Prior to the relief, this investment loss would be recognized over four years, or 25% per year.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. If the Plan terminates, certain benefits under the Plan are insured by PBGC.

Note D Retirement Plans

The Plan has a retirement plan for employees. The total pension expense for the fiscal years ended June 30, 2014 and 2013, was \$700,000 and \$331,462, respectively, which includes amortization of past services cost over 30 years. Actuarial valuations prepared by an actuary of Cheiron as of July 1, 2013 showed the following:

	<u>July 1, 2013</u>
Actuarial Present Value of	
Accumulated Plan Benefits:	
Vested	\$ 21,986,776
Non-vested	<u>817,372</u>
	<u>\$ 22,804,148</u>

The net investment return rate used in determining the actuarial present value of accumulated plan benefits was 7.5%.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2014 AND 2013

Note D Retirement Plans (Continued)

The Plan has also established an employee savings plan under which employees may defer a portion of their annual compensation, pursuant to Section 401 (k) of the Internal Revenue Code. All employees are eligible to participate and may contribute a percentage of their income on a pretax basis up to the dollar limits set by law. There is no matching employer contribution.

Diplomat Properties Limited Partnership (the Company) contributes to the Starwood Corporation Savings and Retirement Plan (the Plan), which is qualified under Section 401(k) of the Internal Revenue Code. The Plan is a defined contribution plan covering employees of the Company who are 21 years of age and have completed three months of service at the Company. An employee may contribute from 1 to 50% of his/her pay, subject to IRS limits. Employees are eligible for Company matching of contributions upon the completion of 1,000 hours of service during the first twelve months of employment or upon the commencement of a plan year, following the year the employee commences service. The Company matches 100% of the first 1% of the employee's gross income contributed and 50% of any additional amounts contributed up to a maximum of 6% of the employee's gross income. All contributions are invested at the direction of the employee in one or more investment funds. The amount charged to earnings for this plan during the years ended June 30, 2014 and 2013 was approximately \$444,211 and \$457,161.

Note E Investments

The following table presents the fair value of investments held at June 30, 2014 and 2013.

	Fair Value June 30,	
	2013	2012
<u>Investments at Fair Value</u>		
Temporary Investments	\$ 93,522,279	\$ 144,865,625
Government and Agencies		
Notes and Bonds	202,559,022	191,821,239
Corporate and Other Notes		
And Bonds	334,564,733	316,396,915
Mutual And Other Funds	905,793,684	701,150,156
Common and Preferred Stocks	2,480,989,789	2,175,315,517
Real Estate Funds	438,368,447	480,404,512
Partnerships	502,605,079	378,254,595
Investment Contracts with		
Insurance Company	1,625,883	1,570,901
Property and Improvements,		
Hollywood, Florida	525,500,000	505,900,000
<u>Total Fair Value of Investments</u>	<u>\$ 5,485,528,916</u>	<u>\$ 4,895,679,460</u>

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2014 AND 2013

Note E Investments (Continued)

The fair value of individual investments that represent 5 percent or more of the Plan's net assets at June 30, 2014, are as follows:

Property and Improvements, Hollywood, Florida	\$ 525,500,000
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During the years ended June 30, 2014 and 2013, the Plan's investments and other assets listed below (including investments bought, sold, as well as held during the year) appreciated/(depreciated) in value by \$704,784,652 and \$407,866,792, respectively as follows:

Net Appreciation (Depreciation) in Fair Value

	Year Ended June 30,	
	2014	2013
<u>Investments at Fair Value</u>		
Temporary Investments	\$ 1,154,055	\$ (56,783)
Government and Agencies		
Notes and Bonds	5,044,658	(7,152,612)
Corporate and Other Notes		
and Bonds	15,681,851	(2,092,509)
Common and Preferred Stocks	453,952,102	339,752,029
Mutual And Other Funds	144,598,481	57,444,941
Real Estate Funds	40,545,239	28,510,823
Partnerships	26,608,417	(7,519,898)
Property and Improvements,		
Hollywood, Florida	17,199,849	(1,019,199)
	<u>\$ 704,784,652</u>	<u>\$ 407,866,792</u>

Note F Funding Policy

The Plan is financed by employer contributions in accordance with the formulas set forth in the Collective Bargaining Agreements. The Plan met the minimum funding requirements of ERISA as of June 30, 2014 and 2013.

Note G Plan Termination

1. Right to Terminate - The Trustees shall have the right to discontinue or terminate the Plan in whole or in part. The rights of all affected Participants to benefits accrued to the date of termination, partial termination or discontinuance to the extent funded as of such date shall be nonforfeitable.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2014 AND 2013

Note G Plan Termination (continued)

2. Priorities of Allocation - In the event of termination, assets then remaining in the Plan after providing for any administrative expenses, shall be allocated among the Pensioners, Beneficiaries, and Participants, in the following order:

(a) First, in the case of benefits payable as a pension:

(i) In the case of the pension of a Participant or Beneficiary which was in pay status as of the beginning of the 3-year period ending on the termination date of the Plan, to each such pension, based on the provisions of the Plan (as in effect during the 5-year period ending on such date) under which such pension would be the least. The lowest pension in pay status during the 3-year period shall be considered the pension in pay for such period.

(ii) In the case of a pension of a Participant or Beneficiary which would have been in pay status as of the beginning of such 3-year period if the Participant had retired if his pension has commenced (in the standard form) as of the beginning of such period, to each such pension based on the provisions of the Plan (as in effect during the 5-year period ending on such date) under which the pension would be the least.

(b) Second, to all other benefits (if any) of the individuals under the Plan guaranteed under Title IV of ERISA.

(c) Third, to all other vested benefits under this Plan.

(d) Fourth, to all other benefits under this Plan.

Note H Litigation

Based on advice of Fund Counsel there is no litigation either threatened or pending which would have a material adverse effect on the Fund's financial position.

Diplomat Properties Limited Partnership is subject to proceedings and other claims which arise in the ordinary course of its business. In the opinion of management, the amount of ultimate liability, if any, in excess of applicable insurance coverage, is not likely to have a material effect on the financial condition or results of operations. However, as the outcome of litigation or other legal claims is difficult to predict, changes in the estimated exposures could occur.

On April 28, 2011 Charles Realty Group, Inc (CRG) filed an action in the State Court in Broward County, Florida against the DPLP pertaining to a claim by CRG that is entitled to \$6.5 million, or 50% of the \$30 million deposit, as a fee related to the procurement of a buyer and entry of an enforceable contract for the sale of the Resort. The matter was settled in October 2013 with no significant financial impact to the Partnership.

On March 19, 2007, DPLP signed a Settlement Agreement agreeing to pay \$725,000 to the Hallmark Condominium Association, Inc. on the date on which the City of Hollywood, Florida, issues a full building permit for the project contemplated on a site adjacent to the Hallmark Condominiums. As of June 30, 2014, the City of Hollywood has not issued a full building permit and no accrual has been recorded for the pending settlement. This contract expired on March 19, 2014.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2014 AND 2013

Note I Operating Leases

Diplomat Properties Limited Partnership has noncancelable operating lease agreements for equipment rentals. Generally, the operating leases provide for renewal for various periods at stipulated rates.

The following is a schedule by years of future minimum lease payments under the operating leases:

2015	255,619
2016	154,708
2017	<u>113,286</u>
	<u>\$ 523,613</u>

Rent expense for the years ended June 30, 2014 and 2013 was \$425,927 and \$454,260, respectively.

Note J Significant Plan Amendments

None

Note K Income Tax Status

The Plan obtained its latest determination letter on January 30, 2013, in which the Internal Revenue Service 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 administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for the years prior to 2011.

Note L Commitments and Contingencies
Diplomat Properties Limited Partnership

On September 12, 2000, the Plan entered into an Independent Named Fiduciary Agreement whereby the Fiduciary (Gallagher Fiduciary Advisors, LLC. (GFA), an assigned of Independent Fiduciary Services, Inc. (IFS) is to manage the Partnership and its assets with respect to the construction, use, and sale of the Partnership assets.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
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Note L Commitments and Contingencies

Diplomat Properties Limited Partnership (Continued)

Since May 1, 2006, Capital Hotel Management (CHM) has served as a qualified professional asset manager (QPAM) and is responsible for the supervision and direction of management and administration of the day-to-day operations of the Partnership. The term of the agreement between GFA and CHM is indefinite, requiring written notice from either party for its termination. Prior to December 31, 2010 as its compensation for the services performed under the agreement, CHM received a base annual fee payable monthly in the amount of \$850,000 and an additional base fee of 20% of the increase over a base amount in annual income of the Partnership arising from the Hotel Property and the Country Club payable in arrears on an annual basis up to a maximum of \$400,000. In addition, CHM would have received an additional payment upon the sale of DPLP's assets or an increase in its base fee depending on the outcome of and GFA (then IFS) request for an Advisory Opinion from the Department of Labor.

Effective December 1, 2010, GFA (then IFS) and CHM agreed that the request for an Advisory Opinion would be withdrawn. In accordance with the agreement, CHM would no longer be eligible for an additional payment upon the sale of DPLP's assets and CHM's base fee would be adjusted to \$1,700,000 annually. The adjustment was retroactive to May 1, 2006. The retroactive portion totaled \$3,966,667 which was included in asset management fees and other expense for the year ended June 30, 2011. Of that, \$1,500,000 was paid upon the execution of the 2nd Amendment and the balance shall be paid with interest in three equal installments on December 1, 2011, December 1, 2012 and December 1, 2013. CHM was also paid \$25,000 to defray costs associated with its participation in litigation in Note H. For the years ended June 30, 2014 and 2013, the total annual management fee accrued in connection with the agreement by and between the Partnership and CHM was \$2,100,000 and \$2,071,393, respectively, which is included in asset management fees and other expense in the accompanying consolidated statements of changes in net assets.

In addition, CHM is entitled to reimbursement of all third-party professional fees and expenses incurred as further defined in the agreement. During the twelve-month periods ended June 30, 2014 and 2013, the Partnership paid \$17,524 and \$3,693, respectively, to the CHM under this agreement. As of June 30, 2014 and 2013, there was an outstanding balance of \$341,667 and \$969,884, respectively, due to the CHM, which is included in accounts payable.

At June 30, 2014 the Plumbers and Pipefitters National Pension Fund had outstanding commitments to fund partnership investments as follows:

<u>Partnership Name</u>	<u>Total Commitment</u>	<u>Amount Funded</u>	<u>Outstanding Commitment</u>
GESD Investors, LP	\$ 10,000,000	\$ 9,943,661	\$ 56,339
Paladin Capital Partners Fund, LP	50,000,000	\$ 49,872,851	127,149
Potomac Energy Fund	26,000,000	25,924,198	75,802
Potomac Energy Fund II	36,099,135	27,099,135	9,000,000
Gerding Edlen Green Cities, LP	35,000,000	18,596,385	16,403,615
Harrison Street Real Estate Partners IV, LP	30,000,000	17,100,000	12,900,000
Mesirow Financial Real Estate Value Fund, LP	40,000,000	36,729,736	3,270,264
Mesirow Financial Real Estate Value Fund II, LP	50,000,000	5,007,954	44,992,046

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2014 AND 2013

Note M Securities Lending Program

The Trustees of the Plan have entered into an agreement with the bank that acts as custodian for the Plan's investments, which authorized the bank to lend securities held in the Plan's accounts to third parties. The bank must obtain collateral from the borrower in the form of cash, letters of credit issued by an entity other than the borrower, or acceptable securities. Both the collateral and the securities loaned are marked-to-market on a daily basis so that all loaned securities are more than fully collateralized at all times. In the event that the loaned securities are not returned by the borrower, the bank will, at its own expense, either replace the loaned securities or, if unable to purchase those securities on the open market, credit the Plan's accounts with cash equal to the fair value of the loaned securities.

The Plan receives 80% of the net revenue derived from all securities lending activities, and the bank receives the remainder of the net revenue. "Interest income" reported in the statement of changes in net assets available for benefits includes \$1,981,920 and \$2,714,041 earned by the Plan during the plan year ended June 30, 2014 and 2013, respectively, in connection with the securities lending program.

Although the Plan'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 risk. In this context, market risk refers to the possibility that the borrower 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 Plan's securities may be subject to unfavorable market fluctuations. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts.

At June 30, 2014 and 2013, the fair value of securities loaned was \$ 578,111,643 and \$513,068,257, respectively, while the cash collateral held was \$593,222,455 and \$525,596,628, respectively. In accordance with Statement of Financial Accounting Standards No. 140 the value of the cash collateral held and a corresponding liability to return the collateral have been reported on the accompanying statement of net assets available for benefits.

Note N Other Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
AND SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2014 AND 2013

Note N Other Risks and Uncertainties (Continued)

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note O Fair Value Measurements

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.

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2014 and 2013.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
AND SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014 AND 2013

Note O Fair Value Measurements (Continued)

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common and Preferred stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Limited Partnerships: The fair values of limited partnerships recorded by the Plan are determined from financial statements received by the Plan from the limited partnerships or other entities in which the Plan has invested. Some of these financial statements are financial statements audited by independent accountants other than the Plan's independent auditors and some are unaudited financial statements.

Collective Trusts: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2014 and 2013.

	<u>Assets at Fair Value as of June 30, 2014</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Totals</u>
Temporary Investments	\$ 93,522,279	\$ -	\$ -	\$ 93,522,279
<u>Fixed Income</u>				
U.S. Government Agencies				
Notes and Bonds	91,061,990	100,455,977	11,041,055	202,559,022
Corporate Bonds	-	308,864,325	25,700,408	334,564,733
	<u>91,061,990</u>	<u>409,320,302</u>	<u>36,741,463</u>	<u>537,123,755</u>
<u>Common and Preferred Stocks</u>				
Consumer Discretionary	355,790,602	-	3,525,576	359,316,178
Consumer Staples	101,892,456	-	795,332	102,687,788
Energy	201,596,239	-	4,307,573	205,903,812
Financial	483,050,985	-	6,297,377	489,348,362
Health Care	289,544,990	-	5,683,100	295,228,090
Industrials	301,624,307	-	2,265,475	303,889,782
Information Technology	414,499,372	-	-	414,499,372
Materials	98,114,928	-	1,037,182	99,152,110
Telecommunication Services	47,990,347	-	-	47,990,347

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
AND SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2014 AND 2013

Note O Fair Value Measurements (Continued)

<u>Assets at Fair Value as of June 30, 2013 (continued)</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Totals</u>
<u>Common and Preferred Stocks (continued)</u>				
Utilities	74,759,737	-	1,430,331	76,190,068
Other	73,102,581	-	13,681,299	86,783,880
	<u>2,441,966,544</u>	<u>-</u>	<u>39,023,245</u>	<u>2,480,989,789</u>
Mutual and Other Funds	56,059,808	192,311,546	657,422,330	905,793,684
Real Estate Funds	-	-	438,368,447	438,368,447
Partnerships	-	222,988,886	279,616,193	502,605,079
Property and Improvements				
Hollywood, Florida	-	-	525,500,000	525,500,000
Investment Contracts with				
Insurance Company	-	-	1,625,883	1,625,883
Total Assets at Fair Value	<u>\$ 2,682,610,621</u>	<u>\$ 824,620,734</u>	<u>\$ 1,978,297,561</u>	<u>\$ 5,485,528,916</u>

<u>Assets at Fair Value as of June 30, 2013</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Totals</u>
Temporary Investments	\$ 144,865,625	\$ -	\$ -	\$ 144,865,625
<u>Fixed Income</u>				
U.S. Government Agencies				
Notes and Bonds	74,935,769	108,329,272	8,556,198	191,821,239
Corporate Bonds	-	290,297,805	26,099,110	316,396,915
	<u>74,935,769</u>	<u>398,627,077</u>	<u>34,655,308</u>	<u>508,218,154</u>
<u>Common and Preferred Stocks</u>				
Consumer Discretionary	334,920,288	-	3,719,812	338,640,100
Consumer Staples	109,974,834	-	4,405,532	114,380,366
Energy	160,837,225	-	4,573,004	165,410,229
Financial	436,202,582	-	8,635,287	444,837,869
Health Care	238,017,549	-	250,947	238,268,496
Industrials	266,548,436	-	10,467,814	277,016,250
Information Technology	339,083,431	-	120,200	339,203,631
Materials	76,701,875	-	205,080	76,906,955
Telecommunication Services	46,956,752	-	1,183,026	48,139,778
Utilities	64,278,558	-	12,847	64,291,405
Other	53,583,429	-	14,637,009	68,220,438
	<u>2,127,104,959</u>	<u>-</u>	<u>48,210,558</u>	<u>2,175,315,517</u>
Mutual and Other Funds	2,874,110	156,737,425	541,538,621	701,150,156
Real Estate Funds	-	-	480,404,512	480,404,512
Partnerships	-	176,597,427	201,657,168	378,254,595
Property and Improvements				
Hollywood, Florida	-	-	505,900,000	505,900,000
Investment Contracts with				
Insurance Company	-	-	1,570,901	1,570,901
Total Assets at Fair Value	<u>\$ 2,349,780,463</u>	<u>\$ 731,961,929</u>	<u>\$ 1,813,937,068</u>	<u>\$ 4,895,679,460</u>

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
AND SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2014 AND 2013

Note O Fair Value Measurements (Continued)

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended June 30, 2014:

	Government and Corporate Bonds and Equities	Mutual Funds and Real Estate Funds	Partnerships and Other Investments	Totals
<u>Level 3 Gains and Losses</u>				
Beginning balance, July 1, 2013	\$ 82,865,866	\$ 1,021,943,133	\$ 709,128,069	\$ 1,813,937,068
Realized gains (losses)	9,603,863	65,265,862	17,840,699	92,710,424
Unrealized gains (losses)	4,874,786	57,776,349	21,676,108	84,327,243
Purchases	36,612,838	58,212,291	90,055,804	184,880,933
Sales and settlements	(58,192,645)	(107,406,858)	(31,958,604)	(197,558,107)
Transfers in or out of Level 3	-	-	-	-
Ending balance, June 30, 2014	<u>\$ 75,764,708</u>	<u>\$ 1,095,790,777</u>	<u>\$ 806,742,076</u>	<u>\$ 1,978,297,561</u>

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the statement of changes in net assets available for benefits.

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended June 30, 2014, there were no significant transfers between levels 2 and 3.

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

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of June 30, 2014, and the significant unobservable inputs and the ranges of values for those inputs:

<u>Instrument</u>	<u>Fair Value</u>	<u>Principal Valuation Technique</u>	<u>Significant Unobservable Inputs</u>	<u>Range of Significant Input Value</u>	<u>Weighted Average</u>
U.S. Government					
Bonds	\$ 11,041,055	Various	Various	Various	Various
Corporate bonds	\$ 25,700,408	Various	Various	Various	Various
Common stocks	39,023,245	Various	Various	Various	Various
Mutual funds	\$ 657,422,330	Various	Various	Various	Various
Real Estate funds	\$ 438,368,447	Various	Various	Various	Various
Limited partnerships and other invsts	\$ 806,742,076	Various	Various	Various	Various

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
AND SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2014 AND 2013

Note O Fair Value Measurements (Continued)

In estimating fair value of the investments in level 3, the Board of Trustees may use third-party pricing sources or appraisers. In substantiating the reasonableness of the pricing data provided by third parties, the Board of Trustees evaluates a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments, and overall credit ratings.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of June 30, 2014 and 2013, respectively.

<u>June 30, 2014</u>		<u>Fair Value</u>	<u>Unfunded</u> <u>Commitments</u>	<u>Redemption</u> <u>Frequency</u> <u>(if currently eligible)</u>	<u>Redemption</u> <u>Notice Period</u>
Real Estate Funds	\$	438,368,447	n/a	monthly	30 days
Limited Partnerships	\$	502,605,079	86,825,215	n/a	n/a

<u>June 30, 2013</u>		<u>Fair Value</u>	<u>Unfunded</u> <u>Commitments</u>	<u>Redemption</u> <u>Frequency</u> <u>(if currently eligible)</u>	<u>Redemption</u> <u>Notice Period</u>
Real Estate Funds	\$	480,404,512	n/a	monthly	30 days
Limited Partnerships	\$	378,254,595	29,124,579	n/a	n/a

The Plan's investment in the real estate funds category is comprised of several investments. Underlying assets in these funds primarily include publicly traded equity securities and fixed income securities and are valued at their Net Asset Values calculated by the fund sponsor and have monthly liquidity.

The Plan's investment in the limited partnership category consists of numerous individual investments. These investments seek to achieve long term-growth of capital consistent with risk reduction through diversification. These investments are subject to various restrictions on redemption and frequency.

Note P Pension Protection Act of 2006

Under ERISA, as amended by the Pension Protection Act of 2006 (PPA) the actuary of the Plan certified that the Plan is in endangered (Yellow Zone) status for the plan year beginning July 1, 2009. Based on the endangered status certification, the Plan's board of trustees developed and adopted a "Funding Improvement Plan" (FIP).

The Plan's board of trustees adopted the FIP on April 5, 2010. The FIP included four contribution rate increase options, from which parties to the collective bargaining agreements may choose when those collective bargaining agreements expire, if not sooner.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
AND SUBSIDIARY

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
JUNE 30, 2014 AND 2013

Note Q Reconciliation of Financial Statement Amounts to Form 5500

In accordance with Sec. 2520.130-1(b)(3) of the Labor Regulations, the differences between the information in the financial statements and the information contained in Schedule H of Form 5500 are enumerated and explained, as follows:

Reconciliation of Other Receivables:

Interest and Dividend Receivable	
per Financial Statements	\$ 12,497,448
Securities Sold per Financial Statements	7,076,425
Other Receivables per Financial Statements	11,117,358
Total Line 1(b)(3)	<u>\$ 30,691,231</u>

Reconciliation of Buildings and Other Property

Used in Plan Operation:

Property and Equipment per Financial Statements	\$ 7,981,764
Prepaid Expenses and Deposits per Financial Statements	393,718
Total Line 1(e)	<u>\$ 8,375,482</u>

Note R Non-Exempt Transactions with Party in Interest

Plumbers and Pipefitters National Pension Fund wholly owned subsidiary of Diplomat Properties Limited Properties, entered into a Resort Operating Agreement with Starwood Hotels and Resorts Worldwide, Inc. (Starwood) to operate the Diplomat Resort Country Club, and spa. Under ERISA, Starwood is a party-in-interest and affiliates of Starwood are also parties-in-interest.

Form 5500, Schedule G disclosed 25 separate instances where Starwood or its affiliate entered into party-in-interest transactions with the Diplomat. The cost of these 24 transactions amounted to approximately \$130,161.

An exemption application has been filed with the Department of Labor.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(a)	(b)				(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost	Current Value
<u>Short Term Investments</u>						
PNC Advantage Institutional MM Fd	Money market	N/A	N/A	58,469,827	\$ 58,469,827	\$ 58,469,827
Highmark Diversified Money Market	Money market	N/A	N/A	8,995,519	8,995,519	8,995,519
Foreign Currencies	Money market	N/A	N/A	5,164,404	5,164,404	5,235,451
Dreyfus Capital Management Fund	Money market	N/A	N/A	6,023	6,023	6,023
Dreyfus Treasury Prime Cash Mgmt	Money market	N/A	N/A	2,561,702	2,561,702	2,561,702
SEI Daily Income Govt Fund	Money market	N/A	N/A	3,983	3,983	3,983
United States Treasury Bills	Treasury Bill	07/17/14	DTD	3,200,000	3,199,111	3,199,111
United States Treasury Bills	Treasury Bill	01/31/19	DTD	15,060,000	14,984,871	15,050,663
Total Short Term Investments					\$ 93,385,440	\$ 93,522,279
<u>US Government & Agencies Notes and Bonds</u>						
Federal Home Loan Mortgage Corporation	Notes	05/01/18	5.000%	98,663	\$ 105,631	\$ 104,731
Federal Home Loan Mortgage Corporation	Notes	08/25/23	Var	879,110	879,110	879,110
Federal Home Loan Mortgage Corporation	Notes	06/15/25	4.000%	390,300	418,963	420,294
Federal Home Loan Mortgage Corporation	Notes	05/01/26	7.500%	13,417	13,326	15,585
Federal Home Loan Mortgage Corporation	Notes	07/01/26	4.500%	896,438	960,449	966,289
Federal Home Loan Mortgage Corporation	Notes	12/15/26	4.500%	1,557,246	1,719,783	1,720,071
Federal Home Loan Mortgage Corporation	Notes	02/15/27	4.000%	428,504	459,035	464,623
Federal Home Loan Mortgage Corporation	Notes	07/01/32	7.000%	37,719	39,045	44,286
Federal Home Loan Mortgage Corporation	Notes	07/15/32	3.500%	1,217,163	1,273,456	1,270,474
Federal Home Loan Mortgage Corporation	Notes	09/01/32	7.000%	121,145	125,404	141,103
Federal Home Loan Mortgage Corporation	Notes	10/01/32	7.000%	101,854	105,435	115,561
Federal Home Loan Mortgage Corporation	Notes	11/01/32	7.000%	138,737	143,615	158,221
Federal Home Loan Mortgage Corporation	Notes	05/01/35	5.500%	504,376	546,144	566,449
Federal Home Loan Mortgage Corporation	Notes	11/01/35	5.500%	380,525	418,934	427,874
Federal Home Loan Mortgage Corporation	Notes	07/01/36	5.500%	213,371	235,042	239,774
Federal Home Loan Mortgage Corporation	Notes	08/01/38	5.500%	287,576	316,648	323,313
Federal Home Loan Mortgage Corporation	Notes	07/01/39	5.500%	21,486	22,842	23,950
Federal Home Loan Mortgage Corporation	Notes	01/01/39	5.500%	339,657	371,181	381,393
Federal Home Loan Mortgage Corporation	Notes	12/01/40	4.500%	1,087,673	1,158,371	1,185,759
Federal Home Loan Mortgage Corporation	Notes	04/15/41	5.000%	837,388	948,341	971,102
Federal Home Loan Mortgage Corporation	Notes	10/15/42	3.000%	750,000	763,685	750,000
Federal Home Loan Mortgage Corporation	Notes	01/01/43	3.000%	3,531,759	3,638,264	3,496,795
Federal National Mortgage Association	Notes	06/01/21	6.000%	1,623	1,695	1,743
Federal National Mortgage Association	Notes	10/01/22	6.000%	2,846	2,975	3,139
Federal National Mortgage Association	Notes	10/10/24	2.630%	1,090,000	1,090,000	1,032,372
Federal National Mortgage Association	Notes	03/01/25	4.000%	469,232	492,767	502,642
Federal National Mortgage Association	Notes	01/01/29	6.000%	28,252	26,301	32,174
Federal National Mortgage Association	Notes	06/01/29	6.000%	37,647	35,047	42,383
Federal National Mortgage Association	Notes	11/01/29	7.000%	59,647	61,967	69,060
Federal National Mortgage Association	Notes	12/01/29	7.000%	942	1,126	1,099
Federal National Mortgage Association	Notes	04/01/32	3.500%	679,574	702,358	712,771
Federal National Mortgage Association	Notes	08/01/32	7.000%	109,841	114,114	126,115
Federal National Mortgage Association	Notes	12/01/32	5.500%	1,845,212	1,807,155	2,074,849
Federal National Mortgage Association	Notes	04/25/33	4.000%	785,302	827,512	828,572
Federal National Mortgage Association	Notes	10/01/35	5.500%	80,390	84,748	90,219
Federal National Mortgage Association	Notes	10/01/35	5.500%	519,703	536,368	583,113
Federal National Mortgage Association	Notes	04/01/37	Var %	13,631	13,685	14,699
Federal National Mortgage Association	Notes	05/25/37	4.000%	452,855	481,650	482,803
Federal National Mortgage Association	Notes	08/01/37	5.500%	138,931	152,824	156,254
Federal National Mortgage Association	Notes	01/01/38	5.500%	262,853	290,699	295,470
Federal National Mortgage Association	Notes	02/01/38	5.500%	480,500	526,748	539,889
Federal National Mortgage Association	Notes	03/01/40	5.500%	247,334	271,449	278,085

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			Plan No.	001	
(a)	(b)					(e)	
Identity of issuer, borrower, lessor or similar party		Description	Maturity Date	Rate of Interest		(d) Cost	Current Value
US Government & Agencies Notes and Bonds (continued)							
Federal National Mortgage Association	Notes	10/01/40	4.500%	250,408	\$	273,883	\$ 272,075
Federal National Mortgage Association	Notes	02/01/41	4.500%	394,721		428,149	427,877
Federal National Mortgage Association	Notes	03/25/41	5.000%	495,000		557,648	562,681
Federal National Mortgage Association	Notes	07/01/41	4.500%	143,594		151,693	155,576
Federal National Mortgage Association	Notes	09/01/41	4.500%	250,185		263,612	271,062
Federal National Mortgage Association	Notes	10/01/41	4.500%	35,464		37,592	38,424
Federal National Mortgage Association	Notes	10/01/41	4.500%	238,736		251,568	259,095
Federal National Mortgage Association	Notes	10/25/41	2.500%	312,591		242,843	246,497
Federal National Mortgage Association	Notes	03/01/42	4.000%	252,360		269,473	268,357
Federal National Mortgage Association	Notes	03/25/42	4.000%	137,207		139,351	141,065
Federal National Mortgage Association	Notes	06/01/42	3.247%	232,221		240,712	241,438
Federal National Mortgage Association	Notes	04/01/43	3.000%	215,817		211,029	213,454
Federal National Mortgage Association	Notes	05/01/43	3.000%	112,475		111,219	111,413
Federal National Mortgage Association	Notes	06/01/43	3.000%	373,219		369,049	369,703
Federal National Mortgage Association	Notes	08/01/43	3.000%	264,732		258,910	262,236
Federal National Mortgage Association	Notes	08/01/43	3.000%	399,262		390,481	395,250
Federal National Mortgage Association	Notes	08/25/43	3.500%	660,000		694,212	660,000
Fannie Mae	Notes	01/25/17	0.501%	4,582		4,581	4,590
Fannie Mae	Notes	12/25/17	0.442%	1,145,000		1,144,663	1,145,000
Fico Strips	Notes	11/30/17	Zero Cpn	3,745,000		2,547,531	3,577,777
Fico Strips	Notes	03/07/19	Zero Cpn	595,000		379,134	546,912
Fico Corporation	Notes	05/02/17	Zero Cpn	610,000		418,515	594,549
Financing Corporation	Notes	08/08/17	Zero Cpn	639,000		427,759	615,236
Financing Corporation	Notes	07/15/20	Zero Cpn	550,000		485,885	482,015
FREMF Mortgage Trust	Notes	12/25/46	4.360%	280,000		275,901	296,442
FREMF Mortgage Trust	Notes	01/25/47	4.713%	155,000		157,830	166,213
Government National Mortgage Association	Bonds	10/10/23	5.500%	1,045,000		1,143,622	1,142,812
Government National Mortgage Association	Bonds	12/15/23	7.000%	35,525		36,485	40,633
Government National Mortgage Association	Bonds	09/15/28	7.500%	1,515		3,819	1,824
Government National Mortgage Association	Bonds	10/15/29	7.500%	586		656	672
Government National Mortgage Association	Bonds	11/15/29	7.000%	497		1	505
Government National Mortgage Association	Bonds	10/16/33	2.500%	516,827		521,006	519,649
Government National Mortgage Association	Bonds	02/20/34	5.500%	85,774		95,249	97,485
Government National Mortgage Association	Bonds	01/15/37	5.500%	49,575		54,532	56,071
Government National Mortgage Association	Bonds	12/15/38	6.000%	51,515		57,826	58,412
Government National Mortgage Association	Bonds	09/20/38	4.500%	130,000		142,121	143,593
Government National Mortgage Association	Bonds	11/20/38	4.500%	675,000		736,749	731,201
Government National Mortgage Association	Bonds	09/20/39	5.000%	1,565,000		1,787,034	1,713,612
Government National Mortgage Association	Bonds	01/16/41	2.837%	1,038,081		1,062,087	1,051,784
Government National Mortgage Association	Bonds	07/20/41	4.500%	87,461		94,389	95,546
Government National Mortgage Association	Bonds	03/20/42	4.000%	77,304		83,356	82,744
Government National Mortgage Association	Bonds	12/20/43	5.000%	119,515		130,570	131,751
Government National Mortgage Association	Bonds	04/20/44	2.000%	3,632,969		3,729,470	3,725,464
Government National Mortgage Association	Bonds	02/16/55	3.232%	726,683		756,204	726,683
United States Treasury Notes	Notes	08/15/14	0.500%	425,000		425,572	425,200
United States Treasury Notes	Notes	08/31/14	2.375%	580,000		585,008	582,198
United States Treasury Notes	Notes	08/31/14	0.250%	1,675,000		1,676,344	1,675,452
United States Treasury Notes	Notes	01/31/15	0.250%	2,405,000		2,407,075	2,407,357
United States Treasury Notes	Notes	06/30/15	0.375%	795,000		795,497	796,860
United States Treasury Notes	Notes	01/15/16	0.375%	925,000		924,617	926,443
United States Treasury Notes	Notes	01/31/16	Var%	10,130,000		10,127,940	10,129,797
United States Treasury Notes	Notes	05/31/16	0.250%	1,440,000		1,436,967	1,438,704
United States Treasury Notes	Notes	07/15/16	0.625%	365,000		365,342	366,113

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b)					(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest			Cost	Current Value
<u>US Government & Agencies Notes and Bonds (continued)</u>							
United States Treasury Notes	Notes	10/15/16	0.500%	1,665,000	\$	1,667,022	\$ 1,666,698
United States Treasury Notes	Notes	05/15/17	0.875%	825,000		824,868	826,097
United States Treasury Notes	Notes	04/30/18	0.625%	1,125,000		1,089,475	1,098,461
United States Treasury Notes	Notes	02/28/19	1.500%	408,100		404,247	407,431
United States Treasury Notes	Notes	03/31/19	1.625%	2,485,000		2,472,164	2,492,182
United States Treasury Notes	Notes	04/15/19	0.125%	1,140,000		1,179,261	1,187,327
United States Treasury Notes	Notes	04/30/19	1.625%	1,120,000		1,124,106	1,122,106
United States Treasury Notes	Notes	04/30/19	1.625%	4,825,000		4,828,234	4,834,071
United States Treasury Notes	Notes	05/31/19	1.500%	1,410,000		1,394,620	1,402,950
United States Treasury Notes	Notes	06/30/19	1.625%	1,710,000		1,710,000	1,710,000
United States Treasury Notes	Notes	02/28/21	2.125%	2,640,000		2,602,719	2,629,282
United States Treasury Notes	Notes	02/15/23	2.000%	3,395,000		3,407,413	3,296,341
United States Treasury Notes	Notes	05/15/24	2.500%	7,228,000		7,177,726	7,217,809
United States Treasury Notes	Notes	05/15/24	2.500%	3,260,000		3,226,115	3,255,403
United States Treasury Notes	Notes	02/15/42	3.125%	7,415,000		7,864,492	7,174,013
United States Treasury Notes	Notes	08/15/42	2.750%	2,275,000		2,197,921	2,034,715
United States Treasury Notes	Notes	08/15/42	2.750%	2,870,000		2,756,224	2,566,871
United States Treasury Notes	Notes	11/15/42	2.750%	3,200,000		2,809,805	2,856,512
United States Treasury Notes	Notes	05/15/43	2.750%	13,050,000		11,241,475	11,924,438
United States Treasury Notes	Notes	05/15/43	2.750%	6,030,000		5,352,053	5,509,913
United States Treasury Notes	Notes	11/15/43	3.750%	3,935,000		4,052,200	4,249,800
United States Treasury Notes	Notes	02/15/44	3.500%	2,605,000		2,686,566	2,749,082
United States Treasury Notes	Notes	02/15/44	3.500%	97,000		100,490	102,364
Buoni Poliennalidel Tes	Bonds	08/01/39	5.000%	4,865,000		6,447,166	7,909,305
Eurasian Development Bank	Bonds	09/26/20	5.000%	940,000		930,687	966,320
Korea Treasury Bond	Bonds	09/10/18	5.750%	3,499,000		3,426,991	3,852,399
Korea Treasury Bond	Bonds	12/10/13	3.000%	1,132,400		1,079,322	1,139,647
Malaysian Government	Bonds	03/15/23	3.480%	4,460,000		1,380,560	1,336,029
Malaysian Government	Bonds	09/30/21	4.048%	2,865,000		882,029	899,748
Mex Bonos Desarr Fixed Rate	Bonds	11/18/38	8.500%	467,500		4,340,659	4,403,383
Mex Bonos Desarr Fixed Rate	Bonds	05/31/29	8.500%	555,500		5,122,470	5,251,142
Neder Waterschapsbank	Bonds	02/14/18	Var	3,260,000		3,274,148	3,270,510
New South Wales Treasury Corporation	Bonds	08/20/24	5.000%	5,300,000		4,931,063	5,459,025
New Zealand Government	Bonds	05/15/21	6.000%	1,570,000		1,997,534	1,513,641
New Zealand Government	Bonds	03/15/19	5.000%	1,205,000		946,602	1,095,266
New Zealand Government	Bonds	04/15/23	5.500%	1,610,000		1,515,782	1,518,922
Noto Do Tesouro Nacional	Bonds	01/01/23	10.000%	11,145		4,646,724	4,527,210
Noto Do Tesouro Nacional	Bonds	01/01/21	10.000%	2,240		954,018	927,264
Poland Government Bond	Bonds	10/25/23	4.000%	6,970,000		2,252,183	2,393,793
Poland Government Bond	Bonds	10/25/20	5.250%	6,840,000		2,040,376	2,518,067
Queensland Treasury Corporation	Bonds	02/21/20	6.250%	3,945,000		4,280,566	4,259,198
Queensland Treasury Corporation	Bonds	07/21/22	6.000%	1,560,000		1,666,598	1,698,096
Republic Of South Africa	Bonds	03/31/21	6.750%	12,545,000		1,539,952	1,105,092
Republic Of South Africa	Bonds	02/28/41	6.500%	38,705,000		3,462,394	2,713,863
Swedish Export Credit	Bonds	06/12/17	Var	1,180,000		1,181,418	1,183,198
United Kingdom TSY	Bonds	01/22/15	2.750%	3,680,000		6,281,317	6,376,328
Total US Government & Agencies Notes and Bonds					\$	198,846,408	\$ 202,559,022
<u>Corporate and Other Notes and Bonds</u>							
Abbey National Treasury	Notes	08/23/18	3.050%	240,000	\$	239,470	\$ 251,333
Abbvie, Incorporated	Notes	11/06/42	4.400%	340,000		345,994	330,075
ABN Amro Bank NV	Bonds	10/28/16	Var %	1,565,000		1,565,000	1,578,584
Access Midstream Partner	Notes	05/15/23	4.875%	240,000		240,000	252,900

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

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Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			Plan No.	001
(a)	(b)				(e)	
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	(d) Cost	Current Value
<u>Corporate and Other Notes and Bonds (continued)</u>						
	Access Midstream Partner	Notes	03/15/24	4.875%	275,000 \$	275,000 \$ 290,469
	Actavis Funding Services	Notes	06/15/44	4.850%	585,000	578,530 590,528
	Activision Blizzard	Notes	09/15/21	5.625%	635,000	645,337 684,213
	Aercap Ireland Cap Limited	Bonds	05/15/19	3.750%	900,000	900,000 906,750
	Aercap Ireland Cap Limited	Bonds	05/15/21	4.500%	590,000	590,000 600,325
	Aetna, Incorporated	Bonds	03/15/19	2.200%	155,000	154,845 155,408
	Alexandria Real Estate	Notes	06/15/23	3.900%	230,000	229,338 229,034
	Allstate Corporation	Notes	06/15/23	3.150%	165,000	164,675 165,561
	Ally Auto Receivables Trust	Notes	02/15/17	0.480%	750,000	749,937 749,766
	Ally Financial Inc	Notes	12/01/17	6.250%	680,000	728,984 759,900
	Ally Financial Inc	Notes	03/15/20	8.000%	1,360,000	1,579,364 1,652,400
	Ally Master Owner Trust	Notes	02/15/17	0.700%	255,000	224,983 226,382
	Ally Master Owner Trust	Notes	09/16/19	1.540%	490,000	489,860 490,196
	Alpha Natural Resources Company	Notes	06/01/19	6.000%	1,358,000	1,163,948 987,945
	Alpha Natural Resources Company	Notes	06/01/21	6.250%	1,185,000	997,719 838,388
	Alpha Natural Resources Company	Notes	04/15/18	9.750%	595,000	617,888 544,425
	Alpha Natural Resources Company	Notes	08/01/20	7.500%	580,000	577,412 561,150
	Alphabet Holding Company, Incorporated	Notes	11/01/17	7.750%	235,000	241,231 242,638
	Altice SA	Notes	05/15/22	7.750%	725,000	748,975 773,938
	Altria Group, Incorporated	Notes	11/10/38	9.950%	359,000	545,645 598,037
	Altria Group, Incorporated	Notes	01/31/24	4.000%	220,000	218,632 226,057
	AMC Networks, Incorporated	Notes	07/15/21	7.750%	755,000	825,504 844,656
	American Credit Acceptance	Bonds	11/15/16	1.640%	62,954	62,951 63,082
	American Credit Acceptance	Bonds	04/16/18	1.450%	109,197	109,188 109,625
	American Express Credit	Bonds	12/15/21	0.521%	1,645,000	1,645,000 1,647,418
	American Express Credit	Bonds	02/16/21	0.611%	1,000,000	1,000,816 1,002,810
	American Municipal Power Ohio, Inc	Bonds	02/15/50	8.084%	170,000	251,411 253,864
	American Municipal Power Ohio, Inc	Bonds	02/15/42	5.000%	720,000	698,710 770,306
	Americredit Automobile Rec	Notes	03/09/20	2.670%	380,000	379,876 381,022
	Americredit Automobile Rec	Notes	11/08/19	2.290%	515,000	515,901 521,113
	Amerigas Finance LLC	Notes	05/20/22	7.000%	1,468,000	1,581,942 1,625,810
	Amerigas Finance LLC	Notes	05/20/20	6.750%	675,000	695,419 732,375
	Ameristar Casinos, Incorporated	Notes	04/15/21	7.500%	580,000	641,969 624,950
	Amgen, Incorporated	Notes	11/15/41	5.150%	635,000	633,003 681,374
	Anheuser Busch Inbev Worldwide, Inc.	Bonds	07/15/22	2.500%	530,000	527,445 507,867
	Anheuser Busch Inbev Worldwide, Inc.	Bonds	07/15/42	3.750%	165,000	151,198 149,804
	Anheuser Busch Inbev Worldwide, Inc.	Bonds	01/17/43	4.000%	280,000	278,642 265,392
	Antero Resources Finance	Notes	11/01/21	5.375%	270,000	270,000 280,125
	Antero Resources Finance	Notes	12/01/22	5.125%	790,000	790,000 811,725
	Apple, Incorporated	Notes	05/06/21	2.850%	1,070,000	1,067,368 1,079,213
	APX Group, Incorporated	Bonds	12/01/19	6.375%	185,000	189,375 191,938
	APX Group, Incorporated	Bonds	12/01/20	8.750%	980,000	1,016,588 994,700
	APX Group, Incorporated	Bonds	12/01/20	8.750%	175,000	178,500 175,000
	Aramark Corporation	Notes	-	Var %	760,000	753,350 760,000
	Arcelormittal	Notes	06/01/18	6.125%	480,000	487,703 526,800
	Arcelormittal	Notes	10/15/39	7.500%	805,000	859,300 885,500
	Arcelormittal	Notes	08/05/20	4.250%	1,933,000	1,925,128 2,077,975
	Arch Coal, Incorporated	Notes	10/01/20	7.250%	404,000	364,653 300,980
	Arch Coal, Incorporated	Notes	06/15/21	7.250%	645,000	576,802 470,850
	Arch Coal, Incorporated	Notes	-	Var %	487,297	477,527 487,297
	Arch Coal, Incorporated	Notes	06/15/19	9.875%	230,000	222,168 196,075
	AT&T, Incorporated	Notes	08/15/41	5.550%	175,000	173,838 196,219
	Autozone, Incorporated	Notes	01/15/23	2.875%	160,000	159,475 153,008

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

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EIN: 52-6152779
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Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost	Current Value
<u>Corporate and Other Notes and Bonds (continued)</u>						
Avago Technologies	Bonds	-	0.000%	1,555,000	\$ 1,547,225	\$ 1,555,000
BAE Systems PLC	Notes	10/11/21	4.750%	635,000	634,352	689,534
Bank of America	Notes	05/01/18	5.650%	155,000	147,926	175,699
Bank Of America Corporation	Notes	08/01/16	6.500%	775,000	773,055	859,002
Bank Of America Corporation	Notes	01/21/44	5.000%	220,000	225,086	233,407
Bank Of America Corporation	Notes	04/01/19	Var %	630,000	630,000	634,082
Bank Of America Corporation	Notes	01/11/23	5.700%	915,000	904,130	901,879
Bank Of America Credit Card Trust	Notes	06/15/21	0.557%	1,520,000	1,520,000	1,520,046
Bank of New York Mellon	Notes	03/04/19	2.200%	315,000	314,650	317,747
Bank of New York Mellon	Notes	05/15/24	3.400%	940,000	939,521	951,252
Barclays Bank PLC	Notes	12/09/16	Var %	1,020,000	1,020,000	1,022,468
BBVA Banco Continental	Notes	04/08/18	3.250%	245,000	243,591	250,206
Berry Plastics Corp	Bonds	01/15/21	9.750%	2,710,000	2,943,101	3,089,400
Berry Plastics Corp	Bonds	05/15/22	5.500%	302,000	301,235	303,700
Bev Pack Holdings	Bonds	12/15/16	5.625%	195,000	195,000	199,875
Bev Pack Holdings	Bonds	06/15/17	6.000%	385,000	387,418	394,625
BG Energy Capital	Notes	10/15/21	4.000%	425,000	421,643	450,968
BHP Billiton Finance USA Limited	Notes	09/30/23	3.850%	235,000	234,711	246,437
BHP Billiton Finance USA Limited	Notes	09/30/43	5.000%	180,000	179,973	198,932
Bombardier, Incorporated	Notes	10/15/22	6.000%	575,000	575,000	589,375
Boston Properties LP	Notes	09/01/23	3.125%	160,000	159,006	155,376
Boston Scientific Corporation	Notes	10/01/18	2.650%	250,000	249,885	255,558
Boyd Acquisition	Bonds	02/15/18	8.375%	755,000	788,475	807,850
BPCE SA	Notes	04/15/24	4.000%	435,000	434,217	444,070
Burlington Northern Santa Fe	Notes	09/15/21	3.450%	175,000	174,568	181,846
California State	Bonds	02/01/43	5.000%	315,000	312,584	347,313
Calpine Corporation	Bonds	07/31/20	7.875%	369,000	411,474	400,365
Calpine Corporation	Bonds	02/15/21	7.500%	1,060,000	1,163,397	1,150,100
Calpine Corporation	Bonds	01/15/22	6.000%	200,000	198,386	215,500
Case New Holland, Incorporated	Notes	12/01/17	7.875%	1,115,000	1,246,121	1,298,975
Caterpillar Financial Services Corporation	Notes	05/29/15	1.100%	165,000	164,947	166,244
CCO Holdings LLC Cap Corporation	Bonds	04/30/20	8.125%	370,000	405,006	400,525
CCO Holdings LLC Cap Corporation	Bonds	01/15/19	7.000%	560,000	595,447	590,800
CCO Holdings LLC Cap Corporation	Bonds	09/30/22	5.250%	335,000	331,513	340,025
Cedar Fair LP	Bonds	08/01/18	9.125%	580,000	617,523	610,160
Cedar Fair LP	Bonds	03/15/21	5.250%	580,000	582,650	597,400
Centurylink, Incorporated	Notes	06/15/21	6.450%	801,000	863,727	869,085
Centurylink, Incorporated	Notes	04/01/20	5.625%	500,000	500,000	527,500
Centurylink, Incorporated	Notes	12/01/23	6.750%	240,000	240,000	262,200
Cequel Communications Holdings	Bonds	09/15/20	6.375%	595,000	610,669	632,188
Cequel Communications Holdings	Bonds	12/15/21	5.125%	982,000	975,628	978,318
Ceridian Corporation	Bonds	-	Var	475,000	477,575	475,000
Ceridian Corporation	Bonds	07/15/19	8.875%	415,000	435,077	468,950
Ceridian LLC	Bonds	11/15/17	8.125%	385,000	384,037	388,850
Chase Issuance Trust	Bonds	04/15/19	Var	1,155,000	1,144,724	1,148,671
Chase Issuance Trust	Bonds	06/15/17	0.790%	775,000	777,996	777,883
Chase Issuance Trust	Bonds	02/15/17	0.291%	910,000	909,885	909,827
Chase Issuance Trust	Bonds	01/15/19	1.150%	300,000	299,946	300,879
Chase Issuance Trust	Bonds	04/15/21	0.521%	2,415,000	2,415,000	2,416,715
Chesapeake Energy Corporation	Notes	08/15/17	6.500%	315,000	358,959	352,800
Chesapeake Energy Corporation	Notes	02/15/21	6.125%	275,000	280,331	308,000
Chesapeake Energy Corporation	Bonds	04/15/22	4.875%	795,000	795,000	822,825
Chesapeake Midstream PT	Bonds	04/15/21	5.875%	230,000	233,450	246,100

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(a)	(b)				(d)		(e)
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Cost	Current Value	
	<u>Corporate and Other Notes and Bonds (continued)</u>						
	Chesapeake Midstream PT	Bonds	07/15/22	6.125%	520,000 \$	544,873 \$ 574,600	
	Chicago Il O'Hare Intl	Bonds	01/01/44	5.000%	230,000	234,430 243,887	
	Chrysler GP	Bonds	06/15/19	8.000%	775,000	854,438 841,844	
	Cimarex Energy Company	Bonds	05/01/22	5.875%	350,000	350,000 386,750	
	CHS/Community Health Systems	Bonds	11/15/19	8.000%	335,000	371,906 366,825	
	CHS/Community Health Systems	Bonds	08/15/18	5.125%	340,000	350,447 356,575	
	CHS/Community Health Systems	Bonds	08/01/21	5.125%	305,000	305,000 312,625	
	CHS/Community Health Systems	Bonds	02/01/22	6.875%	775,000	777,325 821,500	
	CHS/Community Health Systems	Bonds	01/31/21	4.250%	364,088	361,350 364,088	
	Cisco Systems, Incorporated	Notes	03/01/19	2.125%	445,000	444,684 448,458	
	Cit Group, Incorporated	Notes	04/01/18	6.625%	1,375,000	1,519,286 1,543,438	
	Cit Group, Incorporated	Notes	03/15/18	5.250%	575,000	617,906 617,406	
	Cit Group, Incorporated	Notes	02/15/19	3.875%	825,000	825,850 837,870	
	Cit Group, Incorporated	Notes	05/15/20	5.375%	390,000	418,127 418,642	
	Citigroup, Incorporated	Notes	03/10/17	Var	340,000	340,000 340,184	
	Citigroup, Incorporated	Notes	09/26/18	2.500%	355,000	353,445 360,787	
	Citigroup, Incorporated	Notes	01/14/22	4.500%	555,000	609,262 603,285	
	Citibank Credit Card Issuance	Bonds	09/10/18	0.610%	625,000	625,000 627,581	
	Citizens Communications Company	Notes	08/15/31	9.000%	1,283,000	1,282,181 1,382,432	
	Clear Channel Communications	Bonds	10/15/27	7.250%	135,000	106,313 118,800	
	Clear Channel Communications	Bonds	06/15/18	6.875%	225,000	201,927 218,250	
	Clear Channel Communications	Bonds	12/15/19	9.000%	440,000	443,525 469,150	
	Clear Channel Communications	Bonds	03/01/21	11.250%	1,606,000	1,687,925 1,820,803	
	Clear Channel Communications	Notes	-	Var	1,926,000	1,852,662 1,926,000	
	Clear Channel Communications	Bonds	1/15/2018	10.000%	440,000	429,000 425,150	
	Clear Channel Worldwide	Bonds	03/15/20	7.625%	645,000	654,912 695,794	
	Clear Channel Worldwide	Bonds	11/15/22	6.500%	145,000	143,550 154,788	
	Clear Channel Worldwide	Bonds	11/15/22	6.500%	945,000	979,809 1,018,238	
	CMS Energy Corporation	Notes	03/01/44	4.875%	205,000	204,613 215,783	
	CNH Equipment Trust	Bonds	06/15/17	0.490%	175,000	174,991 175,033	
	CNH Equipment Trust	Bonds	01/17/17	0.630%	263,877	263,876 264,096	
	Coca-Cola CO/The	Notes	09/01/16	1.800%	380,000	379,924 388,922	
	Coca-Cola CO/The	Notes	11/01/20	2.450%	320,000	318,549 321,686	
	Coca-Cola CO/The	Notes	11/26/18	2.375%	340,000	339,555 344,097	
	Columbia HCA Healthcare	Notes	06/15/25	7.690%	760,000	731,812 856,900	
	Columbia Healthcare, Incorporated	Bonds	12/01/27	7.050%	100,000	74,000 103,000	
	Commscope, Incorporated	Bonds	06/15/21	5.000%	145,000	145,000 147,900	
	Commscope, Incorporated	Bonds	06/15/24	5.500%	195,000	195,000 198,169	
	Conagra Foods, Incorporated	Notes	01/25/18	1.900%	235,000	235,000 235,566	
	Concho Resources, Incorporated	Notes	04/01/23	5.500%	720,000	747,441 774,000	
	Consol Energy, Incorporated	Bonds	04/15/22	5.875%	915,000	926,181 958,463	
	Cons Edison Company of New York	Bonds	03/15/44	4.450%	410,000	409,656 419,557	
	Constellation Brands, Incorporated	Notes	05/01/23	4.250%	180,000	181,031 180,675	
	CPL Transition Funding LLC	Bonds	01/15/17	6.250%	313,237	331,187 328,364	
	CSC Holdings, Inc.	Notes	07/15/18	7.625%	330,000	368,520 381,150	
	Cumulus Media Holdings	Notes	05/01/19	7.750%	1,095,000	1,076,867 1,153,856	
	CVS Caremark Corporation	Bonds	12/05/18	2.250%	285,000	284,678 288,488	
	Daimler Finance NA LLC	Bonds	08/01/18	2.375%	385,000	384,045 394,363	
	Daimler Finance NA LLC	Bonds	03/10/17	1.125%	480,000	479,731 479,366	
	Davita, Incorporated	Bonds	08/15/22	5.750%	740,000	775,797 790,875	
	Davita Healthcare Partners	Bonds	07/15/24	5.125%	795,000	795,000 799,969	
	Delos Finance	Bonds	06/30/14	3.500%	330,000	328,350 330,000	
	Delphi Corporation	Bonds	03/15/24	4.150%	290,000	288,982 301,119	

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			Plan No.	001
(a)	(b)				(e)	
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		(d) Cost	Current Value
<u>Corporate and Other Notes and Bonds (continued)</u>						
Denbury Resources, Incorporated	Bonds	05/01/22	5.500%	255,000	\$ 255,078	\$ 260,738
Denbury Resources, Incorporated	Bonds	07/15/23	4.625%	745,000	719,862	722,806
Detroit Edison Securitization	Bonds	03/01/16	6.620%	433,104	455,470	444,534
Deutsche Bank AG	Bonds	05/30/17	1.350%	405,000	404,858	404,866
Deutsche Ann Finance BV	Bonds	10/02/17	3.200%	450,000	450,000	466,074
Deutsche Telekom Int Finance	Bonds	03/06/17	2.250%	445,000	442,495	456,530
Devon Energy Corporation	Notes	07/15/41	5.600%	180,000	201,002	208,341
Devon Energy Corporation	Notes	05/15/22	3.250%	190,000	188,875	191,393
Digital Realty Trust LP	Bonds	03/15/21	5.250%	250,000	249,438	268,558
Directv Holdings Financial	Bonds	08/15/40	6.000%	460,000	453,831	529,612
Directv Holdings Financial	Bonds	03/15/42	5.150%	540,000	489,971	567,070
Dish DBS Corporation	Notes	03/15/23	5.000%	280,000	281,104	285,250
Dish DBS Corporation	Notes	06/01/21	6.750%	755,000	829,455	860,700
Dish DBS Corporation	Notes	07/15/22	5.875%	275,000	286,041	298,375
Dish DBS Corporation	Notes	04/01/18	4.250%	490,000	494,829	509,600
Dish DBS Corporation	Notes	05/01/20	5.125%	1,265,000	1,262,404	1,329,831
DJO Finance LLC	Notes	04/15/18	7.750%	450,000	487,806	486,000
Dominion Resources INC	Bonds	08/15/16	1.950%	165,000	164,960	168,701
Donnelley RR & Sons	Notes	02/15/22	7.000%	170,000	170,000	187,425
Donnelley RR & Sons	Notes	06/15/20	7.625%	1,000,000	996,881	1,135,000
Donnelley RR & Sons	Notes	03/15/19	8.250%	1,160,000	1,180,134	1,377,500
Donnelley RR & Sons	Notes	11/15/23	6.500%	300,000	300,247	313,500
Donnelley RR & Sons	Notes	04/01/24	6.000%	275,000	275,000	277,750
Dow Chemical Company	Notes	11/15/22	3.000%	625,000	614,163	614,700
D.R. Horton, Incorporated	Bonds	09/15/22	4.375%	100,000	98,488	99,125
D.R. Horton, Incorporated	Bonds	08/15/23	5.750%	1,010,000	1,022,750	1,085,750
Dupont	Bonds	12/31/49	4.750%	356,400	352,800	356,400
Eastman Chemical Company	Bonds	09/01/42	4.800%	70,000	69,695	71,076
Eastman Chemical Company	Bonds	10/15/44	4.650%	345,000	341,353	341,412
Ecopetrol SA	Bonds	05/28/45	5.875%	130,000	129,137	134,456
Encana Corporation	Bonds	11/15/41	5.150%	390,000	387,227	425,120
Endo Finance LLC	Bonds	07/15/19	7.000%	405,000	423,149	432,844
Endo Finance LLC	Bonds	01/15/23	5.375%	1,210,000	1,210,319	1,208,488
Energy Transfer Partners	Bonds	10/01/20	4.150%	480,000	479,179	507,466
Energy Transfer Equity	Bonds	10/15/20	7.500%	530,000	569,050	612,150
Energy Transfer Equity	Bonds	01/15/24	5.875%	385,000	392,700	402,325
Envision Healthcare Corporation	Bonds	07/01/22	5.125%	320,000	320,000	322,800
EP Enrgy/EP Finance, Incorporated	Bonds	05/01/20	9.375%	2,237,000	2,422,090	2,561,365
ESC Energy Conversion Device	Notes	-	3.000%	7,408,000	1,107,057	74
Exco Resources Inc	Bonds	09/15/18	7.500%	1,300,000	1,264,096	1,332,500
Exco Resources Inc	Bonds	04/15/22	8.500%	500,000	500,638	540,000
Export-Import Bank Korea	Bonds	05/12/17	Var	1,185,000	1,185,000	1,185,000
Export-Import Bank Korea	Bonds	08/14/17	Var	1,040,000	1,040,000	1,039,210
Express Scripts Company	Notes	11/15/41	6.125%	75,000	98,231	91,295
Ferrellgas LP	Bonds	01/15/22	6.750%	850,000	859,025	888,250
Fico Strip	Bonds	09/26/19	Zero Cpn	715,000	440,862	644,580
First Data Corporation	Notes	01/15/21	12.625%	2,353,000	2,512,760	2,789,493
First Data Corporation	Notes	06/15/19	7.375%	380,000	389,470	408,025
First Data Corporation	Notes	08/15/21	11.750%	425,000	425,000	504,156
First Data Corporation	Notes	01/15/21	11.250%	765,000	780,821	893,138
First Data Corporation	Notes	06/15/21	10.625%	570,000	570,000	664,050
First Data Corporation	Notes	-	Var	222,419	206,319	222,419
Flagship Credit Auto Trust	Bonds	04/16/18	1.320%	348,901	348,859	349,518

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			Plan No.	001	
(a)	(b)					(e)	
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		(d) Cost	Current Value
<u>Corporate and Other Notes and Bonds (continued)</u>							
	Flextronics Intl LTD	Bonds	02/15/23	5.000%	550,000	\$ 543,450	\$ 569,250
	Florida East Coast Holdings	Bonds	05/01/19	6.750%	95,000	95,000	100,344
	Florida Power Corporation	Notes	11/15/42	3.850%	80,000	79,746	76,021
	Florida State Hurricane Catastrophe	Bonds	07/01/20	2.995%	1,120,000	1,120,000	1,130,450
	Ford Credit Auto Owner Trust	Bonds	12/15/16	0.580%	185,896	186,092	186,069
	Ford Credit Auto Owner Trust	Bonds	02/15/16	0.380%	70,811	70,805	70,825
	Ford Credit Auto Owner Trust	Bonds	08/15/16	0.450%	500,773	500,723	501,063
	Ford Credit Auto Owner Trust	Bonds	11/15/25	2.260%	535,000	534,867	539,799
	Ford Credit Floorplan Master	Bonds	09/15/16	0.740%	620,000	619,892	620,533
	Ford Credit Floorplan Master	Bonds	09/15/18	1.500%	215,000	214,954	217,296
	Ford Motor Company	Bonds	07/16/31	7.450%	130,000	165,750	173,801
	Ford Motor Credit Company	Bonds	05/09/16	1.700%	325,000	324,688	329,137
	Ford Motor Credit Company	Bonds	05/15/18	5.000%	200,000	221,946	222,490
	Freescale Semiconductor	Bonds	01/15/22	6.000%	365,000	365,640	388,725
	Freescale Semiconductor	Bonds	02/01/20	8.050%	213,000	218,435	230,040
	Freescale Semiconductor	Bonds	12/31/49	4.250%	398,973	400,464	398,973
	Fresenius Med Care US	Notes	09/15/18	6.500%	750,000	798,452	847,500
	Fresenius Med Care US	Notes	07/31/19	5.625%	585,000	607,976	637,650
	Frontier Communications	Notes	04/15/24	7.625%	365,000	365,000	392,831
	Gannett Company, Incorporated	Notes	09/01/18	7.125%	715,000	745,347	746,281
	Gannett Company, Incorporated	Bonds	07/15/20	5.125%	490,000	482,973	502,863
	Gannett Company, Incorporated	Bonds	10/15/19	5.125%	775,000	767,145	802,125
	GE Capital Credit Card Master	Bonds	09/15/22	1.760%	715,000	692,871	695,952
	GE Equipment Transportation LLC	Bonds	09/25/17	0.920%	330,000	329,984	331,191
	General Elec Cap Corporation	Notes	03/01/24	3.375%	770,000	762,770	784,607
	General Elec Cap Corporation	Notes	03/11/44	4.500%	400,000	396,356	416,776
	General Elec Cap Corporation	Notes	02/11/21	5.300%	400,000	423,788	454,848
	General Motors Financial Company	Bonds	05/15/18	3.250%	245,000	245,000	248,675
	George Washington Univer	Bonds	09/15/22	3.485%	230,000	230,000	229,487
	Gilead Sciences, Incorporated	Bonds	04/01/24	3.700%	410,000	409,340	420,701
	GLP Capital LP	Bonds	11/01/18	4.375%	220,000	222,304	227,150
	GLP Capital LP	Bonds	11/01/20	4.875%	920,000	931,713	947,600
	GLP Capital LP	Bonds	11/01/23	5.375%	335,000	335,000	347,563
	GMAC Mortgage Corporation	Notes	10/19/33	Var	265,497	271,139	262,478
	Goldman Sachs Group, Incorporated	Notes	11/15/18	Var	1,120,000	1,120,000	1,135,299
	Goldman Sachs Group, Incorporated	Notes	11/29/23	Var	555,000	555,000	572,027
	Goldman Sachs Group, Incorporated	Bonds	07/08/44	4.800%	415,000	412,975	413,622
	Goldman Sachs Group, Incorporated	Notes	07/27/21	5.250%	1,005,000	1,007,041	1,128,545
	Goldman Sachs Group, Incorporated	Notes	03/03/24	4.000%	575,000	573,264	585,327
	Goodyear Tire TL	Bonds	03/01/21	6.500%	215,000	215,000	233,275
	Granton Resort & Casino	Bonds	08/03/18	9.000%	294,118	282,470	294,118
	Graton Economic Development Auth	Bonds	09/01/19	9.625%	1,430,000	1,532,658	1,626,625
	Harley Davidson Motorcycle Trust	Bonds	09/15/16	1.110%	48,698	48,842	48,766
	HCA, Incorporated	Notes	03/15/24	5.000%	570,000	571,856	577,877
	HCA, Incorporated	Notes	02/15/21	6.250%	175,000	175,000	187,906
	HCA, Incorporated	Notes	02/15/20	6.500%	435,000	487,519	489,375
	HCA, Incorporated	Notes	05/01/23	4.750%	175,000	175,819	174,781
	HDTFS, Incorporated	Notes	10/15/20	5.875%	380,000	388,742	397,100
	Health Care Reit Inc.	Bonds	04/01/19	4.125%	265,000	264,189	285,058
	Hilton Worldwide Finance	Notes	-	Var	1,191,474	1,112,778	1,191,474
	HJ Heinz Company	Notes	-	Var	748,111	751,517	748,111
	Honda Auto Receivables Owner Trust	Bonds	09/21/16	0.410%	280,000	279,979	279,922
	Honda Auto Receivables Owner Trust	Bonds	04/18/16	0.450%	545,000	544,967	545,191

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value				
(a)	(b)				(d)	(e)
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Cost	Current Value
	<u>Corporate and Other Notes and Bonds (continued)</u>					
	HSBC Holdings PLC	Notes	09/15/37	6.500%	710,000 \$	571,302 \$ 875,466
	HSBC Holdings PLC	Bonds	03/30/22	4.000%	325,000	322,881 345,766
	HSBC Holdings PLC	Bonds	03/14/44	5.250%	290,000	286,845 310,532
	Hughes Satellite Systems	Notes	06/15/19	6.500%	445,000	491,725 496,175
	Humana Inc	Bonds	06/15/18	7.200%	105,000	127,338 124,727
	Huntsman International	Bonds	03/15/20	8.625%	205,000	229,412 221,912
	Huntsman International LLC	Bonds	03/15/21	8.625%	1,005,000	1,152,764 1,110,525
	Huntsman International LLC	Bonds	11/15/20	4.875%	470,000	482,731 486,450
	IAC/Interactive Corporation	Bonds	11/30/18	4.875%	310,000	310,000 323,175
	Iasis Healthcare	Notes	05/15/19	8.375%	1,530,000	1,609,628 1,631,363
	IBM Corporation	Notes	05/15/20	1.625%	275,000	272,935 265,012
	Icahn Enterprises Financial	Bonds	03/15/17	3.500%	1,050,000	1,053,431 1,061,813
	Icahn Enterprises Financial	Bonds	03/15/19	4.875%	560,000	564,844 576,800
	ING US, Incorporated	Notes	07/15/22	5.500%	400,000	404,789 458,128
	Inmarsat Finance PLC	Bonds	05/15/22	4.875%	555,000	550,510 560,550
	Integra Telecom	Bonds	04/15/16	0.000%	400,950	395,855 400,950
	Intelsat Luxembourg SA	Bonds	06/01/21	7.750%	665,000	671,663 704,069
	Intelsat Luxembourg SA	Bonds	06/01/23	8.125%	310,000	311,277 335,188
	Intelsat Jackson Holdings	Bonds	-	0.000%	755,000	755,944 755,000
	Intelsat Jackson Holdings	Bonds	11/01/19	8.500%	840,000	910,795 892,500
	Intelsat Jackson Holdings	Bonds	08/01/23	5.500%	1,260,000	1,260,000 1,253,700
	International Lease Finance Corporation	Notes	05/15/19	6.250%	670,000	700,087 750,400
	International Lease Finance Corporation	Notes	04/15/18	3.875%	290,000	282,488 297,250
	International Lease Finance Corporation	Notes	09/01/17	8.875%	535,000	625,988 633,306
	International Lease Finance Corporation	Notes	01/15/22	8.625%	555,000	661,912 696,525
	International Paper Company	Bonds	06/15/44	4.800%	460,000	457,603 463,629
	Ipalco Enterprises, Incorporated	Bonds	05/01/18	5.000%	255,000	265,073 272,213
	Iron Mountain Inc	Notes	10/01/19	7.750%	650,000	699,275 710,938
	Iron Mountain Inc	Notes	08/15/21	8.375%	247,000	273,944 259,041
	Iron Mountain Inc	Bonds	08/15/24	5.750%	1,105,000	1,077,906 1,138,150
	Isle of Capri Casinos	Bonds	06/15/20	8.875%	420,000	447,874 450,450
	Isle of Capri Casinos	Bonds	03/15/21	5.875%	540,000	553,600 546,075
	Jaguar Holding Co/Merger	Bonds	12/01/19	9.500%	1,045,000	1,141,750 1,141,663
	JP Morgan Chase & Company	Notes	01/15/18	6.000%	1,350,000	1,310,796 1,545,912
	JP Morgan Chase & Company	Notes	02/01/44	4.850%	565,000	562,689 599,086
	JP Morgan Chase & Company	Notes	09/23/22	3.250%	355,000	353,632 356,619
	JP Morgan Chase Bank National	Bonds	10/01/17	6.000%	500,000	558,322 568,735
	Kommunalbanken AS	Bonds	03/27/17	Var	1,096,000	1,107,224 1,104,056
	Kommunalbanken AS	Bonds	02/20/18	Var	1,422,000	1,427,190 1,424,033
	Kommunalbanken AS	Bonds	05/02/17	Var	734,000	734,741 734,851
	Kraft Foods, Incorporated	Notes	02/09/40	6.500%	330,000	326,819 422,575
	Kraft Foods, Incorporated	Notes	06/06/22	3.500%	420,000	416,220 431,239
	Kratos Defense & Sec	Bonds	05/15/19	7.000%	345,000	341,433 358,800
	Kroger Company	Notes	04/15/42	5.000%	195,000	198,557 206,109
	Kroger Company	Notes	08/01/43	5.150%	125,000	124,581 135,036
	L Brands, Incorporated	Notes	10/15/23	5.625%	410,000	410,000 445,363
	Land Nordrhein Westfalen	Bonds	03/06/15	Var	1,900,000	1,902,517 1,901,370
	Lennar Corporation	Notes	12/15/17	4.750%	400,000	418,389 423,000
	Lennar Corporation	Notes	11/15/22	4.750%	695,000	668,569 691,525
	Leucadia National Corporation	Notes	10/18/23	5.500%	355,000	350,176 377,088
	Level 3 Communications TL B3 1L	Bonds	-	Var	960,000	960,806 960,000
	Level 3 Financing, Incorporated	Bonds	04/01/19	9.375%	993,000	1,115,789 1,089,818
	Level 3 Financing, Incorporated	Bonds	07/01/19	8.125%	1,345,000	1,429,688 1,467,731

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
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Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest			Cost	Current Value
<u>Corporate and Other Notes and Bonds (continued)</u>							
Level 3 Financing, Incorporated	Bonds	07/15/20	8.625%	575,000	\$	604,638	\$ 644,000
Liberty Mutual Group Inc	Notes	05/01/42	6.500%	185,000		184,565	232,009
Limited Brands, Incorporated	Notes	04/01/21	6.625%	122,000		134,607	138,623
Limited Brands, Incorporated	Notes	02/15/22	5.625%	245,000		255,113	265,213
Linn Energy LLC Financial Corporation	Notes	11/01/19	6.250%	2,230,000		2,211,529	2,230,000
Linn Energy LLC Linn Enery Financial	Notes	04/15/20	8.625%	1,330,000		1,407,707	1,436,400
Linn Energy LLC Linn Enery Financial	Notes	02/01/21	7.750%	1,412,000		1,466,139	1,523,195
Lockheed Martin Corporation	Notes	09/15/21	3.350%	595,000		593,394	617,919
Lstar Commercial Mortgage Trust	Bonds	01/20/41	4.205%	155,000		154,994	156,593
LYB International Finance BV	Bonds	03/15/44	4.875%	560,000		553,454	583,856
Lynx I Corporation	Notes	04/15/21	5.375%	375,000		375,000	393,750
Macquarie Group Limited	Bonds	01/31/17	Var	1,160,000		1,160,000	1,161,473
Macys Retail Holdings, Incorporated	Bonds	01/15/42	5.125%	55,000		54,916	58,340
Macys Retail Holdings, Incorporated	Bonds	02/15/23	2.875%	300,000		299,586	287,967
Manitowoc Companu Incorporated	Notes	11/01/20	8.500%	440,000		468,333	490,600
Markwest Energy Partners	Bonds	07/15/23	4.500%	620,000		631,225	632,400
Mass Mutual Life Insurance Company	Notes	06/01/39	8.875%	265,000		313,269	422,031
Master Resecuritization Trust	Bonds	06/27/36	6.000%	458,765		426,651	402,245
Medtronic, Incorporated	Bonds	03/15/24	3.625%	470,000		469,088	482,074
Met Transportation Authority NY	Bonds	11/15/43	5.000%	145,000		146,936	157,180
Mex Bonos Desarr Fixed Rate	Bonds	11/13/42	7.750%	724,100		6,150,170	6,334,427
MGM Resorts International	Bonds	02/01/19	8.625%	630,000		747,256	750,488
MGM Resorts International	Notes	03/15/22	7.750%	190,000		195,974	222,775
Miami Dade County Florida	Bonds	07/01/42	5.000%	975,000		986,388	1,055,087
Michaels Finance Company	Bonds	08/01/18	7.500%	250,000		250,996	255,313
Midamerican Energy Company	Notes	10/15/36	5.800%	875,000		668,579	1,083,618
Mohegan Tribal Gaming	Bonds	09/15/18	11.000%	410,000		336,546	413,075
Mohegan Tribal Gaming	Bonds	09/01/21	9.750%	1,480,000		1,547,769	1,642,800
Monsanto Company	Bonds	07/15/64	4.700%	355,000		351,745	356,370
Morgan Stanley	Notes	01/09/17	5.450%	245,000		251,495	269,892
Morgan Stanley	Notes	02/25/23	3.750%	435,000		432,895	442,517
Morgan Stanley	Notes	05/13/19	7.300%	100,000		114,477	122,275
Morgan Stanley	Notes	07/24/42	6.375%	185,000		226,396	234,735
MPH Acquisition Holdings	Bonds	-	4.000%	812,227		795,067	812,227
MPH Acquisition Holdings	Bonds	04/01/22	6.625%	420,000		420,000	439,950
MPT Oper Partnership	Bonds	05/01/24	5.500%	460,000		473,838	472,650
MTR Gaming Group, Incorporated	Bonds	08/01/19	11.500%	830,000		936,069	932,713
Municipal Elec Authority GA	Bonds	04/01/57	6.637%	195,000		221,995	237,791
Municipal Elec Authority GA	Bonds	04/01/57	6.637%	275,000		299,377	335,346
Municipal Elec Authority GA	Bonds	04/01/57	6.655%	540,000		541,134	648,664
Mylan, Incorporated	Notes	03/28/19	2.550%	330,000		329,188	332,419
Navistar International Group	Notes	08/17/17	Var	638,212		643,181	645,392
NCUA Guaranteed Notes	Notes	10/29/20	2.650%	434,725		433,863	446,237
New York Life Insurance	Notes	11/15/39	6.750%	195,000		253,453	261,688
New York Life Global Funding	Bonds	01/02/19	2.100%	310,000		309,644	309,740
New York State Thruway Authority	Bonds	01/01/41	5.000%	310,000		323,017	337,376
Newfield Exploration Co	Notes	01/30/22	5.750%	2,007,000		2,136,018	2,217,735
Newfield Exploration Co	Notes	07/01/24	5.625%	700,000		724,973	768,250
Nielsen Finance LLC	Bonds	04/15/22	5.000%	675,000		677,988	680,063
Nisource Finance Corporation	Bonds	02/15/44	4.800%	170,000		169,810	171,870
Noble Energy Inc	Bonds	03/01/41	6.000%	185,000		183,772	222,614
Noble Energy Inc	Bonds	12/15/21	4.150%	305,000		304,799	327,921
Nordstrom, Incorporated	Notes	01/15/44	5.000%	520,000		516,521	569,977

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b)					(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest			Cost	Current Value
<u>Corporate and Other Notes and Bonds (continued)</u>							
Northrop Grumman Corporation	Notes	08/01/23	3.250%	1,270,000	\$	1,263,167	\$ 1,260,500
Northwestern Mutual Life	Notes	03/30/40	6.063%	425,000		489,851	527,153
NRG Energy, Incorporated	Notes	09/01/20	8.250%	1,470,000		1,596,544	1,605,975
NRG Energy, Incorporated	Notes	01/15/18	7.625%	445,000		484,364	510,638
NRG Energy, Incorporated	Notes	05/15/21	7.875%	1,740,000		1,841,722	1,929,225
NRG Energy, Incorporated	Notes	07/15/22	6.250%	865,000		865,000	921,225
Numericalbe Group SA	Bonds	05/15/19	4.875%	925,000		925,000	949,281
Numericalbe Group SA	Bonds	05/15/22	6.000%	1,110,000		1,111,813	1,154,400
Numericalbe Group SA	Bonds	05/15/24	6.250%	260,000		260,000	271,375
Nuveen Investments	Bonds	-	Var	750,000		752,812	750,000
Ohio State Turnpike Commission	Bonds	02/15/39	5.250%	80,000		82,535	89,206
Oracle Corporation	Notes	10/15/17	1.200%	795,000		793,601	793,935
Oracle Corporation	Notes	10/15/22	2.500%	340,000		339,585	325,285
Oracle Corporation	Bonds	07/08/24	3.400%	605,000		603,627	605,000
Oracle Corporation	Notes	10/08/19	2.250%	735,000		734,177	735,000
Orlando & Orange County Florida	Bonds	07/01/35	5.000%	575,000		580,785	631,333
Pacific Gas & Electric	Notes	11/30/17	5.625%	480,000		447,220	542,770
Party City Holdings, Incorporated	Bonds	08/01/20	8.875%	200,000		201,250	221,500
PCCW Limited	Bonds	-	0.000%	311,918		133,125	107,612
Peabody Energy Corporation	Bonds	-	Var	584,065		580,948	584,065
Pemex Project Funding Master Trust	Bonds	06/15/35	6.625%	475,000		502,664	559,313
Pennsylvania State Turnpike Commission	Bonds	12/01/43	5.000%	210,000		206,126	229,270
Petroleos Mexicanos	Notes	01/23/45	6.375%	340,000		337,457	394,825
Philadelphia PA Authority	Bonds	04/15/26	3.964%	440,000		440,000	436,819
Pinnacle Entertainment	Bonds	04/01/22	7.750%	635,000		669,408	690,563
Pinnacle Entertainment	Bonds	08/01/21	6.375%	515,000		516,600	543,325
Playa Pacific Partners, LLC	Bonds	n/a	Second Lien Bd	23,910,000		23,910,000	-
PNC Bank NA	Bonds	07/02/19	2.250%	280,000		279,126	281,495
Post Holdings, Incorporated	Bonds	12/15/22	6.000%	240,000		240,000	244,800
Proctor & Gamble Profit Sh Tr & Emp	Bonds	01/01/21	9.360%	447,923		568,345	563,966
Prudential Financial, Incorporated	Bonds	09/17/15	4.750%	190,000		196,308	199,409
PQ Corporation	Bonds	05/01/18	8.750%	700,000		715,890	760,375
PSEG Power LLC	Notes	09/15/16	2.750%	185,000		184,530	192,058
Public Service New Hamp	Notes	11/01/23	3.500%	160,000		159,414	164,936
Rabobank Nederland Utrac	Notes	02/08/22	3.875%	145,000		143,872	153,600
Range Resources Corp	Bonds	06/01/21	5.750%	345,000		362,304	372,600
Range Resources Corp	Bonds	08/15/22	5.000%	328,000		335,326	347,680
Realogy Corporation	Bonds	01/15/20	7.625%	350,000		379,381	385,875
Realogy Corporation	Bonds	03/05/20	3.750%	532,900		524,413	532,900
Regency Energy Partners	Bonds	12/01/18	6.875%	825,000		870,915	869,344
Regency Energy Partners	Bonds	07/15/21	6.500%	230,000		247,675	250,700
Regency Energy Partners	Bonds	04/15/23	5.500%	325,000		335,000	339,625
Regency Energy Partners	Bonds	11/01/23	4.500%	400,000		385,588	396,000
Regency Energy Partners	Bonds	03/01/22	5.875%	355,000		349,402	385,619
Republic of Poland	Bonds	01/22/24	4.000%	790,000		783,633	819,625
Reynolds Group ISS	Bonds	02/15/21	6.875%	465,000		483,414	501,795
Reynolds Group ISS	Bonds	02/15/21	8.250%	300,000		310,875	326,250
Reynolds Group ISS	Bonds	08/15/19	7.875%	1,175,000		1,266,147	1,279,281
Reynolds Group ISS	Bonds	08/15/19	9.875%	1,830,000		1,935,235	2,026,725
Reynolds Group ISS	Bonds	10/15/20	5.875%	110,000		113,118	116,050
Rio Tinto Fin USA LTD	Bonds	03/22/22	3.500%	260,000		258,632	266,794
Rio Tinto Fin USA LTD	Bonds	08/21/22	2.875%	80,000		77,306	78,115
Rite Aid Corporation	Bonds	03/15/20	9.250%	405,000		452,781	461,700

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			Plan No.	001	
(a)	(b)						(e)
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	(d) Cost	Current Value	
<u>Corporate and Other Notes and Bonds (continued)</u>							
	Rite Aid Corporation	Bonds	08/15/20	8.000%	1,073,000 \$	1,224,683 \$	1,180,300
	Rogers Communications, Incorporated	Bonds	03/15/44	5.000%	280,000	277,847	291,987
	Rosetta Resources, Incorporated	Bonds	05/01/21	5.625%	600,000	605,425	617,250
	Rosetta Resources, Incorporated	Bonds	06/01/22	5.875%	625,000	626,575	653,125
	Rosetta Resources, Incorporated	Bonds	06/01/24	5.875%	175,000	175,000	182,000
	Rosetta Resources, Incorporated	Bonds	12/01/42	5.400%	345,000	345,648	344,000
	Rowan Companies, Incorporated	Bonds	01/15/44	5.850%	205,000	204,943	221,300
	Royal Bank of Canada	Bonds	10/01/19	2.000%	1,100,000	1,099,164	1,114,542
	RR Donnelley & Sons Co	Notes	03/15/21	7.875%	525,000	524,204	603,750
	RSB Bondco LLC	Bonds	04/01/17	5.820%	455,000	523,605	503,116
	RSC Equipment Rent RSC Holdings	Notes	02/01/21	8.250%	840,000	931,371	934,500
	Ryland Group Company	Notes	10/01/22	5.375%	285,000	274,156	282,863
	Sandridge Energy Inc	Notes	03/15/21	7.500%	1,870,000	1,952,921	2,026,613
	Sandridge Energy Inc	Notes	10/15/22	8.125%	165,000	180,413	181,706
	Sandridge Energy Inc	Notes	02/15/23	7.500%	385,000	400,819	417,725
	Santander Drive Auto Receivable	Bonds	06/17/19	2.250%	635,000	635,005	640,867
	Santander Drive Auto Receivable	Bonds	04/15/19	1.810%	170,000	170,983	171,044
	Santander Drive Auto Receivable	Bonds	04/15/20	2.360%	625,000	624,896	635,281
	Santander Drive Auto Receivable	Bonds	11/15/19	2.330%	380,000	379,885	383,713
	Santander Drive Auto Receivable	Bonds	08/17/20	2.130%	550,000	549,894	550,688
	SBA Telecommunications	Notes	07/15/20	5.750%	165,000	165,000	174,900
	Sears Holding Corporation	Bonds	10/15/18	6.625%	783,000	718,352	721,339
	Service Corp International	Bonds	05/15/24	5.375%	345,000	345,000	352,763
	Service Master Company	Bonds	02/15/20	8.000%	1,840,000	1,881,550	1,982,600
	Service Master Company	Bonds	08/15/20	7.000%	1,120,000	1,130,091	1,191,400
	Shell International Finance	Bonds	08/12/23	3.400%	320,000	319,328	326,641
	Signet UK Finance PLC	Bonds	06/15/24	4.700%	180,000	179,278	182,903
	SLM Corporation	Notes	01/15/19	5.500%	660,000	654,050	701,250
	SLM Corporation	Notes	06/17/19	4.875%	1,740,000	1,731,370	1,793,244
	SLM Corporation	Notes	03/25/24	6.125%	1,115,000	1,107,029	1,130,331
	Small Business Administration	Bonds	07/01/26	6.070%	11,223	1	12,588
	Societe Generale	Bonds	01/17/24	5.000%	1,110,000	1,099,932	1,160,882
	Sophia LP/Fin Incorporated	Bonds	01/15/19	9.750%	1,160,000	1,240,891	1,276,000
	Sophia LP/Fin Incorporated	Bonds	12/01/18	9.625%	585,000	586,425	608,400
	Sophia LP/Fin Incorporated	Bonds	07/31/18	6.250%	203,713	202,882	203,713
	Southern Cal Edison	Bonds	10/01/23	3.500%	360,000	359,366	373,216
	Sprint Cap Corporation	Notes	11/15/28	6.875%	720,000	661,447	727,200
	Sprint Cap Corporation	Notes	03/15/32	8.750%	1,045,000	1,103,630	1,206,975
	Sprint Corporation	Bonds	09/15/21	7.250%	676,000	676,531	745,290
	Sprint Corporation	Bonds	09/15/23	7.875%	680,000	680,000	756,500
	Sprint Corporation	Bonds	06/15/24	7.125%	825,000	825,000	874,500
	Sprint Corporation	Bonds	08/15/20	7.000%	420,000	450,500	464,625
	Sprint Nextel Corporation	Bonds	11/15/18	9.000%	245,000	287,313	297,063
	Standard Chartered PLC	Bonds	03/26/44	5.700%	280,000	279,440	293,485
	Standard Pacific Corporation	Notes	01/15/21	8.375%	245,000	262,017	290,325
	Stations Casinos	Notes	-	5.000%	521,193	514,398	521,193
	Stations Casinos	Notes	03/01/21	7.500%	1,025,000	1,029,638	1,119,813
	Statoil ASA	Bonds	11/08/20	2.900%	365,000	364,909	375,256
	Structured Agency Credit Risk	Bonds	04/25/24	1.004%	483,443	483,443	484,333
	Suburban Propane Partners LP	Notes	08/01/21	7.375%	319,000	367,177	346,913
	Sungard Data Systems, Incorporated	Bonds	11/15/18	7.375%	72,000	72,146	76,050
	Sungard Data Systems, Incorporated	Bonds	11/15/20	7.625%	375,000	408,507	408,750
	Sungard Data Systems, Incorporated	Bonds	11/01/19	6.625%	940,000	952,813	989,350

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

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Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

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Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		(d) Cost	Current Value	
Corporate and Other Notes and Bonds (continued)							
Swedish Export Credit	Bonds	11/09/17	0.611%	1,920,000	\$ 1,941,504	\$ 1,936,685	
Syniverse Holdings Inc	Bonds	01/15/19	9.130%	330,000	349,297	353,513	
Taylor Morrison Comm	Bonds	04/15/21	5.250%	690,000	681,819	700,350	
TCI Communications, Incorporated	Bonds	08/01/15	8.750%	1,045,000	1,231,292	1,138,747	
Telecom Italia Capital	Bonds	09/30/34	6.000%	140,000	140,900	140,350	
Telecom Italia Capital	Bonds	05/30/24	5.303%	220,000	220,825	220,825	
Tenet Healthcare Corporation	Notes	11/01/18	6.250%	625,000	692,875	693,750	
Tenet Healthcare Corporation	Notes	02/01/20	6.750%	470,000	496,912	510,538	
Tenet Healthcare Corporation	Notes	04/01/22	8.125%	1,480,000	1,480,000	1,713,100	
Tenet Healthcare Corporation	Notes	03/01/19	5.000%	280,000	280,000	283,850	
Tenet Healthcare Corporation	Notes	11/15/31	6.875%	180,000	172,500	174,150	
Tennessee Valley Authority	Bonds	12/15/42	3.500%	570,000	502,603	523,163	
Terex Corporation	Notes	04/01/20	6.500%	335,000	351,157	363,643	
Terex Corporation	Notes	05/15/21	6.000%	215,000	215,000	231,662	
Texas Instruments, Incorporated	Bonds	03/12/21	2.750%	240,000	238,306	242,520	
THC Escrow Corporation	Notes	10/01/20	6.000%	530,000	530,000	575,050	
The Mohegan Tribal Gaming	Bonds	-	0.000%	872,813	872,813	872,813	
Thermo Fisher Scientific	Bonds	03/01/16	3.200%	330,000	334,361	342,814	
Thornburg Mortgage Secs Trust	Bonds	04/25/45	4.759%	280,228	280,929	284,365	
Time Warner Cable, Incorporated	Bonds	09/01/41	5.500%	185,000	181,700	206,958	
Time Warner Cable, Incorporated	Bonds	11/15/40	5.875%	290,000	301,084	338,273	
Time Warner, Incorporated	Bonds	04/15/31	7.625%	115,000	132,704	158,011	
Time Warner, Incorporated	Notes	05/15/29	6.625%	290,000	218,944	369,544	
Time Warner, Incorporated	Bonds	06/01/24	3.550%	280,000	279,742	278,004	
T-Mobile USA, Incorporated	Bonds	04/28/21	6.633%	645,000	645,000	698,213	
T-Mobile USA, Incorporated	Bonds	04/28/23	6.836%	325,000	318,500	353,844	
T-Mobile USA, Incorporated	Bonds	04/28/20	6.542%	970,000	970,000	1,047,600	
T-Mobile USA, Incorporated	Bonds	04/28/22	6.731%	550,000	544,500	593,313	
T-Mobile USA, Incorporated	Bonds	01/15/22	6.125%	240,000	240,000	254,700	
T-Mobile USA, Incorporated	Bonds	01/15/24	6.500%	325,000	325,000	347,344	
Total Capital Intl SA	Bonds	06/19/21	2.750%	440,000	439,168	440,964	
Toyota Auto Receivables	Bonds	08/15/16	0.410%	370,000	369,998	370,237	
Toyota Auto Receivables	Bonds	12/15/16	0.400%	280,000	279,976	279,913	
Toyota Auto Receivables	Bonds	02/15/16	0.480%	227,014	227,001	227,113	
Trans-Canada Pipelines	Bonds	03/01/34	4.625%	410,000	408,147	434,858	
TSMC Global LTD	Bonds	04/03/18	1.625%	435,000	434,709	428,666	
TW Telecom Holdings, Incorporated	Bonds	10/01/22	5.375%	565,000	543,813	617,969	
Union Pacific Corporation	Bonds	06/15/44	4.850%	235,000	233,527	259,835	
United Business Media LT	Bonds	11/03/20	5.750%	455,000	442,973	489,666	
United Rentals NA	Notes	09/15/20	8.375%	375,000	418,197	414,375	
United Surgical Partners	Bonds	04/01/19	6.000%	733,931	736,501	733,931	
United Surgical Partners	Bonds	04/01/20	9.000%	1,385,000	1,500,812	1,528,694	
University of California	Bonds	05/15/38	5.000%	185,000	194,509	206,904	
University of Illinois	Bonds	04/01/44	5.000%	665,000	684,119	721,020	
Univision Communication	Bonds	05/15/19	6.875%	1,095,000	1,119,950	1,168,913	
Univision Communication	Bonds	-	0.000%	361,994	361,367	361,994	
UPCB Finance III LTD	Bonds	07/01/20	6.625%	570,000	606,155	607,050	
US Coat Acquisitions	Bonds	05/01/21	7.375%	295,000	295,000	321,550	
USG Corporation	Notes	01/15/18	7.750%	1,020,000	1,119,813	1,221,450	
US West Communications	Bonds	09/15/33	6.875%	995,000	984,934	1,000,950	
Valeant Pharmaceuticals	Notes	12/01/21	5.625%	215,000	222,458	221,181	
Valeant Pharmaceuticals	Notes	12/01/18	6.875%	416,000	437,565	435,240	
Valero Energy Corporation	Notes	02/01/15	4.500%	65,000	64,828	66,496	

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Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest			Cost	Current Value
<u>Corporate and Other Notes and Bonds (continued)</u>							
Verizon Communications	Bonds	11/01/42	3.850%	200,000	\$	199,718	\$ 176,092
Verizon Communications	Notes	09/15/33	6.400%	515,000		514,485	630,844
Verizon Communications	Notes	09/15/43	6.550%	920,000		918,924	1,157,765
Verizon Global Funding Corporation	Notes	12/01/30	7.750%	325,000		423,313	445,712
Virginia Electric & Power Company	Bonds	08/15/43	4.650%	200,000		199,904	214,866
Vodafone Group PLC	Notes	02/19/23	2.950%	450,000		447,916	435,087
Volkswagen Auto Loan Enhanced	Bonds	07/20/16	0.420%	490,685		490,666	490,670
VPI Escrow Corporation	Bonds	10/15/20	6.375%	2,350,000		2,454,165	2,496,875
VPI Escrow Corporation	Bonds	08/15/18	6.750%	400,000		400,000	431,000
Wal-Mart Stores, Incorporated	Bonds	04/22/44	4.300%	535,000		531,517	540,355
Walter Energy, Incorporated	Bonds	04/15/21	8.500%	400,000		340,848	224,000
Walter Energy, Incorporated	Bonds	12/15/21	7.875%	960,000		965,306	1,003,200
Wellpoint, Incorporated	Notes	01/15/43	4.650%	380,000		377,800	386,354
Wells Fargo & Company	Bonds	01/22/21	3.000%	500,000		499,155	510,125
Wells Fargo & Company	Notes	04/22/19	2.125%	225,000		224,523	225,770
Wells Fargo & Company	Bonds	06/03/26	4.100%	310,000		309,681	313,906
Whiting Petroleum Corporation	Bonds	03/15/19	5.000%	495,000		495,000	520,987
Williams Companies, Incorporated	Bonds	06/24/24	4.550%	315,000		314,175	318,119
Williams Partners LP	Bonds	03/04/44	5.400%	285,000		284,077	305,757
Windstream Corporation	Bonds	06/01/22	7.500%	910,000		962,998	990,763
Windstream Corporation	Bonds	10/01/21	7.750%	280,000		290,847	305,900
Wynn Las Vegas LLC/Corp	Bonds	08/15/20	7.750%	800,000		903,313	872,000
XL Group LTD	Bonds	10/01/21	5.750%	300,000		300,000	349,818
Total Corporate and Other Notes and Bonds					\$	348,029,325	\$ 334,564,733
<u>Common & Preferred Stocks</u>							
Aareal Bank AG	Equity	N/A	N/A	8,139	\$	376,520	\$ 375,076
Abbott Laboratories, Incorporated	Equity	N/A	N/A	96,593		3,899,459	3,950,654
Abbvie, Incorporated	Equity	N/A	N/A	90,800		4,686,907	5,124,752
Acacia Research-Acacia Tec	Equity	N/A	N/A	22,772		393,599	404,203
Acadia Health Care Company, Incorporated	Equity	N/A	N/A	23,500		983,781	1,069,250
Acadia Realty Trust	Equity	N/A	N/A	44,410		1,058,813	1,247,477
Accor SA	Equity	N/A	N/A	20,623		1,021,892	1,072,802
Accuray Incorporated	Equity	N/A	N/A	234,573		1,629,855	2,064,242
Achaogen, Incorporated	Equity	N/A	N/A	12,800		153,600	178,688
ACS Actividades De Construccion	Equity	N/A	N/A	52,363		2,125,722	2,394,802
Actelion Limited	Equity	N/A	N/A	1,560		196,104	197,808
Actuant Corporation Class A	Equity	N/A	N/A	26,940		539,710	931,316
Acuity Brands, Incorporated	Equity	N/A	N/A	16,790		683,828	2,321,218
Addeco SA	Equity	N/A	N/A	18,307		1,315,273	1,507,004
Adidas AG	Equity	N/A	N/A	13,412		1,420,818	1,361,769
Adobe Systems, Incorporated	Equity	N/A	N/A	85,280		5,383,832	6,170,861
Aegon NV	Equity	N/A	N/A	244,410		2,690,636	2,148,364
Aeon Company Limited	Equity	N/A	N/A	7,700		87,699	94,706
AES Corporation	Equity	N/A	N/A	299,600		3,756,102	4,658,780
Aecom Technology Corporation	Equity	N/A	N/A	15,500		457,301	499,100
Aerie Pharmaceuticals, Incorporated	Equity	N/A	N/A	36,500		389,243	904,105
Aerohive Networks, Incorporated	Equity	N/A	N/A	29,600		292,739	243,312
Aeropostale, Incorporated	Equity	N/A	N/A	44,610		484,077	155,689
Aetna, Incorporated	Equity	N/A	N/A	13,600		460,212	1,102,688
Affiliated Managers Group, Incorporated	Equity	N/A	N/A	34,700		5,850,058	7,127,380
Aflac, Incorporated	Equity	N/A	N/A	16,600		352,357	1,033,350

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a)		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			(d)		(e)
(a)	(b)	(c)	Maturity Date	Rate of Interest	(d)	Cost	Current Value
Identity of issuer, borrower, lessor or similar party	Description						
<u>Common & Preferred Stocks (continued)</u>							
African Barrick Gold PLC	Equity	N/A	N/A	43,000	\$	283,842	\$ 151,374
Agco Corporation	Equity	N/A	N/A	30,400		1,395,692	1,709,088
Agiou Pharmaceuticals, Incorporated	Equity	N/A	N/A	8,874		231,820	406,607
AGL Energy Limited	Equity	N/A	N/A	7,281		102,718	106,958
AIA Group Limited	Equity	N/A	N/A	388,400		1,393,318	1,973,072
AIN Pharmaciez	Equity	N/A	N/A	7,200		353,947	347,189
Air New Zealand	Equity	N/A	N/A	203,792		350,248	371,134
Aircastle Limited	Equity	N/A	N/A	39,300		473,840	698,361
Aisin Seiki Company, Limited	Equity	N/A	N/A	17,500		603,429	696,165
AK Steel Holding Corporation	Equity	N/A	N/A	34,900		188,984	277,804
Akamai Technologies	Equity	N/A	N/A	135,000		6,130,026	8,243,100
Alamo Group Incorporated	Equity	N/A	N/A	8,215		231,009	444,349
Alapis Holding Industrial	Equity	N/A	N/A	357		6,786	15
Alaska Air Group, Incorporated	Equity	N/A	N/A	6,800		670,236	646,340
Albany International Corporation Class A	Equity	N/A	N/A	23,188		438,272	880,216
Albany Molecular Resh, Incorporated	Equity	N/A	N/A	119,034		2,349,195	2,394,964
Alexander & Bladwin, Incorporated	Equity	N/A	N/A	43,050		1,540,471	1,784,423
Alexion Pharmaceuticals, Incorporated	Equity	N/A	N/A	52,823		7,955,986	8,253,594
Alfresa Holdings Corporation	Equity	N/A	N/A	3,500		176,791	225,606
Align Technology Incorporated	Equity	N/A	N/A	70,100		2,548,030	3,928,404
Allergan, Incorporated	Equity	N/A	N/A	14,946		2,427,342	2,529,162
Allete, Incorporated	Equity	N/A	N/A	50,845		2,068,957	2,610,891
Alliance Data Systems Corporation	Equity	N/A	N/A	20,308		639,569	5,711,625
Allianz SE	Equity	N/A	N/A	15,783		2,537,732	2,639,707
Alliant Techsystems, Incorporated	Equity	N/A	N/A	19,780		1,971,217	2,648,938
Allied World Assurance Holdings	Equity	N/A	N/A	23,670		675,022	899,933
Allscripts Healthcare Solutions Incorporated	Equity	N/A	N/A	94,565		1,128,911	1,517,768
Allstate Corporation	Equity	N/A	N/A	264,828		9,327,796	15,550,700
Alon Usa Energy, Incorporated	Equity	N/A	N/A	28,400		489,100	353,296
Alstom	Equity	N/A	N/A	19,500		718,170	708,825
Alten Boulogne Billancourt	Equity	N/A	N/A	8,700		448,118	413,438
Altra Industrial Motion Corporation	Equity	N/A	N/A	61,538		1,086,831	2,239,368
Amadeus IT Holding SA	Equity	N/A	N/A	10,733		406,910	442,665
Amazon Com, Incorporated	Equity	N/A	N/A	41,601		12,169,933	13,511,173
Ambarella, Incorporated	Equity	N/A	N/A	175,090		3,729,277	5,459,306
AMC Entertainemnt Holdings Class A	Equity	N/A	N/A	11,855		213,390	294,834
Amcor Limited	Equity	N/A	N/A	142,286		1,077,718	1,399,380
Amdocs Limited	Equity	N/A	N/A	59,720		1,991,832	2,766,828
Amec PLC	Equity	N/A	N/A	31,600		504,227	665,180
Amerco	Equity	N/A	N/A	4,000		366,999	1,163,040
American Airlines Group, Incorporated	Equity	N/A	N/A	55,700		1,886,040	2,392,872
American Campus Communities, Inc.	Equity	N/A	N/A	24,888		725,913	951,717
American Capital Mortgage	Equity	N/A	N/A	73,355		1,488,565	1,468,567
American Electric Power, Incorporated	Equity	N/A	N/A	197,920		9,186,788	11,037,998
American Eagle Energy Corporation	Equity	N/A	N/A	119,090		783,656	713,349
American Express Company	Equity	N/A	N/A	58,000		5,137,161	5,502,460
American Financial Group, Incorporated	Equity	N/A	N/A	47,900		2,074,775	2,852,924
American International Group, Incorporated	Equity	N/A	N/A	179,311		8,240,562	9,786,794
American Tower Corporation	Equity	N/A	N/A	37,511		3,303,594	3,375,240
American Woodmark Corporaiton	Equity	N/A	N/A	51,979		1,793,860	1,656,571
Ameriprise Financial, Incorporated	Equity	N/A	N/A	35,900		2,177,475	2,758,000
Ameris Bancorp	Equity	N/A	N/A	95,885		1,370,126	2,067,281
Amerisourcebergen Corporation	Equity	N/A	N/A	46,400		2,218,054	3,371,424

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a)		(b)			(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value		(d)		(e)	
Identity of issuer, borrower, lessor or similar party		Description	Maturity Date	Rate of Interest			Cost		Current Value	
<u>Common & Preferred Stocks (continued)</u>										
Amkor Technology, Incorporated		Equity	N/A	N/A	125,500	\$	582,026	\$	1,403,090	
AMP Limited		Equity	N/A	N/A	5,393		30,482		26,952	
Anacor Pharmaceuticals, Incorporated		Equity	N/A	N/A	40,182		228,095		712,427	
Anadarko Petroleum Corporation		Equity	N/A	N/A	54,488		7,846,838		8,581,134	
Anglo American PLC		Equity	N/A	N/A	38,018		898,811		930,410	
Anheuser Busch Inbev		Equity	N/A	N/A	13,570		321,944		1,558,979	
Antero Resources Corporation		Equity	N/A	N/A	40,118		2,196,379		2,632,944	
AON PLC		Equity	N/A	N/A	43,600		3,224,892		3,927,924	
Aoyama Trading Company Limited		Equity	N/A	N/A	4,600		117,186		125,869	
Aozara Bank LTD		Equity	N/A	N/A	163,000		516,053		535,797	
AP Moller - Maersk A/S		Equity	N/A	N/A	625		1,232,059		1,535,221	
APN News & Media Limited		Equity	N/A	N/A	34,142		20,802		24,950	
Aperam		Equity	N/A	N/A	14,289		335,941		482,300	
Apogee Enterprises, Incorporated		Equity	N/A	N/A	33,732		958,255		1,175,898	
Apple, Incorporated		Equity	N/A	N/A	1,093,808		18,647,344		23,865,167	
Applied Industrial Technologies, Incorporated		Equity	N/A	N/A	21,600		607,988		1,095,768	
Applied Micro Circuits Corporation		Equity	N/A	N/A	131,105		1,488,923		1,417,245	
Applied Optoelectronics, Incorporated		Equity	N/A	N/A	84,597		1,562,219		1,962,650	
Arcelormittal		Equity	N/A	N/A	78,963		1,230,569		1,172,206	
Archer Daniels Midland Company		Equity	N/A	N/A	29,500		776,719		1,301,245	
Ardent Leisure Group		Equity	N/A	N/A	17,057		43,638		43,587	
Arctic Cat, Incorporated		Equity	N/A	N/A	29,950		1,310,366		1,180,629	
Arena Pharmaceuticals, Incorporated		Equity	N/A	N/A	112,030		691,433		656,496	
Ares Capital Corporation		Equity	N/A	N/A	48,245		658,707		861,656	
Argo Group International		Equity	N/A	N/A	11,900		534,280		608,209	
Arkema		Equity	N/A	N/A	13,612		1,104,248		1,324,854	
Aratana Therapeutics, Incorporated		Equity	N/A	N/A	53,160		552,249		829,828	
Arm Holdings PLC		Equity	N/A	N/A	211,782		9,192,511		9,581,018	
Armstrong World Industries		Equity	N/A	N/A	15,049		696,804		864,264	
Arrow Electronics, Incorporated		Equity	N/A	N/A	29,200		1,545,481		1,765,180	
Arrium Limited		Equity	N/A	N/A	533,027		1,123,035		399,578	
Artel Solutions Group Holdings		Equity	N/A	N/A	510,000		41,519		45,395	
Aruba Networks, Incorporated		Equity	N/A	N/A	124,320		2,429,559		2,178,086	
Asahi Breweries Limited		Equity	N/A	N/A	1,200		27,199		37,668	
Asahi Glass Company Limited		Equity	N/A	N/A	50,000		323,985		294,655	
Asahi Kasei Corporation		Equity	N/A	N/A	17,000		101,674		130,053	
Asbury Automotive Group		Equity	N/A	N/A	53,439		2,828,726		3,673,397	
Ascendas Real Estate Investment Trust		Equity	N/A	N/A	93,000		161,215		284,144	
Ashland, Incorporated		Equity	N/A	N/A	54,800		4,990,816		5,850,212	
Aspen Insurance Holdings Limited		Equity	N/A	N/A	15,400		420,343		699,468	
Associated British Foods PLC		Equity	N/A	N/A	22,014		598,307		1,148,697	
Assurant, Incorporated		Equity	N/A	N/A	48,210		2,466,898		3,160,166	
Astellas Pharma, Incorporated		Equity	N/A	N/A	143,000		1,302,878		1,878,811	
Astrazeneca PLC		Equity	N/A	N/A	72,415		4,088,377		5,368,124	
AT&T, Incorporated		Equity	N/A	N/A	255,535		7,950,322		9,035,718	
Athlon Energy, Incorporated		Equity	N/A	N/A	51,315		1,533,148		2,447,726	
Atwood Oceanics, Incorporated		Equity	N/A	N/A	8,800		259,998		461,824	
Aurubis AG		Equity	N/A	N/A	10,200		409,123		523,185	
Ausdrill Limited		Equity	N/A	N/A	105,700		379,819		85,217	
Auspex Pharmaceuticals, Incorporated		Equity	N/A	N/A	2,500		30,000		55,675	
Aust & NZ Banking Group Limited		Equity	N/A	N/A	67,535		1,486,432		2,123,165	
Australand Property Group		Equity	N/A	N/A	32,226		93,806		134,921	
Autodesk, Incorporated		Equity	N/A	N/A	198,000		7,802,172		11,163,240	

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			Plan No.	001
(a)	(b)				(e)	
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	(d) Cost	Current Value	
<u>Common & Preferred Stocks (continued)</u>						
Autoliv, Incorporated	Equity	N/A	N/A	13,000 \$	657,852 \$ 1,385,540	
Auxilium Pharmaceuticals Incorporated	Equity	N/A	N/A	19,900	348,602 399,194	
Avalonbay Communities, Incorporated	Equity	N/A	N/A	20,400	2,436,987 2,900,676	
Avanir Pharmaceuticals Class A	Equity	N/A	N/A	62,600	213,788 353,064	
Avis Budget Group, Incorporated	Equity	N/A	N/A	37,514	1,531,415 2,239,211	
Avista Corporation	Equity	N/A	N/A	27,800	768,493 931,856	
Avnet, Incorporated	Equity	N/A	N/A	29,000	1,081,896 1,284,990	
AVX Corporation	Equity	N/A	N/A	28,200	374,036 374,496	
AXA	Equity	N/A	N/A	74,722	1,316,837 1,779,504	
Axis Capital Holdings LTD	Equity	N/A	N/A	40,740	1,793,794 1,803,967	
AZZ, Incorporated	Equity	N/A	N/A	10,923	225,324 503,332	
Babcock & Wilcox Company	Equity	N/A	N/A	20,101	674,177 652,478	
Bae Systems PLC	Equity	N/A	N/A	208,300	1,091,692 1,553,918	
Baker Hughes, Incorporated	Equity	N/A	N/A	58,700	4,101,517 4,370,215	
Baloise Holding AG	Equity	N/A	N/A	9,100	516,915 1,072,339	
Banca Popolare Di Milano	Equity	N/A	N/A	602,375	406,650 540,264	
Banco Bilbao Vizcaya Argenta	Equity	N/A	N/A	54,459	494,262 698,164	
Banco Latinoamericano De Comerico	Equity	N/A	N/A	29,200	535,039 866,364	
Banco Santander S.A.	Equity	N/A	N/A	105,217	976,755 1,085,839	
Bancorsouth, Incorporated	Equity	N/A	N/A	46,283	586,156 1,137,173	
Bank Hapolim Limited	Equity	N/A	N/A	127,000	485,979 734,278	
Bankia SA	Equity	N/A	N/A	109,752	202,528 213,672	
Bank of Queensland	Equity	N/A	N/A	36,250	286,414 416,678	
Bankrate, Incorporated	Equity	N/A	N/A	39,045	699,164 684,849	
Barclays PLC	Equity	N/A	N/A	737,909	3,979,840 2,671,231	
Barnes & Noble, Incorporated	Equity	N/A	N/A	28,382	449,772 646,826	
Barratt Developments PLC	Equity	N/A	N/A	153,756	487,709 983,340	
BASF SE	Equity	N/A	N/A	18,336	930,949 2,147,787	
Bayer AG	Equity	N/A	N/A	12,651	1,168,666 1,778,098	
Bayerische Moteren Werke AG	Equity	N/A	N/A	16,512	1,773,682 2,097,406	
B/E Aerospace, Incorporated	Equity	N/A	N/A	32,200	2,736,838 2,978,178	
Belden, Incorporated	Equity	N/A	N/A	15,581	545,379 1,217,811	
Bellway PLC	Equity	N/A	N/A	13,000	344,571 348,405	
Bemis Company	Equity	N/A	N/A	64,900	2,033,797 2,638,834	
Bendigo and Adelaide Bank	Equity	N/A	N/A	101,310	862,182 1,165,471	
Berkshire Hills Bancorp, Incorporated	Equity	N/A	N/A	15,066	366,408 349,833	
Berkeley Group Holding	Equity	N/A	N/A	8,778	300,124 363,246	
BG Group PLC	Equity	N/A	N/A	107,202	2,013,229 2,265,786	
B&G Foods, Incorporated	Equity	N/A	N/A	9,050	273,735 295,845	
BHP Billington Limited	Equity	N/A	N/A	31,636	933,994 1,078,788	
BHP Billiton PLC	Equity	N/A	N/A	85,951	2,705,391 2,779,374	
Bio Reference Labs, Incorporated	Equity	N/A	N/A	18,807	485,613 568,348	
Biocryst Pharmaceuticals, Incorporated	Equity	N/A	N/A	69,590	456,688 887,273	
Biomarin Pharmaceutical, Incorporated	Equity	N/A	N/A	41,587	2,605,841 2,587,127	
Biogen Idec, Incorporated	Equity	N/A	N/A	37,830	9,352,358 11,928,177	
Biomed Realty Trust, Incorporated	Equity	N/A	N/A	52,897	927,458 1,154,742	
Biotelemetry, Incorporated	Equity	N/A	N/A	388,130	3,477,858 2,782,892	
Bioscrip, Incorporated	Equity	N/A	N/A	82,994	605,016 692,170	
Black Hills Corporation	Equity	N/A	N/A	14,600	470,857 896,294	
Blackhawk Networks	Equity	N/A	N/A	2,743	65,256 73,650	
Blackrock, Incorporated	Equity	N/A	N/A	10,915	2,732,902 3,488,434	
Bloomin Brands, Incorporated	Equity	N/A	N/A	33,055	412,270 741,424	
Blucora, Incorporated	Equity	N/A	N/A	29,988	592,367 565,874	

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

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EIN: 52-6152779
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		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			Plan No.	001
(a)	(b)				(e)	
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	(d) Cost	Current Value
	<u>Common & Preferred Stocks (continued)</u>					
	Blyth, Incorporated	Equity	N/A	N/A	42,740 \$	359,773 \$ 332,517
	BNP Paribas	Equity	N/A	N/A	61,294	4,043,540 4,161,250
	Boart Longyear Limited	Equity	N/A	N/A	117,800	285,967 22,382
	Boc Hong Kong Holdings Limited	Equity	N/A	N/A	99,500	294,119 288,214
	Boeing Company	Equity	N/A	N/A	31,284	4,144,504 3,980,263
	Boise Cascade Company	Equity	N/A	N/A	37,600	946,800 1,076,864
	Boliden AB	Equity	N/A	N/A	52,600	669,107 763,231
	Bonanza Creek Energy, Incorporated	Equity	N/A	N/A	40,121	1,929,472 2,294,520
	Boston Private Financial Holdings, Inc	Equity	N/A	N/A	44,186	559,309 593,860
	Boulder Brands, Incorporated	Equity	N/A	N/A	183,736	2,269,776 2,605,376
	BP PLC	Equity	N/A	N/A	532,082	4,608,215 4,663,699
	BPZ Resources, Incorporated	Equity	N/A	N/A	394,823	1,064,571 1,216,055
	Bradken Limited	Equity	N/A	N/A	70,800	520,702 290,208
	Brady Corporation Class A	Equity	N/A	N/A	67,700	2,128,199 2,022,199
	Brambles Limited	Equity	N/A	N/A	146,144	1,293,121 1,266,443
	Brandywine Reality	Equity	N/A	N/A	93,800	1,068,157 1,463,280
	Bridge Capital Holdings	Equity	N/A	N/A	64,536	1,091,545 1,562,417
	Bridgestone	Equity	N/A	N/A	55,600	1,660,397 1,945,149
	Brightcove	Equity	N/A	N/A	139,994	1,912,557 1,475,537
	Brinker International, Incorporated	Equity	N/A	N/A	11,900	501,848 578,935
	Brinks Company	Equity	N/A	N/A	21,100	632,339 595,442
	Bristol Myers Squibb Company	Equity	N/A	N/A	134,940	6,734,427 6,545,939
	Bristow Group, Incorporated	Equity	N/A	N/A	15,199	954,448 1,225,343
	British American Tobacco PLC	Equity	N/A	N/A	13,311	697,155 795,332
	Britvic PLC	Equity	N/A	N/A	62,578	635,253 779,119
	Broadsoft, Incorporated	Equity	N/A	N/A	34,545	824,517 911,643
	Brocade Communications Systems	Equity	N/A	N/A	108,900	1,089,510 1,001,880
	Brother Industris Limited	Equity	N/A	N/A	28,600	390,502 495,464
	Brown Forman Corporation	Equity	N/A	N/A	22,500	2,004,787 2,118,825
	Brunswick Corporation	Equity	N/A	N/A	151,205	4,427,512 6,370,267
	BT Group PLC	Equity	N/A	N/A	671,426	2,982,813 4,422,777
	Bucher Industries AG	Equity	N/A	N/A	1,305	331,590 448,097
	Buffalo Wild Wings, Incorporated	Equity	N/A	N/A	10,744	895,325 1,780,388
	Builders Firstsource, Incorporated	Equity	N/A	N/A	161,110	896,738 1,205,103
	Burlington Stores, Incorporated	Equity	N/A	N/A	22,200	571,650 707,292
	CA Immobilien Anlagen AG	Equity	N/A	N/A	4,985	95,063 94,540
	CA, Incorporated	Equity	N/A	N/A	16,600	424,421 477,084
	Cabelas, Incorporated	Equity	N/A	N/A	125,100	8,415,645 7,806,240
	Cabot Corporation	Equity	N/A	N/A	56,390	2,043,269 3,270,056
	CACI International, Incorporated	Equity	N/A	N/A	8,171	533,674 573,686
	Calamp Corporation	Equity	N/A	N/A	48,640	1,111,958 1,053,542
	Calix Networks, Incorporated	Equity	N/A	N/A	73,573	612,016 601,827
	Callon Pete Company	Equity	N/A	N/A	90,075	633,244 1,049,374
	Cambrex Corporation	Equity	N/A	N/A	99,347	1,914,842 2,056,483
	Canadian Pacific Railway Limited	Equity	N/A	N/A	44,631	7,517,756 8,084,460
	Cancom AG	Equity	N/A	N/A	7,824	395,052 401,217
	Canon, Incorporated	Equity	N/A	N/A	17,350	604,373 564,489
	Capita Group PLC	Equity	N/A	N/A	62,888	745,888 1,232,317
	Capitacommercial Trust	Equity	N/A	N/A	115,000	152,159 156,789
	Capital One Financial Corporation	Equity	N/A	N/A	92,065	6,947,609 7,604,569
	Capitol Federal Financial Incorporated	Equity	N/A	N/A	50,624	577,827 615,588
	Capstead Mortgage Corporation	Equity	N/A	N/A	94,600	1,182,163 1,243,990
	Carbonite, Incorporated	Equity	N/A	N/A	39,230	495,908 469,583

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			Plan No.	001	
(a)	(b)					(e)	
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		(d) Cost	Current Value
	<u>Common & Preferred Stocks (continued)</u>						
	Cardinal Health, Incorporated	Equity	N/A	N/A	72,700	\$ 4,398,464	\$ 4,984,312
	Cardtronics, Incorporated	Equity	N/A	N/A	129,899	2,871,119	4,426,958
	Cardiovascular Systems, Incorporated	Equity	N/A	N/A	26,755	626,066	833,686
	Carillion PLC	Equity	N/A	N/A	90,200	348,615	511,110
	Carefusion Corporation	Equity	N/A	N/A	94,500	3,566,843	4,191,075
	Carlisle Companies, Incorporated	Equity	N/A	N/A	30,100	1,024,373	2,607,262
	Carmike Cinemas, Incorporated	Equity	N/A	N/A	35,715	655,882	1,254,668
	Carrizo Oil & Gas, Incorporated	Equity	N/A	N/A	8,900	381,455	616,414
	Cascade Bancorp	Equity	N/A	N/A	91,100	410,359	474,631
	Casino Guichard Perrachon	Equity	N/A	N/A	1,678	215,500	222,485
	Catamaran Corporation	Equity	N/A	N/A	33,150	739,751	1,463,904
	Caterpillar, Incorporated	Equity	N/A	N/A	39,970	3,879,603	4,343,540
	Cathay General Bancorp	Equity	N/A	N/A	61,891	740,619	1,581,934
	CBL Association Properties Incorporated	Equity	N/A	N/A	196,400	3,977,938	3,731,600
	CBOE Holdings	Equity	N/A	N/A	36,900	1,619,104	1,815,849
	CBRE Group, Incorporated	Equity	N/A	N/A	49,950	1,584,594	1,600,398
	CBS Corporation Class B	Equity	N/A	N/A	53,551	1,885,403	3,327,659
	CDL Hospitality Trusts	Equity	N/A	N/A	157,000	213,534	221,606
	Celadon Group, Incorporated	Equity	N/A	N/A	6,690	151,189	142,631
	Celanese Corporation	Equity	N/A	N/A	11,600	611,630	745,648
	Celgene Corporation	Equity	N/A	N/A	119,280	8,812,394	10,243,766
	Cementir Holdings SPA	Equity	N/A	N/A	17,874	159,479	133,878
	Central Japan Railway Company	Equity	N/A	N/A	2,800	206,141	399,388
	Centric A PLC	Equity	N/A	N/A	119,400	692,804	638,766
	Century Tokyo Leasing Corporation	Equity	N/A	N/A	31,200	402,364	1,053,294
	Cepheid, Incorporated	Equity	N/A	N/A	34,305	1,311,294	1,644,582
	Centurylink, Incorporated	Equity	N/A	N/A	47,600	1,774,929	1,723,120
	Cerner Corporation	Equity	N/A	N/A	50,500	2,823,583	2,604,790
	CF Industries Holdings, Incorporated	Equity	N/A	N/A	15,800	3,343,235	3,800,374
	Challenger Financial Services, Incorporated	Equity	N/A	N/A	110,522	506,679	775,373
	Channeladvisor Corporation	Equity	N/A	N/A	15,315	615,579	403,703
	Chart Industries, Incorporated	Equity	N/A	N/A	3,105	265,244	256,877
	Charter Hall Group	Equity	N/A	N/A	38,503	141,482	154,665
	Check Point Systems, Incorporated	Equity	N/A	N/A	49,182	801,247	688,056
	Cheesecake Factory, Incorporated	Equity	N/A	N/A	77,300	2,848,556	3,588,266
	Chemed Corporation	Equity	N/A	N/A	7,700	667,143	721,644
	Chevron Corporation	Equity	N/A	N/A	67,672	5,954,609	8,834,580
	Chiba Bank Limited	Equity	N/A	N/A	42,000	262,693	296,431
	Chimera Investment Corporation	Equity	N/A	N/A	145,700	459,786	464,783
	China Shineway Pharmaceuticals	Equity	N/A	N/A	178,000	261,855	312,344
	Chipotle Mexican Grill Class A	Equity	N/A	N/A	9,104	5,350,616	5,394,211
	Christian Dior	Equity	N/A	N/A	2,844	581,831	565,840
	Chiquita Brands Intl, Incorporated	Equity	N/A	N/A	66,975	787,360	726,679
	Christopher & Banks Corporation	Equity	N/A	N/A	31,535	245,092	276,247
	Chubb Corporation	Equity	N/A	N/A	28,100	2,412,346	2,589,977
	Churchill Downs, Incorporated	Equity	N/A	N/A	31,477	2,060,195	2,836,392
	Cigna Corporation	Equity	N/A	N/A	123,925	8,925,160	11,397,382
	Cinemark Holdings Incorporated	Equity	N/A	N/A	92,611	1,739,942	3,274,725
	Cisco Systems, Incorporated	Equity	N/A	N/A	67,375	1,241,524	1,674,269
	Cit Group, Incorporated	Equity	N/A	N/A	60,300	2,537,932	2,759,328
	Citigroup, Incorporated	Equity	N/A	N/A	95,997	4,181,197	4,521,459
	Citi Trends, Incorporated	Equity	N/A	N/A	32,615	542,869	699,918
	Citrix Systems, Incorporated	Equity	N/A	N/A	26,705	1,716,741	1,670,398

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(a)	(b)				(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>						
City National Corporation	Equity	N/A	N/A	15,847 \$	881,884 \$	1,200,569
Clariant	Equity	N/A	N/A	11,398	234,035	223,127
Clean Energy Fuels Corporation	Equity	N/A	N/A	5,575	70,790	65,339
Cliffs Natural Resources, Incorporated	Equity	N/A	N/A	13,900	1,357,373	209,195
CLP Holdings Limited	Equity	N/A	N/A	5,000	41,141	41,030
CNO Financial Group, Incorporated	Equity	N/A	N/A	33,800	101,340	601,640
Cobiz Financial, Incorporated	Equity	N/A	N/A	20,600	221,490	221,862
Coca Cola West Company Limited	Equity	N/A	N/A	4,200	65,084	72,470
Coca Cola Enterprises, Incorporated	Equity	N/A	N/A	57,680	2,280,386	2,755,950
Comerica, Incorporated	Equity	N/A	N/A	10,800	464,181	541,728
Comfortdelgro Corporation	Equity	N/A	N/A	44,000	48,822	88,219
Common Wealth Bank Of Australia	Equity	N/A	N/A	14,630	937,379	1,119,195
Commonwealth Reit	Equity	N/A	N/A	37,800	1,231,787	994,896
Community Health Systems	Equity	N/A	N/A	17,500	807,709	793,975
Compag Nie De Saint Gobain	Equity	N/A	N/A	3,666	191,900	206,843
Companhia Brasileira DE	Equity	N/A	N/A	13,397	463,625	620,683
Comput Acenter PLC	Equity	N/A	N/A	52,700	289,859	540,240
Computer Sciences Corporation	Equity	N/A	N/A	77,993	2,848,733	4,929,158
Conagra Foods, Incorporated	Equity	N/A	N/A	22,572	694,731	669,937
Concho Resources, Incorporated	Equity	N/A	N/A	26,952	3,754,414	3,894,564
Conocophillips	Equity	N/A	N/A	134,245	9,741,732	11,508,824
Constellation Brands, Incorporated Class A	Equity	N/A	N/A	74,600	3,495,663	6,574,498
Continental AG	Equity	N/A	N/A	11,229	2,225,518	2,601,905
Control 4 Corporation	Equity	N/A	N/A	79,090	1,433,387	1,547,000
Convergys Corporation	Equity	N/A	N/A	143,830	1,543,333	3,083,715
Cooper Tire & Rubber Company	Equity	N/A	N/A	22,500	619,030	675,000
Core Laboratories N V	Equity	N/A	N/A	25,630	626,212	4,281,748
Core Mark Holding Company, Incorporated	Equity	N/A	N/A	15,894	265,624	725,243
Corporate Executive Board Company	Equity	N/A	N/A	72,800	4,330,631	4,966,416
Costco Wholesale Corporation	Equity	N/A	N/A	39,093	4,545,343	4,501,950
Costar Group, Incorporated	Equity	N/A	N/A	1,255	221,732	198,503
Cousins Properties, Incorporated	Equity	N/A	N/A	124,070	1,309,169	1,544,672
Cracker Barrel Old Country	Equity	N/A	N/A	6,050	285,683	602,399
Credit Acceptance Corporation	Equity	N/A	N/A	4,651	485,075	572,538
Credit Agricole SA	Equity	N/A	N/A	140,009	2,346,274	1,974,127
Credit Suisse Group	Equity	N/A	N/A	115,381	3,298,170	3,275,551
CSL Limited	Equity	N/A	N/A	226	11,700	14,182
CU Bancorp	Equity	N/A	N/A	31,804	569,450	606,502
Cubsmart	Equity	N/A	N/A	70,412	607,860	1,289,948
Cummins, Incorporated	Equity	N/A	N/A	26,052	3,130,393	4,019,563
Curtiss Wright Corporation	Equity	N/A	N/A	15,660	792,492	1,026,670
CVB Financial Corporation	Equity	N/A	N/A	54,858	480,849	879,374
CVS Caremark Corporation	Equity	N/A	N/A	81,798	4,126,096	6,165,115
Dah Chong Hong Holdings Limited	Equity	N/A	N/A	390,000	234,831	232,978
Daihatsu Motor Company Limited	Equity	N/A	N/A	10,600	138,093	188,447
Daiichi Sankyo Company Limited	Equity	N/A	N/A	6,400	113,797	119,402
Daikyo, Incorporated	Equity	N/A	N/A	29,000	65,953	68,131
Dai Nippon Printing Company Limited	Equity	N/A	N/A	20,000	148,098	208,874
Daimler AG	Equity	N/A	N/A	37,754	2,558,416	3,525,091
Dairy Crest Group PLC	Equity	N/A	N/A	46,800	441,667	376,838
Daito Trust Construction Company Limited	Equity	N/A	N/A	1,800	166,735	211,618
Daiwa House Industries Company Limited	Equity	N/A	N/A	11,000	125,586	228,024
Daiwa Securities Group, Incorporated	Equity	N/A	N/A	20,000	164,168	173,140

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			Plan No.	001
(a)	(b)				(e)	
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	(d) Cost	Current Value
	<u>Common & Preferred Stocks (continued)</u>					
	Dana Holding Corporation	Equity	N/A	N/A	161,990 \$	3,955,796 \$
	Danaher Corporation	Equity	N/A	N/A	41,930	3,301,149
	Danske Bank A/S	Equity	N/A	N/A	11,602	327,933
	Darden Restaurants, Incorporated	Equity	N/A	N/A	69,400	3,211,138
	Darling Ingredients, Incorporated	Equity	N/A	N/A	23,453	490,168
	DBS Group Holdings Limited	Equity	N/A	N/A	229,000	3,076,228
	DCM Holdings Company Limited	Equity	N/A	N/A	13,400	96,824
	Del Frisco's Restaurant Group	Equity	N/A	N/A	13,570	373,989
	Delhaize Group	Equity	N/A	N/A	12,900	872,777
	Delphi Automotive PLC	Equity	N/A	N/A	104,700	7,197,078
	Delta Air Lines, Incorporated	Equity	N/A	N/A	148,345	5,743,918
	Demandware	Equity	N/A	N/A	19,175	1,330,170
	Denki Kagaku Kogyo	Equity	N/A	N/A	20,000	76,798
	Densco Corporation	Equity	N/A	N/A	3,900	184,899
	Deutsche Bank AG	Equity	N/A	N/A	37,696	1,370,524
	Deutsche Telecom AG	Equity	N/A	N/A	96,420	1,695,064
	Deutsche Wohnen AG	Equity	N/A	N/A	7,346	158,830
	Dexcom, Incorporated	Equity	N/A	N/A	35,375	1,402,972
	Diageo PLC	Equity	N/A	N/A	78,731	2,505,614
	Diamond Resorts International	Equity	N/A	N/A	64,129	1,492,282
	Diamond Back Energy, Incorporated	Equity	N/A	N/A	25,889	2,298,943
	Dic Corporation	Equity	N/A	N/A	38,000	101,278
	Digital China Holdings Limited	Equity	N/A	N/A	299,000	260,130
	Digital Globe, Incorporated	Equity	N/A	N/A	44,206	1,228,927
	Dillard's, Incorporated	Equity	N/A	N/A	11,200	1,306,032
	Direct Line Insurance Group	Equity	N/A	N/A	94,600	436,799
	Disco Corporation	Equity	N/A	N/A	19,600	1,315,631
	Disney Walt Company	Equity	N/A	N/A	98,343	8,431,929
	Discovery Communications Class A	Equity	N/A	N/A	34,806	2,585,390
	Discover Financial	Equity	N/A	N/A	95,200	5,900,496
	Directv	Equity	N/A	N/A	35,100	2,983,851
	Distribuidora Internacional	Equity	N/A	N/A	36,076	331,538
	DNB Nor ASA	Equity	N/A	N/A	271,855	4,985,821
	Dolby Laboratories, Incorporated	Equity	N/A	N/A	62,700	2,708,640
	Domtar Corporation	Equity	N/A	N/A	59,560	2,552,146
	Donnelly R R & Sons Company	Equity	N/A	N/A	32,800	556,288
	Dover Corporation	Equity	N/A	N/A	13,000	1,182,350
	Downer Edi Limited	Equity	N/A	N/A	121,771	519,005
	Dr Pepper Snapple Group, Incorporated	Equity	N/A	N/A	11,200	656,096
	Dreamworks Animation Class A	Equity	N/A	N/A	151,020	3,512,725
	DST Systems, Incorporated	Equity	N/A	N/A	7,749	714,225
	DTE Energy Company	Equity	N/A	N/A	64,425	5,016,775
	Duerr AG	Equity	N/A	N/A	1,756	155,705
	Duet Group	Equity	N/A	N/A	337,006	76,915
	Duke Realty Corporation	Equity	N/A	N/A	163,358	2,966,581
	Dunkin Brands Group, Incorporated	Equity	N/A	N/A	57,366	2,627,936
	DXP Enterprises, Incorporated	Equity	N/A	N/A	11,120	840,005
	E.On SE	Equity	N/A	N/A	39,055	806,181
	Eads NV	Equity	N/A	N/A	15,229	1,020,549
	East Asiatic Company Limited	Equity	N/A	N/A	9,800	116,991
	East Japan Railway Company	Equity	N/A	N/A	2,900	225,774
	Eastman Chemical Company	Equity	N/A	N/A	32,310	2,822,279
	Eastman Kodak Company	Equity	N/A	N/A	10,538	257,865

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a)		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			(d)		(e)
Identity of issuer, borrower, lessor or similar party	(b)	Description	Maturity Date	Rate of Interest	Cost	Current Value	
<u>Common & Preferred Stocks (continued)</u>							
Easyjet PLC		Equity	N/A	N/A	16,837 \$	443,838 \$	393,320
Eaton Corporation PLC		Equity	N/A	N/A	134,900	8,689,002	10,411,582
Echo Global Logistics, Incorporated		Equity	N/A	N/A	8,180	147,374	156,811
Edison International		Equity	N/A	N/A	103,400	4,144,990	6,008,574
Education Realty Trust, Incorporated		Equity	N/A	N/A	182,139	1,751,257	1,956,173
Edwards Lifesciences Corporation		Equity	N/A	N/A	107,800	7,107,758	9,253,552
8x8, Incorporated		Equity	N/A	N/A	56,872	418,224	459,526
Eizo Nanao Corporation		Equity	N/A	N/A	12,600	337,489	334,698
El Paso Electric Company		Equity	N/A	N/A	19,900	610,576	800,179
Electricite De France		Equity	N/A	N/A	18,773	424,728	591,235
Elizabeth Arden, Incorporated		Equity	N/A	N/A	21,645	768,642	463,636
Empire State Realty Trust		Equity	N/A	N/A	49,525	826,909	817,163
Employers Holdings, Incorporated		Equity	N/A	N/A	51,023	885,928	1,080,667
Endurance Specialty Holdings		Equity	N/A	N/A	57,900	2,130,452	2,987,061
Enel SPA		Equity	N/A	N/A	452,657	2,676,007	2,661,623
Energen Corporation		Equity	N/A	N/A	14,200	657,153	1,262,096
Energizer Holdings, Incorporated		Equity	N/A	N/A	13,100	1,117,110	1,598,593
Energys		Equity	N/A	N/A	13,553	493,741	932,311
Engility Holdings, Incorporated		Equity	N/A	N/A	4,300	82,603	164,518
Eni SPA		Equity	N/A	N/A	72,871	1,945,586	1,995,281
Ennis, Incorporated		Equity	N/A	N/A	22,300	505,692	340,298
Enpro Industries, Incorporated		Equity	N/A	N/A	12,745	750,036	932,424
Entergy Corporation		Equity	N/A	N/A	75,000	5,295,601	6,156,750
Entravision Communications		Equity	N/A	N/A	562,275	2,756,715	3,497,351
Envestnet, Incorporated		Equity	N/A	N/A	25,705	313,108	1,257,489
Envestra Limited		Equity	N/A	N/A	62,081	65,972	76,360
Enzo Biochem, Incorporated		Equity	N/A	N/A	235,449	1,205,825	1,236,107
EOG Resources, Incorporated		Equity	N/A	N/A	21,846	2,480,395	2,552,924
Epam Systems, Incorporated		Equity	N/A	N/A	22,535	453,910	985,906
Epizyme, Incorporated		Equity	N/A	N/A	11,800	177,000	367,216
EPR Properties		Equity	N/A	N/A	116,681	4,677,862	6,518,967
Essilor International		Equity	N/A	N/A	11,522	690,852	1,221,935
Esterline Technologies Corporation		Equity	N/A	N/A	6,890	505,436	793,177
E Trade Financial Corporation		Equity	N/A	N/A	188,900	2,182,667	4,016,014
Ethan Allen Interiors, Incorporated		Equity	N/A	N/A	174,238	5,382,183	4,310,648
Euronet Worldwide, Incorporated		Equity	N/A	N/A	32,052	569,491	1,546,188
Everest Re Group Limited		Equity	N/A	N/A	24,440	2,622,777	3,922,376
Evertec, Incorporated		Equity	N/A	N/A	33,735	769,800	817,736
EW Scripps Company Class A		Equity	N/A	N/A	34,849	517,618	737,405
Exar Corporation		Equity	N/A	N/A	44,770	519,645	505,901
Excel Trust, Incorporated		Equity	N/A	N/A	33,710	388,258	449,354
Exedy Corporation		Equity	N/A	N/A	2,700	69,221	80,223
Exelon Corporation		Equity	N/A	N/A	19,700	559,152	718,656
Exelis, Incorporated		Equity	N/A	N/A	193,050	2,176,816	2,051,899
Exlservice Holdings, Incorporated		Equity	N/A	N/A	45,982	861,638	1,354,170
Express Scripts Holding Company		Equity	N/A	N/A	116,873	8,291,941	8,102,805
Exxon Mobil Corporation		Equity	N/A	N/A	183,095	14,493,721	18,434,005
Facebook, Incorporated Class A		Equity	N/A	N/A	210,383	11,085,837	14,156,672
Factset Resh Systems, Incorporated		Equity	N/A	N/A	54,400	5,399,506	6,543,232
Fairfax Medical Limited		Equity	N/A	N/A	147,414	129,309	125,799
Fanuc Limited		Equity	N/A	N/A	5,700	871,244	989,463
Federal Agriculture Mtg Corporation		Equity	N/A	N/A	15,066	507,907	468,251
Fedex Corporation		Equity	N/A	N/A	14,950	2,251,089	2,263,131

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a) Identity of issuer, 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
(b) Identity of issuer, borrower, lessor or similar party		Description	Maturity Date	Rate of Interest			
<u>Common & Preferred Stocks (continued)</u>							
Ferro Corporation		Equity	N/A	N/A	91,690	\$	1,151,626
Fidelity & Guaranty Life		Equity	N/A	N/A	29,000		694,260
Fifth Third Bancorp		Equity	N/A	N/A	255,700		5,459,195
Financial Institutions Incorporated		Equity	N/A	N/A	55,277		1,294,587
Finisar Corporation		Equity	N/A	N/A	60,919		1,203,150
Fireeye, Incorporated		Equity	N/A	N/A	32,056		1,299,871
First Financial Bancorp		Equity	N/A	N/A	59,013		1,015,614
First Financial Bankshares, Incorporated		Equity	N/A	N/A	22,440		703,943
First Group PLC		Equity	N/A	N/A	100,500		217,745
First Merchants Corporation		Equity	N/A	N/A	68,385		1,445,659
First Pacific Company		Equity	N/A	N/A	380,000		424,597
First Republic Bank		Equity	N/A	N/A	66,300		3,645,837
First Resources Limited		Equity	N/A	N/A	31,000		59,171
Five Below		Equity	N/A	N/A	34,025		1,357,938
Fiveprime Therapeutics, Incorporated		Equity	N/A	N/A	14,500		225,475
Fleetcor Technologies, Incorporated		Equity	N/A	N/A	18,124		2,388,743
Flextronics International Limited		Equity	N/A	N/A	201,600		2,231,712
Flight Centre Limited		Equity	N/A	N/A	3,043		127,545
Footlocker, Incorporated		Equity	N/A	N/A	58,800		2,982,336
Ford Motor Company		Equity	N/A	N/A	238,755		4,116,136
Forestar Group, Incorporated		Equity	N/A	N/A	27,200		519,248
Forrester Resh, Incorporated		Equity	N/A	N/A	34,051		1,289,852
Foundation Medicine, Incorporated		Equity	N/A	N/A	46,640		1,257,414
Fox Factory Holding Corporation		Equity	N/A	N/A	57,842		1,017,441
Francescas Holdings Corporation		Equity	N/A	N/A	19,965		294,284
Frasers Centre Point Trust		Equity	N/A	N/A	23,000		34,954
Fred's, Incorporated Class A		Equity	N/A	N/A	19,110		292,192
Freenet AG		Equity	N/A	N/A	26,200		838,594
Fresh Del Monte Produce, Incorporated		Equity	N/A	N/A	27,900		855,135
Fuji Electric Holdings Company Limited		Equity	N/A	N/A	30,000		142,145
Fuji Seal International, Incorporated		Equity	N/A	N/A	7,100		220,769
Fujifilm Holdings Corporation		Equity	N/A	N/A	12,500		348,576
Fujikura Limited		Equity	N/A	N/A	19,000		92,463
Fujitsu Limited		Equity	N/A	N/A	45,000		337,150
Fukuoka Financial Group, Incorporated		Equity	N/A	N/A	126,000		608,202
Galaxy Entertainment Group Limited		Equity	N/A	N/A	18,000		143,992
Gamestop Corporation Class A		Equity	N/A	N/A	14,400		582,768
Gannett, Incorporated		Equity	N/A	N/A	35,300		1,105,243
Garmin Limited		Equity	N/A	N/A	97,100		5,913,390
Gas Natural SDG SA		Equity	N/A	N/A	37,700		1,190,676
GEA Group AG		Equity	N/A	N/A	24,198		1,145,785
Generac Holdings, Incorporated		Equity	N/A	N/A	23,285		1,134,911
General Dynamics Corporation		Equity	N/A	N/A	31,320		3,650,346
General Electric Company		Equity	N/A	N/A	127,500		3,350,700
Genesco, Incorporated		Equity	N/A	N/A	17,537		1,440,314
Genesee & Wyoming, Incorporated		Equity	N/A	N/A	6,439		676,095
Gentex Corporation		Equity	N/A	N/A	181,900		5,291,471
Genocera Biosciences, Incorporated		Equity	N/A	N/A	9,000		168,750
Genworth Financial, Incorporated		Equity	N/A	N/A	415,310		7,226,394
Geo Company		Equity	N/A	N/A	9,900		86,193
Georg Fischer Limited		Equity	N/A	N/A	1,898		1,360,148
G-III Apparel Group		Equity	N/A	N/A	8,390		685,127
Gildemesiter AG		Equity	N/A	N/A	6,728		234,324

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			Plan No.	001
(a)	(b)				(e)	
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	(d) Cost	Current Value
	<u>Common & Preferred Stocks (continued)</u>					
	Gilead Sciences, Incorporated	Equity	N/A	N/A	94,668 \$	5,092,357 \$ 7,848,924
	Glatfelter	Equity	N/A	N/A	23,751	623,828 630,114
	Glaxosmithkline PLC	Equity	N/A	N/A	16,000	433,251 430,240
	Glimcher Realty Trust	Equity	N/A	N/A	74,740	821,234 809,434
	Global Brass & Copper Holding	Equity	N/A	N/A	56,855	804,409 960,850
	Global Eagle Entertainment	Equity	N/A	N/A	55,341	896,114 686,228
	Global Power Equipment Group, Incorporated	Equity	N/A	N/A	6,324	160,884 102,196
	Globe Specialty Metals, Incorporated	Equity	N/A	N/A	27,025	434,810 561,580
	Globus Medical, Incorporated Class A	Equity	N/A	N/A	5,009	822,951 1,411,495
	Glory Limited	Equity	N/A	N/A	4,500	106,597 146,587
	Glycomimetics, Incorporated	Equity	N/A	N/A	36,200	299,067 305,166
	Go Ahead Group PLC	Equity	N/A	N/A	14,700	307,129 595,728
	Goldman Sachs Group, Incorporated	Equity	N/A	N/A	14,809	2,515,457 2,479,619
	Goodyear Tire & Rubber Company	Equity	N/A	N/A	20,800	440,811 577,824
	Google, Incorporated Class A	Equity	N/A	N/A	38,839	18,071,327 22,530,462
	Graco, Incorporated	Equity	N/A	N/A	40,400	2,564,900 3,154,432
	Graham Corporation	Equity	N/A	N/A	4,509	148,628 156,958
	Graincorp Limited	Equity	N/A	N/A	30,400	228,349 238,640
	Gray Television, Incorporated	Equity	N/A	N/A	174,579	1,235,871 2,292,222
	Great Plains Energy, Incorporated	Equity	N/A	N/A	92,300	1,884,925 2,480,101
	Greatbatch, Incorporated	Equity	N/A	N/A	66,387	1,983,923 3,256,946
	Greencore Group PLC	Equity	N/A	N/A	142,746	623,174 648,845
	Greggs PLC	Equity	N/A	N/A	26,800	1,605,047 245,838
	Griffon Corporation	Equity	N/A	N/A	34,800	343,453 431,520
	Grifols SA	Equity	N/A	N/A	6,208	351,115 340,198
	Grupo Financiero Banorte	Equity	N/A	N/A	117,182	753,910 831,992
	GT Advanced Technologies, Incorporated	Equity	N/A	N/A	32,030	526,676 595,758
	Guidewire Software, Incorporated	Equity	N/A	N/A	68,578	2,480,703 2,788,381
	H & E Equipment Services, Incorporated	Equity	N/A	N/A	16,060	180,394 583,620
	H3 Contingent Value	Equity	N/A	N/A	247,800	- 247,800
	Hain Celestial Group, Incorporated	Equity	N/A	N/A	19,410	750,299 1,722,443
	Halliburton Company	Equity	N/A	N/A	129,800	7,113,012 9,217,098
	Hang Lung Properties	Equity	N/A	N/A	93,000	309,549 286,785
	Hanger, Incorporated	Equity	N/A	N/A	26,396	744,586 830,154
	Hanover Insurance Group, Inc	Equity	N/A	N/A	28,450	1,077,932 1,796,618
	Harris Corporation	Equity	N/A	N/A	25,500	942,995 1,931,625
	Hartford Financial Services Group, Inc.	Equity	N/A	N/A	128,990	4,023,497 4,619,132
	Haverty Furniture Companies, Incorporated	Equity	N/A	N/A	46,150	1,302,925 1,159,750
	Haynes International, Incorporated	Equity	N/A	N/A	28,770	1,288,433 1,628,095
	HCA Holdings, Incorporated	Equity	N/A	N/A	94,100	3,448,349 5,305,358
	HCC Insurance Holdings, Incorporated	Equity	N/A	N/A	83,312	2,157,066 4,077,289
	Headwaters, Incorporated	Equity	N/A	N/A	137,478	1,218,004 1,909,569
	Heartware International, Incorporated	Equity	N/A	N/A	16,055	1,210,446 1,420,868
	Heico Corporation	Equity	N/A	N/A	20,901	799,913 848,581
	Heidelbergcement AG	Equity	N/A	N/A	26,239	1,891,336 2,244,746
	Heiwa Corporation	Equity	N/A	N/A	35,100	638,440 779,230
	Heartland Payment Systems, Incorporated	Equity	N/A	N/A	56,145	1,831,296 2,313,735
	Helix Energy Solutions Group	Equity	N/A	N/A	109,852	2,355,372 2,890,206
	Helmerich & Payne, Incorporated	Equity	N/A	N/A	40,640	2,584,737 4,718,710
	Helvetia Holding AG	Equity	N/A	N/A	2,600	464,344 1,194,012
	Henry Schein, Incorporated	Equity	N/A	N/A	19,555	630,398 2,320,299
	Herbalife Limtied	Equity	N/A	N/A	27,600	1,808,235 1,781,304
	Hercules Technology Growth	Equity	N/A	N/A	38,463	481,053 621,562

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a)		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			(d)		(e)
Identity of issuer, borrower, lessor or similar party	(b)	Description	Maturity Date	Rate of Interest	Cost	Current Value	
<u>Common & Preferred Stocks (continued)</u>							
Hersha Hospitality Trust		Equity	N/A	N/A	714,712 \$	4,237,406 \$	4,795,717
Hess Corporation		Equity	N/A	N/A	21,300	1,019,365	2,106,357
Hewlett Packard Company		Equity	N/A	N/A	100,865	2,764,703	3,397,133
Hexagon AB		Equity	N/A	N/A	40,742	886,358	1,313,441
HFF, Incorporated		Equity	N/A	N/A	3,025	99,129	112,500
Hikma Pharmaceuticals PLC		Equity	N/A	N/A	24,011	647,618	689,527
Hino Motors Limited		Equity	N/A	N/A	6,400	87,692	88,130
Hitachi Construction Machine		Equity	N/A	N/A	6,400	126,817	127,488
Hitachi Limited		Equity	N/A	N/A	280,000	1,771,760	2,066,400
HKT Trust and HKT Limited		Equity	N/A	N/A	40,000	44,073	47,120
Hochitaf AG		Equity	N/A	N/A	3,929	348,726	337,314
Hokuriku Electric Power Company		Equity	N/A	N/A	9,000	116,879	119,313
Home Properties Incorporated		Equity	N/A	N/A	12,286	746,669	785,813
Home Retail Group PLC		Equity	N/A	N/A	72,400	276,023	219,063
Honda Motor Company Limited		Equity	N/A	N/A	12,600	511,609	443,520
Honeywell International, Incorporated		Equity	N/A	N/A	42,632	2,833,088	3,962,644
Hong Kong Land Holdings Limited		Equity	N/A	N/A	142,000	1,062,847	947,140
Hong Leong Asia Limited		Equity	N/A	N/A	205,000	521,767	260,586
Horsehead Holdings Corporation		Equity	N/A	N/A	50,879	531,861	929,051
Hospitality Properties Trust		Equity	N/A	N/A	57,000	1,849,347	1,732,800
HSBC Holdings PLC		Equity	N/A	N/A	469,636	4,485,252	4,734,452
HSN, Incorporated		Equity	N/A	N/A	51,476	2,081,627	3,049,438
Huabao International Holdings		Equity	N/A	N/A	841,000	459,562	498,057
Humana, Incorporated		Equity	N/A	N/A	23,700	1,567,837	3,026,964
Huntington Bancshares, Incorporated		Equity	N/A	N/A	95,000	473,337	906,300
Huntington Ingalls Industries, Incorporated		Equity	N/A	N/A	43,099	2,633,809	4,076,734
Huntsman Corporation		Equity	N/A	N/A	162,300	3,237,567	4,560,630
Huron Consulting Group, Incorporated		Equity	N/A	N/A	40,285	1,170,000	2,852,984
Hutchison Port Holdings		Equity	N/A	N/A	112,000	82,446	80,640
Hutchison Whampoa Limited		Equity	N/A	N/A	26,000	316,459	355,594
Hyperion Therapeutics, Incorporated		Equity	N/A	N/A	10,000	170,438	261,000
Hyster-Yale Materials Class A		Equity	N/A	N/A	9,400	284,423	832,276
Iberibank Corporation		Equity	N/A	N/A	15,994	750,373	1,106,625
ICG Group, Incorporated		Equity	N/A	N/A	211,196	2,694,631	4,409,772
Idacorp, Incorporated		Equity	N/A	N/A	11,100	417,626	641,913
Idemitsu Kosan Company		Equity	N/A	N/A	5,100	123,977	110,805
Ignite Restaurant Group, Incorporated		Equity	N/A	N/A	26,514	452,720	386,044
IHS, Incorporated Class A		Equity	N/A	N/A	20,500	2,163,191	2,781,235
Illumina, Incorporated		Equity	N/A	N/A	27,427	4,690,291	4,896,817
Imax Corporation		Equity	N/A	N/A	188,622	4,655,292	5,371,955
Immoeast AG		Equity	N/A	N/A	8,127	8,127	8,127
Imperial Tobacco Group		Equity	N/A	N/A	19,558	727,376	883,611
Incitec Pivot Limited		Equity	N/A	N/A	10,084	26,872	27,575
Incyte Corporation		Equity	N/A	N/A	14,471	813,415	816,743
Inditex De Diseno Textil SA		Equity	N/A	N/A	6,386	801,503	982,865
ING Groep NV		Equity	N/A	N/A	300,086	4,194,792	4,215,914
Independent Bank Group, Incorporated		Equity	N/A	N/A	80,300	745,668	1,033,461
Industria De Diseno Textile Industries		Equity	N/A	N/A	120,721	3,688,770	3,726,657
Ingersoll Rand PLC		Equity	N/A	N/A	47,790	2,396,349	2,987,353
Ingram Micro, Incorporated		Equity	N/A	N/A	90,580	1,900,532	2,645,842
Inland Real Estate		Equity	N/A	N/A	57,600	611,209	612,288
Inpex Corporation		Equity	N/A	N/A	14,200	209,533	215,863
Insteel Industries, Incorporated		Equity	N/A	N/A	12,731	253,410	250,164

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a)		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			(d)		(e)	
(a)	(b)	Description	Maturity Date	Rate of Interest		Cost	Current Value	
Identity of issuer, borrower, lessor or similar party								
<u>Common & Preferred Stocks (continued)</u>								
	Insperty, Incorporated	Equity	N/A	N/A	18,403	\$ 609,654	\$ 607,299	
	Insurance Australia Group	Equity	N/A	N/A	68,410	374,640	376,722	
	Integrated Device Technology, Incorporated	Equity	N/A	N/A	154,314	2,046,988	2,385,694	
	Intel Corporation	Equity	N/A	N/A	142,100	4,362,024	4,390,890	
	Intercept Pharmaceuticals, Incorporated	Equity	N/A	N/A	1,954	556,870	462,375	
	Intercontinental Exchange, Incorporated	Equity	N/A	N/A	21,300	3,314,403	4,023,570	
	Interface, Incorporated	Equity	N/A	N/A	28,660	509,631	539,954	
	International Bancshares Corporation	Equity	N/A	N/A	27,410	539,786	740,070	
	International Consolidated Airline	Equity	N/A	N/A	42,085	249,395	285,349	
	International Paper Company	Equity	N/A	N/A	55,720	2,636,767	2,812,188	
	International Rectifier Corporation	Equity	N/A	N/A	37,090	750,459	1,034,811	
	Intesa San Paolo	Equity	N/A	N/A	515,648	1,486,481	1,599,024	
	Intuit Software	Equity	N/A	N/A	149,400	8,650,685	12,031,182	
	Intuitive Surgical, Incorporated	Equity	N/A	N/A	13,600	6,112,700	5,600,480	
	Iren SPA	Equity	N/A	N/A	170,094	271,269	268,749	
	Ironwood Pharmaceuticals, Incorporated	Equity	N/A	N/A	49,900	631,141	764,967	
	Israel Discount Bank	Equity	N/A	N/A	226,720	389,840	384,263	
	ITC Holdings Corporation	Equity	N/A	N/A	9,828	147,339	358,525	
	Italeменти SPA	Equity	N/A	N/A	23,288	190,407	217,743	
	Itochu Corporation	Equity	N/A	N/A	33,600	410,506	429,744	
	ITV PLC	Equity	N/A	N/A	270,721	619,714	825,615	
	J & J Snack Foods Corporation	Equity	N/A	N/A	3,083	85,499	290,172	
	Janus Capital Group, Incorporated	Equity	N/A	N/A	248,300	2,181,257	3,098,784	
	Japan Airlines Company Limited	Equity	N/A	N/A	4,400	203,658	243,226	
	Japan Tobacco, Incorporated	Equity	N/A	N/A	12,600	389,333	456,120	
	Jarden Corporation	Equity	N/A	N/A	19,321	360,773	1,146,701	
	Jardine Strategic Holdings Limited	Equity	N/A	N/A	47,352	621,498	1,691,887	
	JB Hi-Fi Limited	Equity	N/A	N/A	4,429	68,289	76,427	
	Jetblue Airways	Equity	N/A	N/A	390,700	2,441,923	4,239,095	
	John Bean Technology	Equity	N/A	N/A	46,897	1,025,040	1,453,338	
	Johnson & Johnson	Equity	N/A	N/A	103,662	8,008,934	10,845,118	
	JP Morgan Chase & Company	Equity	N/A	N/A	190,788	8,442,633	10,993,205	
	JPM CW17 Idea Cellular	Equity	N/A	N/A	517,852	1,029,005	983,919	
	Jtekt Corporation	Equity	N/A	N/A	10,200	81,550	171,871	
	Juniper Networks, Incorporated	Equity	N/A	N/A	83,160	2,048,239	2,040,746	
	JX Holdings, Incorporated	Equity	N/A	N/A	108,488	774,420	5,099,835	
	Kaiser Aluminum Corporation	Equity	N/A	N/A	6,310	416,922	459,810	
	Kaken Pharmaceutical	Equity	N/A	N/A	24,000	206,640	507,931	
	Kamigumi Company Limited	Equity	N/A	N/A	15,000	132,422	137,999	
	Kaneka Corporation	Equity	N/A	N/A	40,000	232,630	250,333	
	Kar Auction Services, Incorporated	Equity	N/A	N/A	44,905	732,252	1,431,122	
	Karyopharm Therapeutics, Incorporated	Equity	N/A	N/A	9,625	154,242	448,044	
	Kasukornbank PCL	Equity	N/A	N/A	156,400	637,218	983,071	
	Kate Spade & Company	Equity	N/A	N/A	105,343	1,712,863	4,017,782	
	Kawasaki Kissen Kaisha Limited	Equity	N/A	N/A	35,000	74,740	73,244	
	Kcom Group PLC	Equity	N/A	N/A	321,000	255,570	509,527	
	Kddi Corporation	Equity	N/A	N/A	20,300	535,808	1,243,375	
	Kennedy Wilson Holdings, Incorporated	Equity	N/A	N/A	75,033	1,434,942	2,012,385	
	Kentz Corporation Limited	Equity	N/A	N/A	24,018	230,226	378,284	
	Kesa Electricals PLC	Equity	N/A	N/A	141,200	288,984	238,024	
	Keiyo Bank Limited	Equity	N/A	N/A	74,000	395,796	375,460	
	Kering SA	Equity	N/A	N/A	7,052	1,432,988	1,546,457	
	Kewpie Corporation	Equity	N/A	N/A	4,800	66,599	78,132	

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(a)	(b)				(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>						
Keycorp	Equity	N/A	N/A	393,300	\$ 4,330,724	\$ 5,635,989
K Force, Incorporated	Equity	N/A	N/A	94,351	1,528,072	2,042,699
Kingboard Chemicals Holding	Equity	N/A	N/A	105,600	425,168	217,728
Kirby Corporation	Equity	N/A	N/A	11,524	435,175	1,349,921
Kite Pharma, Incorporated	Equity	N/A	N/A	2,500	42,500	72,300
Knoll, Incorporated	Equity	N/A	N/A	43,933	753,264	761,359
Knight Transportation, Incorporated	Equity	N/A	N/A	19,500	306,150	463,515
Kobe Steel Limited	Equity	N/A	N/A	102,000	150,988	153,043
Kodiak Oil & Gas Corporation	Equity	N/A	N/A	59,355	509,614	863,615
Kohls Corporation	Equity	N/A	N/A	29,800	1,424,682	1,569,864
Konica Minolta Holdings, Incorporated	Equity	N/A	N/A	19,300	154,022	190,704
Koninklijke Ahold	Equity	N/A	N/A	43,015	545,149	815,134
Koninklijke Philips NV	Equity	N/A	N/A	27,800	948,160	870,140
Kraft Foods Group, Incorporated	Equity	N/A	N/A	69,915	3,978,303	4,191,404
Kroger Company	Equity	N/A	N/A	105,600	2,272,716	5,219,808
Kyocera Corporation	Equity	N/A	N/A	5,100	232,916	242,049
Kyorin Company Limited	Equity	N/A	N/A	32,000	495,527	658,289
Kyowa Exeo Corporation	Equity	N/A	N/A	30,000	272,856	427,027
Kyowa Hakko Kirin	Equity	N/A	N/A	5,000	54,790	67,667
L 3 Communications Holdings, Incorporated	Equity	N/A	N/A	40,380	3,215,654	4,875,885
L Brands, Incorporated	Equity	N/A	N/A	143,200	7,444,195	8,400,112
Lafarge SA	Equity	N/A	N/A	10,193	662,952	884,891
La Z Boy Incorporated	Equity	N/A	N/A	11,535	126,795	267,266
Laboratory Corporation of America Holdings	Equity	N/A	N/A	6,600	659,908	675,840
Lakeland Bancorp, Incorporated	Equity	N/A	N/A	166,662	1,615,781	1,799,950
Lam Research Corporation	Equity	N/A	N/A	33,860	1,628,264	2,288,259
Landstar Systems, Incorporated	Equity	N/A	N/A	82,300	4,342,282	5,267,200
Las Vegas Sands Corporation	Equity	N/A	N/A	80,662	6,313,274	6,148,058
Lattice Semiconductor Corporation	Equity	N/A	N/A	299,790	1,269,671	2,473,268
LDR Holding Corporation	Equity	N/A	N/A	33,894	647,592	847,689
Lear Corporation	Equity	N/A	N/A	47,870	3,010,961	4,275,748
Leighton Holdings Limited	Equity	N/A	N/A	7,891	140,119	146,808
Lend Lease Group	Equity	N/A	N/A	80,800	745,264	998,857
Leidos Holdings, Incorporated	Equity	N/A	N/A	7,675	385,529	294,260
Lexmark International, Incorporated	Equity	N/A	N/A	26,100	1,658,019	1,256,976
Lexington Realty Trust	Equity	N/A	N/A	93,500	668,744	1,029,435
Liberty Global PLC	Equity	N/A	N/A	146,584	5,557,973	6,228,205
Liberty Ventures	Equity	N/A	N/A	14,988	392,145	1,106,114
Lifeway Foods, Incorporated	Equity	N/A	N/A	59,065	59,065	59,415
Limoneira Company	Equity	N/A	N/A	6,795	156,541	149,286
Lincoln National Corporation	Equity	N/A	N/A	150,772	4,007,583	7,755,712
LinkedIn Corporation	Equity	N/A	N/A	22,131	3,745,672	3,794,803
Littelfuse, Incorporated	Equity	N/A	N/A	17,315	865,343	1,609,429
Live Nation Entertainment, Incorporated	Equity	N/A	N/A	17,239	176,925	425,631
Lloyds Banking Group PLC	Equity	N/A	N/A	853,453	733,147	1,084,483
Lockheed Martin Corporation	Equity	N/A	N/A	23,465	2,327,590	3,771,529
Loomis AB-B	Equity	N/A	N/A	20,700	453,298	636,656
Lonza AG-Reg	Equity	N/A	N/A	20,763	1,367,286	2,259,393
L'Oreal	Equity	N/A	N/A	6,071	756,771	1,054,175
Lorillard, Incorporated	Equity	N/A	N/A	112,775	6,160,669	6,875,892
Louisiana Pacific Corporation	Equity	N/A	N/A	22,910	412,341	344,108
Lowes Companies, Incorporated	Equity	N/A	N/A	42,590	2,139,389	2,043,894
Luxfer Holdings PLC	Equity	N/A	N/A	41,100	430,064	778,845

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a)		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			(d)		(e)	
(a)	(b)	(c)	Maturity Date	Rate of Interest	(d)	Cost	Current Value	
Identity of issuer, borrower, lessor or similar party	Description							
<u>Common & Preferred Stocks (continued)</u>								
LVMH Moet Hennessy Louis Vuitton	Equity	N/A	N/A	4,217	\$	676,053	\$	811,013
Lyondellbasell Industries NV	Equity	N/A	N/A	31,100		2,387,213		3,036,915
M&T Bank Corporation	Equity	N/A	N/A	29,300		2,782,258		3,634,665
Mabuchi Motor Company Limited	Equity	N/A	N/A	1,400		76,684		106,135
Macquarie Atals Roads	Equity	N/A	N/A	30,845		88,644		95,109
Macquarie Group Limited	Equity	N/A	N/A	24,332		871,941		1,137,844
Macquarie Infrastructure Company LLC	Equity	N/A	N/A	15,297		852,544		954,074
Macy's, Incorporated	Equity	N/A	N/A	102,697		4,616,361		5,958,480
Madden Steven Limited	Equity	N/A	N/A	22,800		466,929		782,040
Magna International	Equity	N/A	N/A	31,600		2,176,346		3,404,900
Mallinckrodt PLC	Equity	N/A	N/A	8,399		362,116		672,088
Man Wah Holdings Limited	Equity	N/A	N/A	26,000		24,786		40,820
Mapletree Logistics Trust	Equity	N/A	N/A	32,000		27,013		30,409
Marathon Oil Corporation	Equity	N/A	N/A	207,740		7,407,107		8,292,981
Marathon Petroleum Corporation	Equity	N/A	N/A	80,546		6,363,241		6,288,226
Marinemax, Incorporated	Equity	N/A	N/A	60,892		945,072		1,019,332
Marketaxess Holdings, Incorporated	Equity	N/A	N/A	12,818		219,261		692,941
Marketo, Incorporated	Equity	N/A	N/A	48,705		1,671,897		1,416,341
Marriott International, Incorporated	Equity	N/A	N/A	49,827		3,149,310		3,193,911
Marriott Vacations Worldwide	Equity	N/A	N/A	23,516		425,307		1,378,743
Marubeni Corporation	Equity	N/A	N/A	206,000		1,039,322		1,506,795
Marvell Technology Group Limited	Equity	N/A	N/A	153,200		1,828,830		2,195,356
Marsh & McLennan Companies, Incorporated	Equity	N/A	N/A	79,590		3,690,471		4,124,354
Masonite International Corporation	Equity	N/A	N/A	19,503		983,104		1,097,239
Mastec, Incorporated	Equity	N/A	N/A	45,967		1,382,482		1,416,703
Mastercard, Incorporated Class A	Equity	N/A	N/A	175,057		11,114,782		12,861,438
Matsushita Electric Ind	Equity	N/A	N/A	5,000		55,971		60,905
Matador Resources Company	Equity	N/A	N/A	25,894		680,435		758,176
Mavenir Systems, Incorporated	Equity	N/A	N/A	80,640		902,468		1,221,696
Maxim Integrated Products, Incorporated	Equity	N/A	N/A	68,751		2,391,847		2,324,471
MB Financial, Incorporated	Equity	N/A	N/A	2,104		42,488		56,913
Mcgrath Rentcorp	Equity	N/A	N/A	14,057		342,473		516,595
McGraw Hill Financial, Incorporated	Equity	N/A	N/A	83,300		6,663,870		6,916,399
Mckesson Corporation	Equity	N/A	N/A	44,304		5,004,449		8,249,848
Measurement Specialties, Incorporated	Equity	N/A	N/A	1,995		111,364		171,710
Medasets, Incorporated	Equity	N/A	N/A	25,328		460,948		578,492
Medicines Company	Equity	N/A	N/A	13,590		192,415		394,925
Mediobanca SPA	Equity	N/A	N/A	17,663		202,593		176,074
Medipal Holdings Corporation	Equity	N/A	N/A	5,300		62,658		75,128
Medtronic, Incorporated	Equity	N/A	N/A	104,140		6,257,568		6,639,966
Mercantile Bank Corporation	Equity	N/A	N/A	58,713		950,541		1,343,353
Merck & Company, Incorporated	Equity	N/A	N/A	49,219		2,874,882		2,847,319
Merck KGAA	Equity	N/A	N/A	4,972		400,145		432,276
Meritor, Incorporated	Equity	N/A	N/A	31,110		247,732		405,674
Metcash Limited	Equity	N/A	N/A	132,600		503,406		330,093
Methode Electronics, Incorporated	Equity	N/A	N/A	18,663		171,786		713,113
Metlife, Incorporated	Equity	N/A	N/A	47,035		2,200,681		2,613,265
MFA Financial, Incorporated	Equity	N/A	N/A	360,300		2,828,098		2,958,063
MGIC Investment Corporation	Equity	N/A	N/A	214,275		1,770,180		1,979,901
MGM China Holdings Limited	Equity	N/A	N/A	21,600		36,111		74,969
M/I Homes, Incorporated	Equity	N/A	N/A	48,913		1,045,684		1,187,119
Michael Kors Holdings	Equity	N/A	N/A	30,339		2,755,388		2,689,552
Microchip Technology, Incorporated	Equity	N/A	N/A	81,900		3,103,985		3,997,539

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value				Plan No.	001	
(a)	(b)				(e)	
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	(d) Cost	Current Value	
<u>Common & Preferred Stocks (continued)</u>						
Micron Technology, Incorporated	Equity	N/A	N/A	141,065 \$	3,834,397 \$ 4,648,092	
Microsemi Corporation	Equity	N/A	N/A	38,865	732,759 1,040,027	
Microsoft Corporation	Equity	N/A	N/A	123,460	5,152,516 5,148,282	
Mid Amer Apt Communities Incorporated	Equity	N/A	N/A	15,882	911,533 1,160,180	
Middleby Corporation	Equity	N/A	N/A	140,943	7,792,951 11,658,805	
Middlesex Water Company	Equity	N/A	N/A	11,479	211,678 243,125	
Midwestone Financial Group	Equity	N/A	N/A	3,190	54,343 76,528	
Mineral Resources Limited	Equity	N/A	N/A	43,800	407,435 396,079	
Minerals Technologies, Incorporated	Equity	N/A	N/A	154,070	631,469 1,010,391	
Ministop Company Limited	Equity	N/A	N/A	18,200	393,100 294,455	
Miraca Holdings, Incorporated	Equity	N/A	N/A	6,500	195,969 314,961	
Mitsubishi Chemical Holding	Equity	N/A	N/A	57,000	309,766 252,633	
Mitsubishi Electric Corporation	Equity	N/A	N/A	52,800	986,544 1,081,245	
Mitsubishi Estate Company Limited	Equity	N/A	N/A	8,000	241,259 197,503	
Mitsubishi Heavy Industries Limited	Equity	N/A	N/A	33,000	136,606 207,867	
Mitsubishi Materials Corporation	Equity	N/A	N/A	30,000	101,783 105,128	
Mitsubishi Tanabe Pharma	Equity	N/A	N/A	14,900	203,007 223,121	
Mitsubishi UFJ Financial Group	Equity	N/A	N/A	441,100	3,590,561 2,703,943	
Mitsui Engineering & Shipbuilding	Equity	N/A	N/A	61,000	86,310 136,686	
Mitsui Fudosan Company Limited	Equity	N/A	N/A	5,000	104,665 168,600	
Mitsui Mining & Smelting Company	Equity	N/A	N/A	63,700	845,982 1,021,161	
Mizuho Financial Group, Incorporated	Equity	N/A	N/A	815,800	1,939,460 1,590,810	
MKS Instrs, Incorporated	Equity	N/A	N/A	4,300	132,224 134,332	
Mochida Pharmaceutical Company	Equity	N/A	N/A	700	34,127 50,234	
Mondelez International	Equity	N/A	N/A	104,383	3,920,625 3,925,845	
Mondi PLC	Equity	N/A	N/A	17,200	316,567 312,609	
Monolithic Power Systems, Incorporated	Equity	N/A	N/A	5,945	251,096 251,771	
Monotype Imaging Holdings, Incorporated	Equity	N/A	N/A	15,576	208,925 438,776	
Monsanto Company	Equity	N/A	N/A	79,754	8,518,566 9,948,514	
Moog, Incorporated	Equity	N/A	N/A	18,586	845,029 1,354,734	
Morgan Stanley	Equity	N/A	N/A	196,461	6,387,695 6,351,584	
Moringa Milk Industry	Equity	N/A	N/A	25,000	78,975 90,075	
Morrison Supermarkets	Equity	N/A	N/A	267,800	1,233,335 848,658	
Mount Gibson Iron Limited	Equity	N/A	N/A	93,339	77,806 60,729	
MS & AD Insurance	Equity	N/A	N/A	8,500	254,153 205,316	
Muenchener Rueckver AG	Equity	N/A	N/A	7,500	1,421,893 1,660,824	
Murphy Oil Corporation	Equity	N/A	N/A	73,600	3,648,337 4,892,928	
Myer Holdings Limited	Equity	N/A	N/A	205,700	405,078 411,205	
MYR Group, Incorporated	Equity	N/A	N/A	26,581	461,701 673,297	
Myriad Genetics, Incorporated	Equity	N/A	N/A	83,700	2,217,791 3,257,604	
Nabtesco Corporation	Equity	N/A	N/A	74,900	1,691,362 1,656,147	
NACCO Industries, Incorporated	Equity	N/A	N/A	4,700	138,829 237,820	
National Australia Bank Limited	Equity	N/A	N/A	39,460	1,026,484 1,219,706	
National Cinemedia, Incorporated	Equity	N/A	N/A	50,451	791,313 883,397	
National Retail Properties, Incorporated	Equity	N/A	N/A	19,182	408,061 713,379	
Natixis	Equity	N/A	N/A	65,800	469,236 421,848	
Natural Grocers by Vitamin C	Equity	N/A	N/A	27,005	564,532 578,177	
Natures Sunshine Products, Incorporated	Equity	N/A	N/A	7,100	103,929 120,487	
Natus Medical, Incorporated	Equity	N/A	N/A	66,904	1,704,655 1,681,967	
Navidea Pharmaceuticas, Incorporated	Equity	N/A	N/A	110,553	235,304 163,618	
Navient Corporation	Equity	N/A	N/A	35,100	252,697 621,621	
NCI Building Systems, Incorporated	Equity	N/A	N/A	38,519	567,158 748,424	
Nelnet, Incorporated	Equity	N/A	N/A	292,005	1,141,477 1,209,963	

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			Plan No.	001
(a)	(b)					(e)
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	(d) Cost	Current Value
	Common & Preferred Stocks (continued)					
	Nestle SA	Equity	N/A	N/A	66,536 \$	3,746,987 \$ 5,163,859
	Neopost SA	Equity	N/A	N/A	6,700	484,055 501,941
	Netflix, Incorporated	Equity	N/A	N/A	103,040	6,073,903 7,331,584
	Netgear, Incorporated	Equity	N/A	N/A	9,785	311,392 340,224
	Newhome Copany LLC	Equity	N/A	N/A	14,720	161,948 207,994
	New Media Investment Group	Equity	N/A	N/A	33,884	504,559 477,539
	Newmont Mining Corporatino	Equity	N/A	N/A	67,110	1,723,871 1,707,278
	Next Group PLC	Equity	N/A	N/A	10,804	514,599 1,197,219
	Nexstar Broadcasting Group, Incorporated	Equity	N/A	N/A	44,465	1,348,377 2,294,839
	Nice Systems Limited	Equity	N/A	N/A	54,379	1,414,014 2,219,207
	Nichirei Corporation	Equity	N/A	N/A	61,000	303,164 292,641
	Nike, Incorporated Class B	Equity	N/A	N/A	124,608	9,650,077 9,663,350
	Nippon Electric Gas Company	Equity	N/A	N/A	43,000	232,955 250,432
	Nippon Express Company Limited	Equity	N/A	N/A	31,000	153,887 150,249
	Nippon Konpo Unyu Soko Company	Equity	N/A	N/A	20,200	363,058 349,744
	Nippon Steel & Sumitomo Metal Corporation	Equity	N/A	N/A	18,400	56,998 58,848
	Nippon Telegraph & Telephone	Equity	N/A	N/A	51,000	2,429,964 3,180,672
	Nishi Nippon City Bank Limited	Equity	N/A	N/A	31,000	71,668 76,196
	Nissan Motor Company Limited	Equity	N/A	N/A	217,100	2,236,754 2,073,956
	Nitto Kogyo Corporation	Equity	N/A	N/A	20,300	336,173 446,658
	NKSJ Holdings, Incorporated	Equity	N/A	N/A	1,200	30,935 32,314
	NKT Holding AS	Equity	N/A	N/A	2,353	116,847 161,625
	Noble Corporation	Equity	N/A	N/A	155,900	5,734,170 5,232,004
	NOF Corporation	Equity	N/A	N/A	58,000	220,569 414,510
	Nokia OYJ	Equity	N/A	N/A	311,587	2,241,518 2,359,408
	Noodles & Company	Equity	N/A	N/A	5,105	200,739 175,561
	Nordea AB	Equity	N/A	N/A	53,515	774,495 755,283
	Nomura Real Estate Holdings	Equity	N/A	N/A	8,100	143,911 153,277
	Nomura Securities Company Limited	Equity	N/A	N/A	25,900	197,120 183,311
	Nordstrom, Incorporated	Equity	N/A	N/A	58,000	3,226,974 3,939,940
	Northern Star Resources Limited	Equity	N/A	N/A	27,988	16,177 33,253
	Northrop Grumman Corporation	Equity	N/A	N/A	57,000	3,015,538 6,818,910
	Northwestern Corporation	Equity	N/A	N/A	26,122	1,042,537 1,363,307
	Novartis AG	Equity	N/A	N/A	79,735	4,962,845 7,235,154
	Novavax, Incorporated	Equity	N/A	N/A	117,849	372,365 544,462
	Novo Nordisk A/S	Equity	N/A	N/A	140,186	6,092,415 6,468,054
	NPS Pharmaceuticals, Incorporated	Equity	N/A	N/A	31,600	223,259 1,044,380
	NRG Energy, Incorporated	Equity	N/A	N/A	69,460	2,339,253 2,583,912
	NRG Yield, Incorporated Class A	Equity	N/A	N/A	19,800	538,192 1,030,590
	NTT Docomo, Incorporated	Equity	N/A	N/A	53,200	826,311 909,554
	Nu Skin Enterprises, Incorporated	Equity	N/A	N/A	29,397	1,074,836 2,174,202
	NWS Holdings Limtied	Equity	N/A	N/A	24,000	41,869 44,529
	NXP Semiconductors	Equity	N/A	N/A	49,065	2,543,233 3,247,122
	OC Oerlikon Corporation	Equity	N/A	N/A	25,334	422,492 367,097
	Okinawa Eletric Power Company	Equity	N/A	N/A	2,900	106,280 103,485
	Old Dominion Freight Lines, Incorporated	Equity	N/A	N/A	37,517	1,588,723 2,389,083
	Omega Healthcare Investors, Incorporated	Equity	N/A	N/A	69,305	1,704,230 2,554,582
	Omnova Solutions, Incorporated	Equity	N/A	N/A	120,965	900,394 1,099,572
	Omnicare, Incorporated	Equity	N/A	N/A	53,300	2,979,537 3,548,181
	On Assignment, Incorporated	Equity	N/A	N/A	56,849	1,989,076 2,022,119
	Onebeacon Insurance Group Limited	Equity	N/A	N/A	56,170	791,160 872,882
	Open Text Corporation	Equity	N/A	N/A	204,500	7,246,447 9,803,730
	Optimal Payments PLC	Equity	N/A	N/A	45,623	306,690 308,411

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

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EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(a)	(b)				(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>						
Orbital Science	Equity	N/A	N/A	32,290	\$ 847,807	\$ 954,170
Orexigen Therapeutics, Incorporated	Equity	N/A	N/A	223,386	1,459,899	1,380,525
Oriflame Cosmetics SA	Equity	N/A	N/A	9,100	315,303	212,080
Orix Corporation	Equity	N/A	N/A	14,100	86,527	233,689
Osaka Gas Company Limited	Equity	N/A	N/A	37,000	133,150	155,589
Oshkosh Corporation Class B	Equity	N/A	N/A	45,900	1,601,119	2,548,827
Otsuka Holdings Company	Equity	N/A	N/A	29,900	984,856	926,765
Owens III, Incorporated	Equity	N/A	N/A	18,300	284,084	633,912
Pace PLC	Equity	N/A	N/A	77,476	562,107	470,700
Pacific Andes Resources	Equity	N/A	N/A	1,533,000	434,271	149,989
Pacific Textiles Holdings	Equity	N/A	N/A	77,000	98,152	96,269
Pacwest Bancorp	Equity	N/A	N/A	88,814	3,106,897	3,834,100
Panoramic Resources Limited	Equity	N/A	N/A	169,800	583,982	129,048
Paramount Bed Holdings Company Limited	Equity	N/A	N/A	7,800	256,879	246,385
Pargesa Holding SA	Equity	N/A	N/A	4,200	293,921	377,233
Parker Drilling Company	Equity	N/A	N/A	148,545	738,283	968,513
Paperlinx Limited	Equity	N/A	N/A	115,200	284,957	4,236
Parexel International Corporation	Equity	N/A	N/A	20,341	378,879	1,074,818
Parker Hannifin Corporation	Equity	N/A	N/A	19,255	2,411,092	2,420,931
Partnerre Limited	Equity	N/A	N/A	30,110	2,849,579	3,288,313
Pattern Energy Group, Incorporated	Equity	N/A	N/A	21,145	501,058	700,111
Paychex, Incorporated	Equity	N/A	N/A	57,900	2,157,452	2,406,324
PDC Energy, Incorporated	Equity	N/A	N/A	30,135	1,230,124	1,903,025
PDF Solutions, Incorporated	Equity	N/A	N/A	9,800	208,554	207,956
Pebblebrook Hotel Trust	Equity	N/A	N/A	45,160	1,025,680	1,669,114
Perficient, Incorporated	Equity	N/A	N/A	36,069	343,840	702,263
Perrigo Company Limited	Equity	N/A	N/A	15,491	2,224,817	2,257,968
Petrofac Limited	Equity	N/A	N/A	9,800	204,169	209,523
Pfizer, Incorporated	Equity	N/A	N/A	333,380	8,247,348	9,894,718
PG&E Corporation	Equity	N/A	N/A	80,800	3,388,002	3,880,016
Philip Morris International	Equity	N/A	N/A	24,400	2,136,382	2,057,164
Pier 1 Imports, Incorporated	Equity	N/A	N/A	63,390	1,199,372	976,840
Pinnacle Financial	Equity	N/A	N/A	23,012	349,894	908,514
Pinnacle West Capital Corporation	Equity	N/A	N/A	62,700	2,404,288	3,626,568
Pioneer Natural Resources Company	Equity	N/A	N/A	41,865	5,912,526	9,620,996
Pitney Bowes, Incorporated	Equity	N/A	N/A	64,900	963,308	1,792,538
Plantronics, Incorporated	Equity	N/A	N/A	108,253	4,993,122	5,201,557
Plenus Company Limited	Equity	N/A	N/A	20,300	278,687	467,498
Plexus Corporation	Equity	N/A	N/A	225,430	6,649,988	9,758,865
Ply Gem Holdings, Incorporated	Equity	N/A	N/A	34,010	472,641	343,501
PNC Financial Services Group, Incorporated	Equity	N/A	N/A	57,431	4,464,120	5,114,231
Poly Property Group Company	Equity	N/A	N/A	537,000	320,160	323,795
Popeyes Louisiana Kitchen	Equity	N/A	N/A	17,145	228,880	749,408
Popular, Incorporated	Equity	N/A	N/A	23,337	791,501	797,659
Psotnl NV	Equity	N/A	N/A	98,300	432,176	464,377
Portland General Electric Company	Equity	N/A	N/A	23,500	496,251	814,745
Portola General Electric Company	Equity	N/A	N/A	25,900	612,905	755,762
Post Holdings, Incorporated	Equity	N/A	N/A	23,675	1,193,386	1,205,295
Potlatch Holdings, Incorporated	Equity	N/A	N/A	22,032	790,658	912,125
Power Assets Holdings Limited	Equity	N/A	N/A	29,500	258,664	257,874
Power Integrations, Incorporated	Equity	N/A	N/A	17,300	849,264	995,442
Precision Castparts Corporation	Equity	N/A	N/A	33,456	7,537,197	8,444,294
Premier Foods PLC	Equity	N/A	N/A	366,515	559,382	332,440

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(a)	(b)				(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>						
Premier Oil PLC	Equity	N/A	N/A	274,831	\$ 1,571,557	\$ 1,580,278
Premier Global Services, Incorporated	Equity	N/A	N/A	24,875	272,328	332,081
Prestige Brands Holdings, Incorporated	Equity	N/A	N/A	21,665	736,022	734,227
Priceline Group, Incorporated	Equity	N/A	N/A	8,384	8,598,141	10,085,952
Pricesmart, Incorporated	Equity	N/A	N/A	5,547	318,801	482,811
Primary Health Care Limited	Equity	N/A	N/A	45,700	194,108	195,642
Primerica Incorporated	Equity	N/A	N/A	39,640	995,787	1,896,774
Primoris Services Corporation	Equity	N/A	N/A	34,716	449,129	1,001,209
Principal Financial Group	Equity	N/A	N/A	17,500	478,811	883,400
Proassurance Corporation	Equity	N/A	N/A	19,475	542,686	864,690
Proctor & Gamble Company	Equity	N/A	N/A	31,150	2,218,983	2,448,079
Prologis, Incorporated	Equity	N/A	N/A	82,890	3,376,853	3,405,950
Prosperity Bancshares, Incorporated	Equity	N/A	N/A	20,798	768,443	1,301,955
Prosperity Real Estate Investment Trust	Equity	N/A	N/A	66,000	20,589	20,608
Proto Labs, Incorporated	Equity	N/A	N/A	61,682	3,265,312	5,052,989
Prudential PLC	Equity	N/A	N/A	75,779	798,527	1,739,109
PS Business Pks Incorporated, California	Equity	N/A	N/A	24,020	1,603,353	2,005,430
PTC Therapeutics, Incorporated	Equity	N/A	N/A	22,135	368,332	578,609
Publicis Groupe	Equity	N/A	N/A	6,887	517,612	584,117
Public Service Enterprise	Equity	N/A	N/A	121,100	4,144,116	4,939,669
Puma Biotechnology, Incorporated	Equity	N/A	N/A	3,101	49,616	204,666
QEP Resources Incorporated	Equity	N/A	N/A	110,566	3,254,438	3,814,527
Qlogic Corporation	Equity	N/A	N/A	44,357	590,543	447,562
Qlik technologies, Incorporated	Equity	N/A	N/A	118,700	2,619,022	2,684,994
Qualys, Incorporated	Equity	N/A	N/A	29,560	572,304	758,805
Questcor Pharmaceuticals, Incorporated	Equity	N/A	N/A	11,300	365,193	1,045,137
Quidel Corporation	Equity	N/A	N/A	64,495	1,648,387	1,425,984
Radian Group, Incorporated	Equity	N/A	N/A	12,100	175,450	179,201
Radware Limited	Equity	N/A	N/A	77,220	1,331,361	1,302,701
Radioshack Corporation	Equity	N/A	N/A	47,200	473,112	46,728
Ralph Lauren Corporation	Equity	N/A	N/A	34,400	6,089,223	5,527,736
Ramsay Health Care Limited	Equity	N/A	N/A	191	4,262	8,195
Raven Industries, Incorporated	Equity	N/A	N/A	32,616	651,448	1,080,894
Raytheon Company	Equity	N/A	N/A	11,700	615,653	1,079,325
RBC Bearings, Incorporated	Equity	N/A	N/A	18,398	675,738	1,178,392
Realpage, Incorporated	Equity	N/A	N/A	59,100	1,035,189	1,328,568
Red Hat, Incorporated	Equity	N/A	N/A	70,994	3,769,781	3,923,838
Red Robin Gourmet Burgers	Equity	N/A	N/A	9,505	706,940	676,756
Regal Entertainment Group	Equity	N/A	N/A	122,965	1,592,418	2,594,562
Regeneron Pharmaceuticals, Incorporated	Equity	N/A	N/A	9,700	3,275,512	2,739,959
Regions Financial Corporation	Equity	N/A	N/A	298,965	3,433,789	3,175,008
Reinsurance Group Of America	Equity	N/A	N/A	36,012	2,334,222	2,841,347
Reliance Steel & Aluminum Company	Equity	N/A	N/A	7,900	433,204	582,309
Relypsa, Incorporated	Equity	N/A	N/A	18,700	205,700	454,784
Remy International, Incorporated	Equity	N/A	N/A	29,329	597,804	684,832
Renaissance Holdings Limited	Equity	N/A	N/A	24,970	2,606,272	2,671,790
Renault SA	Equity	N/A	N/A	21,554	1,515,558	1,948,803
Rengo Company Limited	Equity	N/A	N/A	93,000	597,060	444,321
Repsol SA	Equity	N/A	N/A	64,958	1,749,131	1,738,944
Republic Services, Incorporated	Equity	N/A	N/A	33,800	1,173,448	1,283,386
Resona Holdings, Incorporated	Equity	N/A	N/A	253,200	1,272,206	1,474,634
Retail Opportunity Investment	Equity	N/A	N/A	87,329	1,292,845	1,373,685
Rex Energy Corporation	Equity	N/A	N/A	43,635	500,146	772,776

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(a)	(b)				(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>						
Rexnord Corporation	Equity	N/A	N/A	12,995 \$	334,621 \$	365,809
RHI AG	Equity	N/A	N/A	499,408	385,319	482,944
Rigel Pharmaceuticals, Incorporated	Equity	N/A	N/A	102,780	1,015,128	373,091
Rheinmetall AG	Equity	N/A	N/A	9,600	857,830	677,928
Rite Aid Corporation	Equity	N/A	N/A	68,490	515,096	491,073
RLJ Lodging Trust	Equity	N/A	N/A	99,360	2,408,484	2,870,510
Rio Tinto PLC	Equity	N/A	N/A	53,464	2,759,003	2,913,201
Roche Holding AG	Equity	N/A	N/A	20,482	3,522,797	6,102,612
Rock-Tenn Company Class A	Equity	N/A	N/A	8,500	620,129	897,515
Rogers Corporation	Equity	N/A	N/A	53,777	1,993,708	3,568,104
Rollins, Incorporated	Equity	N/A	N/A	25,982	257,463	779,460
Rolls Royce Holdings PLC	Equity	N/A	N/A	88,477	1,206,069	1,611,166
Rollys Royce Holdings Cents PLC	Equity	N/A	N/A	11,855,918	1	17,784
Rosetta Resources, Incorporated	Equity	N/A	N/A	18,410	489,473	1,009,789
Royal Bank of Scotland Group	Equity	N/A	N/A	21,095	1,231,752	1,239,689
Royal Caribbean Cruises Limited	Equity	N/A	N/A	108,900	3,805,990	6,054,840
Royal Dutch Shell PLC	Equity	N/A	N/A	232,013	6,902,600	9,874,855
RPX Corporation	Equity	N/A	N/A	32,441	533,143	575,828
RSA Insurance Group PLC	Equity	N/A	N/A	4,620	49,429	37,541
RSP Permian, Incorporated	Equity	N/A	N/A	46,585	1,044,620	1,511,217
Ruckus Wireless, Incorporated	Equity	N/A	N/A	132,835	1,563,218	1,582,065
Rush Enterprises Incorporated Class A	Equity	N/A	N/A	22,382	456,832	775,984
RWE AG	Equity	N/A	N/A	12,500	839,873	536,321
Ryder System, Incorporated	Equity	N/A	N/A	41,815	2,517,266	3,683,483
Ryosan Company Limited	Equity	N/A	N/A	2,800	61,156	58,347
Saab Ab-B	Equity	N/A	N/A	39,800	342,349	1,222,911
Sabana Shariah Comp Ind Reit	Equity	N/A	N/A	92,000	91,008	75,900
Safeguard Scientifics, Incorporated	Equity	N/A	N/A	19,352	311,783	402,328
Safeway, Incorporated	Equity	N/A	N/A	16,700	393,989	573,478
Safran SA	Equity	N/A	N/A	24,738	821,119	1,619,673
Sainsbury J PLC	Equity	N/A	N/A	98,500	450,361	539,697
Saizeriya Company Limited	Equity	N/A	N/A	27,100	379,144	344,284
Salesforce.Com	Equity	N/A	N/A	133,258	7,042,929	7,739,625
Sally Beauty Company	Equity	N/A	N/A	19,962	203,620	500,647
Salmar ASA	Equity	N/A	N/A	15,932	271,813	277,921
Sandisk Corporation	Equity	N/A	N/A	16,400	957,170	1,712,652
Sankyo Company Limited	Equity	N/A	N/A	1,700	68,328	65,362
Sankyu, Incorporated	Equity	N/A	N/A	97,000	465,489	491,199
Sanofi	Equity	N/A	N/A	32,256	2,769,708	3,441,715
Sap SE	Equity	N/A	N/A	27,949	2,208,359	2,156,265
Sapient Corporation	Equity	N/A	N/A	20,069	220,759	326,021
SBA Communications Corporation	Equity	N/A	N/A	40,700	3,624,947	4,163,610
Sberbank	Equity	N/A	N/A	52,107	698,405	529,928
Scana Corporation	Equity	N/A	N/A	21,100	990,885	1,135,391
Schneider Electric SA	Equity	N/A	N/A	25,313	1,629,045	2,391,066
Schlumberger Limited	Equity	N/A	N/A	31,408	3,363,169	3,704,574
Schloastic Corporation	Equity	N/A	N/A	600	21,325	20,454
Science Applications International	Equity	N/A	N/A	4,385	174,199	193,642
Scor	Equity	N/A	N/A	18,300	476,559	629,886
Seacor Holdings, Incorporated	Equity	N/A	N/A	29,800	2,310,530	2,451,050
Seagate Technology	Equity	N/A	N/A	233,000	9,747,789	11,895,403
Securitas AB-B	Equity	N/A	N/A	62,929	723,983	746,402
Seiko Epson Corporation	Equity	N/A	N/A	3,100	27,568	131,781

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a)		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			(d)		(e)	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost		Current Value	
<u>Common & Preferred Stocks (continued)</u>								
Sekisui Chemical Company Limited	Equity	N/A	N/A	132,000	\$	1,028,622	\$	1,528,413
Sekisui House Limited	Equity	N/A	N/A	111,800		1,510,128		1,532,898
Select Comfort Corporation	Equity	N/A	N/A	210,200		4,573,500		4,342,732
Sembcorp Industries Limited	Equity	N/A	N/A	93,000		360,940		400,521
Semgroup Corporation Class A	Equity	N/A	N/A	22,925		778,703		1,807,636
Semtech Corporation	Equity	N/A	N/A	30,222		805,343		790,305
Sempra Energy	Equity	N/A	N/A	41,525		3,578,196		4,348,083
Senomyx, Incorporated	Equity	N/A	N/A	10,810		90,180		93,507
Seven Group Holdings Limited	Equity	N/A	N/A	46,500		513,120		324,908
Seven & I Holdings Company Limited	Equity	N/A	N/A	32,300		968,684		1,360,805
Service Now, Incorporated	Equity	N/A	N/A	25,100		1,193,338		1,555,196
Shimachu Company Limited	Equity	N/A	N/A	7,000		146,314		167,149
Shinetsu Chemical Company Limited	Equity	N/A	N/A	600		33,874		36,472
Shire PLC	Equity	N/A	N/A	38,856		1,590,167		3,055,986
Shoe Carnival, Incorporated	Equity	N/A	N/A	24,174		633,179		499,193
Shougang Fushan Resources	Equity	N/A	N/A	1,448,000		392,373		297,057
Shoretel, Incorporated	Equity	N/A	N/A	85,825		506,452		559,579
Sias SPA	Equity	N/A	N/A	56,700		512,813		728,257
Siemens AG	Equity	N/A	N/A	10,609		1,358,585		1,403,146
Sigma Pharmaceuticals Limited	Equity	N/A	N/A	60,185		40,007		41,428
Signature Bank New York	Equity	N/A	N/A	13,521		390,285		1,706,080
Signature Telecommunications	Equity	N/A	N/A	29,000		85,914		89,542
Silicon Laboratories, Incorporated	Equity	N/A	N/A	29,620		1,231,671		1,458,785
Simon Property Group, Incorporated	Equity	N/A	N/A	30,978		3,957,359		5,151,022
Six Flags Entertainment Corporation	Equity	N/A	N/A	27,927		577,021		1,188,294
Sky Networks Television Limited	Equity	N/A	N/A	97,200		489,151		584,660
Skywest, Incorporated	Equity	N/A	N/A	7,800		115,443		95,316
Skyworks Solutions, Incorporated	Equity	N/A	N/A	50,040		1,041,282		2,349,878
SLM Corporation	Equity	N/A	N/A	35,100		140,718		291,681
SM Energy Company	Equity	N/A	N/A	42,700		3,489,181		3,591,070
SMC Corporation	Equity	N/A	N/A	7,400		1,298,765		1,988,158
Smurfitt Kappa Group PLC	Equity	N/A	N/A	54,703		756,728		1,237,929
Societe Generale	Equity	N/A	N/A	24,013		1,020,262		1,271,488
Softbank Corporation	Equity	N/A	N/A	7,400		339,377		556,702
Sojitz Corporation	Equity	N/A	N/A	56,600		100,392		99,984
Solar Capital Limited	Equity	N/A	N/A	48,920		1,094,354		1,041,023
Sonoco Products Company	Equity	N/A	N/A	60,128		1,998,835		2,641,423
Sorin Spa Milano	Equity	N/A	N/A	28,700		85,795		84,257
South Jersey Industries, Incorporated	Equity	N/A	N/A	15,100		805,663		912,191
South State Corporation	Equity	N/A	N/A	7,100		410,680		430,757
Southwest Airlines Company	Equity	N/A	N/A	60,200		1,021,157		1,616,972
Southwest Gas Corporation	Equity	N/A	N/A	27,500		1,080,625		1,451,725
Southwestern Energy Company	Equity	N/A	N/A	48,200		2,198,464		2,192,618
Sovran Self Storage, Incorporated	Equity	N/A	N/A	17,966		705,193		1,387,874
SP Ausnet	Equity	N/A	N/A	159,549		170,094		201,032
Spartanash Company	Equity	N/A	N/A	43,575		781,678		915,511
Spectrum Brands Holdings, Incorporated	Equity	N/A	N/A	15,450		852,227		1,329,164
Spectranetics Corporation	Equity	N/A	N/A	53,984		1,007,902		1,235,154
Spirit Airlines, Incorporated	Equity	N/A	N/A	32,949		822,215		2,083,695
Splunk, Incorporated	Equity	N/A	N/A	39,761		2,009,084		2,199,976
SS&C Technologies Holdings	Equity	N/A	N/A	23,276		429,411		1,029,265
St Barbara Limited	Equity	N/A	N/A	176,700		387,288		19,160
Staar Surgical Company	Equity	N/A	N/A	76,336		1,287,500		1,282,445

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

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Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>						
Stade Arzneimittel AG	Equity	N/A	N/A	11,500	\$ 550,897	\$ 546,970
Stag Industries, Incorporated	Equity	N/A	N/A	37,260	608,504	894,613
Standard Pacific Corporation	Equity	N/A	N/A	213,805	1,594,372	1,838,723
Starbucks Corporation	Equity	N/A	N/A	69,041	4,220,574	5,342,392
Starhub Limited	Equity	N/A	N/A	20,000	57,360	66,886
Starz Series A	Equity	N/A	N/A	32,900	981,259	980,091
State Street Corporation	Equity	N/A	N/A	41,670	2,153,000	2,802,724
Statoil ASA	Equity	N/A	N/A	81,003	2,316,205	2,491,895
Steel Dynamics, Incorporated	Equity	N/A	N/A	101,420	1,883,440	1,820,489
Steelcase, Incorporated	Equity	N/A	N/A	214,200	2,033,742	3,240,846
Sterling Bancorp	Equity	N/A	N/A	103,303	1,158,535	1,239,636
Sterling Construction, Incorporated	Equity	N/A	N/A	53,103	480,404	498,106
Stewart Information	Equity	N/A	N/A	36,305	525,195	1,125,818
Stifel Financial Corporation	Equity	N/A	N/A	24,877	531,310	1,177,926
STX OSV Holding Limited	Equity	N/A	N/A	274,200	387,333	231,998
Suez Environnement SA	Equity	N/A	N/A	60,784	1,093,589	1,161,582
Sumitomo Chemical Company Limited	Equity	N/A	N/A	44,000	135,871	166,349
Sumitomo Corporation	Equity	N/A	N/A	125,700	1,606,005	1,694,436
Sumitomo Electric Industries	Equity	N/A	N/A	21,800	308,273	306,648
Sumitomo Forestry Company Limited	Equity	N/A	N/A	15,300	174,046	186,672
Sumitomo Metal Mining Company Limited	Equity	N/A	N/A	40,000	541,524	649,524
Sumitomo Mitsui Financial GR	Equity	N/A	N/A	98,100	3,864,873	4,134,915
Sumitomo Real Estate Sales Company	Equity	N/A	N/A	800	24,873	25,547
Sumitomo Realty & Development	Equity	N/A	N/A	4,000	106,887	171,640
Sumitomo Rubber	Equity	N/A	N/A	12,700	199,589	183,282
Suncor Energy, Incorporated	Equity	N/A	N/A	47,802	657,038	1,027,743
Suncor Energy, Incorporated	Equity	N/A	N/A	24,361	803,116	1,038,509
Suncorp Group Limited	Equity	N/A	N/A	22,249	214,169	293,687
Sun Edison, Incorporated	Equity	N/A	N/A	17,150	121,887	387,590
Sunopta, Incorporated	Equity	N/A	N/A	53,310	612,790	750,605
Sunpower Corporation	Equity	N/A	N/A	4,970	86,267	203,671
Sunstone Hotel Investments Incorporated	Equity	N/A	N/A	69,700	615,389	1,040,621
Suntory Beverage & Food Limited	Equity	N/A	N/A	27,800	865,131	1,090,816
Suntrust Banks, Incorporated	Equity	N/A	N/A	60,745	2,353,997	2,433,445
Surmodics, Incorporated	Equity	N/A	N/A	18,696	328,782	400,468
Suzuki Motor Corporation	Equity	N/A	N/A	41,100	1,028,050	1,287,303
Svenska Cellulo SA	Equity	N/A	N/A	82,181	2,178,165	2,144,376
Swatch Group AG	Equity	N/A	N/A	3,903	2,317,403	2,361,081
Swedbank AB	Equity	N/A	N/A	28,700	461,204	761,813
Swift Transportation Company	Equity	N/A	N/A	38,985	567,151	983,592
Swire Pacific Limited	Equity	N/A	N/A	36,000	439,271	443,125
Swiss Life Holding AG	Equity	N/A	N/A	6,836	799,393	1,621,122
Swiss RE Limited	Equity	N/A	N/A	15,100	141,111	1,343,900
Symantec Corporation	Equity	N/A	N/A	37,600	786,355	861,040
Syngenta AG	Equity	N/A	N/A	4,317	1,603,312	1,607,219
Symrise AG	Equity	N/A	N/A	17,602	472,362	958,794
Synageva Biopharm Corporation	Equity	N/A	N/A	5,200	214,323	544,960
Synchronoss Technologies, Incorporated	Equity	N/A	N/A	30,213	762,790	1,056,246
Synaptics, Incorporated	Equity	N/A	N/A	21,622	1,387,888	1,959,818
3I Group PLC	Equity	N/A	N/A	32,300	230,981	225,454
Taiwan Semiconductor Mtg Company	Equity	N/A	N/A	45,040	811,052	963,406
Takeda Chemical Industries	Equity	N/A	N/A	3,600	172,438	166,985
Tal International	Equity	N/A	N/A	14,800	307,511	656,528

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value				
(a)	(b)				(d)	(e)
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Cost	Current Value
	<u>Common & Preferred Stocks (continued)</u>					
	Talmer Bancorp, Incorporated	Equity	N/A	N/A	38,157 \$	510,944 \$ 526,185
	Targa Resources Corporation	Equity	N/A	N/A	5,495	258,318 766,937
	Tassal Group Limited	Equity	N/A	N/A	24,323	69,895 88,531
	Tate & Lyle PLC	Equity	N/A	N/A	40,100	432,290 468,368
	Tatts Group Limited	Equity	N/A	N/A	14,635	36,747 45,126
	TCF Financial Corporation	Equity	N/A	N/A	234,963	3,174,506 3,846,344
	TE Connectivity Limited	Equity	N/A	N/A	64,400	2,982,063 3,982,496
	Team Health Holdings, Incorporated	Equity	N/A	N/A	48,791	1,456,756 2,436,623
	Technicolor	Equity	N/A	N/A	132,248	796,482 1,069,500
	Telecom Italia SPA	Equity	N/A	N/A	500,170	451,228 717,504
	Teledyne Technologies, Incorporated	Equity	N/A	N/A	13,186	908,602 1,281,284
	Telefonica Deutschland Holdings	Equity	N/A	N/A	93,245	752,893 767,103
	Telefonica SA	Equity	N/A	N/A	35,200	563,076 603,456
	Teleflex, Incorporated	Equity	N/A	N/A	8,187	483,079 864,547
	Teleperformance	Equity	N/A	N/A	3,130	194,906 191,816
	Teliasonera AB	Equity	N/A	N/A	70,700	535,859 516,477
	Telstra Corporation Limited	Equity	N/A	N/A	69,673	231,149 342,094
	Tenneco, Incorporated	Equity	N/A	N/A	34,565	976,564 2,270,921
	Teradata Corporation	Equity	N/A	N/A	58,500	2,723,884 2,351,700
	Teradyne, Incorporated	Equity	N/A	N/A	65,294	690,320 1,279,762
	Terreno Realty Corporation	Equity	N/A	N/A	34,303	629,880 663,077
	Tesaro, Incorporated	Equity	N/A	N/A	22,409	321,392 697,144
	Tesco PLC	Equity	N/A	N/A	136,700	662,079 666,959
	Tesla Motors, Incorporated	Equity	N/A	N/A	8,428	1,914,167 2,023,226
	Tesoro Corporation	Equity	N/A	N/A	32,400	1,679,544 1,900,908
	Tetraphase Pharmaceuticals	Equity	N/A	N/A	45,885	570,365 618,989
	Texas Cap Bancshares, Incorporated	Equity	N/A	N/A	16,851	755,847 909,111
	Texas Roadhouse, Incorporated	Equity	N/A	N/A	21,000	303,702 546,000
	Textura Corporation	Equity	N/A	N/A	22,375	793,381 528,945
	Thales SA	Equity	N/A	N/A	18,874	867,070 1,141,666
	Thomas Cook Group PLC	Equity	N/A	N/A	158,339	481,651 361,757
	The Travelers Companies, Incorporated	Equity	N/A	N/A	45,000	3,233,353 4,233,150
	Tieto OYJ	Equity	N/A	N/A	26,300	610,121 778,232
	Time, Incorporated	Equity	N/A	N/A	23,066	541,473 558,659
	Time Warner, Incorporated	Equity	N/A	N/A	106,545	5,677,707 7,484,786
	Timken Company	Equity	N/A	N/A	9,300	262,253 630,912
	TJX Companies, Incorporated	Equity	N/A	N/A	268,632	13,813,136 14,277,791
	T-Mobile US, Incorporated	Equity	N/A	N/A	52,045	1,721,079 1,749,753
	Toagosei Company Limited	Equity	N/A	N/A	101,000	428,883 454,626
	Toho Holding Company Limited	Equity	N/A	N/A	20,200	364,676 406,971
	Tokai Rika Company Limited	Equity	N/A	N/A	4,000	66,912 80,312
	Tokai Tokyo Financial Holdings	Equity	N/A	N/A	15,400	111,701 119,789
	Tokio Marine Holdings, Incorporated	Equity	N/A	N/A	7,800	243,367 256,548
	Tokyo Gas Company Limited	Equity	N/A	N/A	14,000	70,720 81,812
	Tokyu Fudosan Holdings Corporation	Equity	N/A	N/A	6,500	55,634 51,266
	Toll Holdings Limited	Equity	N/A	N/A	106,600	483,644 512,838
	Tongda Group Holdings Limited	Equity	N/A	N/A	1,026,000	139,795 136,345
	Toppan Forms Company Limited	Equity	N/A	N/A	40,500	502,397 407,379
	Toppan Printing Company Limited	Equity	N/A	N/A	12,000	69,219 92,845
	Tornier NV	Equity	N/A	N/A	22,140	419,587 517,633
	Toronto-Dominion Bank	Equity	N/A	N/A	39,900	1,424,818 2,051,259
	Tosoh Corporation	Equity	N/A	N/A	46,000	139,418 222,951
	Total SA	Equity	N/A	N/A	61,538	3,876,143 4,459,905

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						(e)	
(a)	(b)	(d)	(e)	(d)	(e)	(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Cost	Current Value	Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>							
Tower Group, Incorporated	Equity	N/A	N/A	46,792	\$	828,686	\$ 84,226
Toyo Ink SC Holdings Company	Equity	N/A	N/A	31,000		136,638	153,003
Toyo Tire & Rubber Company	Equity	N/A	N/A	115,000		488,803	1,955,925
Toyoda Gosei Company	Equity	N/A	N/A	8,600		189,934	178,613
Toyota Industries Corporation	Equity	N/A	N/A	4,200		112,008	215,754
Toyota Motor Corporation	Equity	N/A	N/A	27,700		1,254,743	1,651,225
Transdigm Group, Incorporated	Equity	N/A	N/A	20,920		1,695,295	3,499,079
Trex Company, Incorporated	Equity	N/A	N/A	60,713		1,490,769	1,749,749
Trevena, Incorporated	Equity	N/A	N/A	15,800		110,600	89,270
Trico Bancshares	Equity	N/A	N/A	42,029		959,705	972,551
Trimas Corporation	Equity	N/A	N/A	28,898		751,369	1,101,881
Trimble Navigation Limited	Equity	N/A	N/A	245,100		6,789,610	9,056,445
Trinet Group, Incorporated	Equity	N/A	N/A	15,770		252,320	379,584
Trinity Industries, Incorporated	Equity	N/A	N/A	61,000		2,485,748	2,666,920
Trinity Mirror PLC	Equity	N/A	N/A	76,300		731,141	198,480
Tripadvisor, Incorporated	Equity	N/A	N/A	21,169		2,228,544	2,300,224
Tristate Capital Holdings, Incorporated	Equity	N/A	N/A	44,233		544,565	625,012
TRW Automotive Holdings Corporation	Equity	N/A	N/A	18,200		582,652	1,629,264
Tronox Limited	Equity	N/A	N/A	27,905		570,160	750,645
Truly International Holdings	Equity	N/A	N/A	288,000		175,045	175,392
Tsumura & Company	Equity	N/A	N/A	15,300		430,784	360,808
TTM Technologies	Equity	N/A	N/A	31,848		252,557	261,154
TUI Travel PLC	Equity	N/A	N/A	62,018		253,114	426,994
Tuesday Morning Corporation	Equity	N/A	N/A	123,060		1,688,630	2,192,929
Tumi Holdings, Incorporated	Equity	N/A	N/A	143,380		3,058,791	2,886,239
Tutor Perini Corporation	Equity	N/A	N/A	26,100		553,890	828,414
TW Telecom, Incorporated	Equity	N/A	N/A	88,800		2,497,368	3,579,528
Twenty First Century Class A	Equity	N/A	N/A	205,743		6,921,271	7,231,866
Twin Disc, Incorporated	Equity	N/A	N/A	7,248		240,992	239,546
Twitter, Incorporated	Equity	N/A	N/A	34,916		1,352,646	1,430,509
Two Harbors Investment Corporation	Equity	N/A	N/A	95,900		1,059,838	1,005,032
Tyson Foods, Incorporated	Equity	N/A	N/A	91,080		3,305,473	3,419,143
Ubi Banca	Equity	N/A	N/A	20,356		206,633	176,160
Ubiquiti Networks, Incorporated	Equity	N/A	N/A	98,094		2,399,674	4,432,868
UCB SA	Equity	N/A	N/A	21,134		142,388	1,789,285
UGI Holding Corporation	Equity	N/A	N/A	28,600		771,212	1,444,300
UIL Holdings Corporation	Equity	N/A	N/A	31,155		848,587	1,206,010
Ullico, Incorporated	Equity	N/A	N/A	1,087,698		25,004,712	11,583,984
Ultra Petroleum Corporation	Equity	N/A	N/A	92,400		2,120,404	2,743,356
Ultragenex Pharmaceutical, Incorporated	Equity	N/A	N/A	1,200		25,200	53,868
Ultratech, Incorporated	Equity	N/A	N/A	25,110		739,629	556,940
Unilever PLC	Equity	N/A	N/A	45,907		1,504,024	2,097,307
Under Armour, Incorporated Class A	Equity	N/A	N/A	98,134		5,843,171	5,837,992
Union Bancshares Corporation	Equity	N/A	N/A	43,650		1,092,212	1,119,623
Union Financial Corporation	Equity	N/A	N/A	28,332		558,707	438,296
Unipol Gruppo Finanzia	Equity	N/A	N/A	50,333		219,644	284,506
United Community Banks	Equity	N/A	N/A	52,830		1,029,701	864,827
United Laboratories Intl Holdings	Equity	N/A	N/A	24,000		15,153	16,412
United Natural Foods, Incorporated	Equity	N/A	N/A	25,285		632,898	1,646,054
United Overseas Bank Limited	Equity	N/A	N/A	16,640		278,429	300,532
United Rentals, Incorporated	Equity	N/A	N/A	37,460		2,386,568	3,923,186
United States Steel Corporation	Equity	N/A	N/A	56,800		1,403,855	1,479,072
United Technologies Corporation	Equity	N/A	N/A	33,513		3,928,729	3,869,076

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			Plan No.	001
(a)	(b)					(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		(d) Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>						
United Therapeutics Corporation	Equity	N/A	N/A	50,500	\$ 3,067,465	\$ 4,468,745
Unitedhealth Group, Incorporated	Equity	N/A	N/A	21,202	1,679,410	1,733,264
Universal Stainless & Alloy Products	Equity	N/A	N/A	21,665	763,030	703,679
Unum Group	Equity	N/A	N/A	68,900	1,829,021	2,394,964
UNY Company Limited	Equity	N/A	N/A	58,100	388,959	364,182
UPM Kymmene Corporation	Equity	N/A	N/A	31,557	539,542	539,125
URS Corporation	Equity	N/A	N/A	88,600	3,585,452	4,062,310
USANA Health Sciences, Incorporated	Equity	N/A	N/A	6,100	223,567	476,654
UTI Worldcom, Incorporated	Equity	N/A	N/A	8,220	83,299	84,995
Valeo	Equity	N/A	N/A	5,500	574,858	738,731
Valero Energy Corporation	Equity	N/A	N/A	161,700	6,497,299	8,101,170
Validus Holdings Limited	Equity	N/A	N/A	32,000	965,696	1,223,680
Vantiv, Incorporated Class A	Equity	N/A	N/A	84,200	2,260,879	2,830,804
Varian Medical Systems, Incorporated	Equity	N/A	N/A	64,900	4,370,154	5,395,786
Venture Corporation Limited	Equity	N/A	N/A	7,000	43,247	43,452
Vera Bradley Incorporated	Equity	N/A	N/A	23,900	527,043	522,693
Verint Systems, Incorporated	Equity	N/A	N/A	54,393	2,155,377	2,667,977
Verizon Communications, Incorporated	Equity	N/A	N/A	14,400	584,223	704,592
Versartis, Incorporated	Equity	N/A	N/A	1,200	25,200	33,648
Vertex Pharmaceuticals, Incorporated	Equity	N/A	N/A	32,890	2,140,481	3,114,025
Vesuvius PLC	Equity	N/A	N/A	45,400	247,255	356,319
Viad Corporation	Equity	N/A	N/A	25,304	628,208	603,247
Viacom, Incorporated Class B	Equity	N/A	N/A	20,255	1,743,559	1,756,716
Viasat, Incorporated	Equity	N/A	N/A	36,500	2,568,698	2,115,540
Vince Holding Corporation	Equity	N/A	N/A	17,520	473,340	641,582
Visa, Incorporated	Equity	N/A	N/A	53,351	8,618,914	11,241,589
Vishay Intertechnology, Incorporated	Equity	N/A	N/A	139,916	1,472,432	2,167,299
Virtus Inv Parnters, Incorporated	Equity	N/A	N/A	3,714	551,497	786,440
Vivendi SA	Equity	N/A	N/A	16,800	482,588	414,574
VMWare, Incorporated Class A	Equity	N/A	N/A	38,515	3,669,709	3,728,637
Vodafone Group PLC	Equity	N/A	N/A	868,034	4,062,770	2,896,812
Voestal Pine AG	Equity	N/A	N/A	11,200	274,089	533,008
Volkswagen AG	Equity	N/A	N/A	6,800	1,028,077	1,753,847
Vonage Holdings Corporation	Equity	N/A	N/A	21,700	51,372	81,375
Wabash National Corporation	Equity	N/A	N/A	16,570	232,828	236,123
Wabtec Corporation	Equity	N/A	N/A	14,604	472,896	1,206,144
Wacoal Holdings Corporation	Equity	N/A	N/A	6,000	60,630	65,150
Waddell & Reed Financial, Incorporated	Equity	N/A	N/A	43,260	2,549,974	2,707,643
Wageworks, Incorporated	Equity	N/A	N/A	67,122	1,981,057	3,235,952
Waste Connections, Incorporated	Equity	N/A	N/A	17,512	291,509	850,208
Watsco, Incorporated	Equity	N/A	N/A	9,300	501,968	955,668
Watts Water Technologies, Incorporated	Equity	N/A	N/A	24,600	796,507	1,518,558
Web.Com Group, Incorporated	Equity	N/A	N/A	15,780	551,123	455,569
Weir Group PLC	Equity	N/A	N/A	29,625	1,060,135	1,327,832
Wellcare Health Plans, Incorporated	Equity	N/A	N/A	41,255	1,312,037	3,080,098
Wellpoint, Incorporated	Equity	N/A	N/A	26,600	2,270,242	2,862,426
Wells Fargo & Company	Equity	N/A	N/A	269,499	8,056,375	14,164,867
Werner Enterprises, Incorporated	Equity	N/A	N/A	148,800	3,094,451	3,944,688
Wesfarmers Limited	Equity	N/A	N/A	902	34,359	35,719
West Corporation	Equity	N/A	N/A	17,981	373,325	481,891
West Australian Newspapers	Equity	N/A	N/A	5,781	11,569	10,248
West Japan Railway Company	Equity	N/A	N/A	20,500	884,736	902,522
Western Areas Limited	Equity	N/A	N/A	8,344	36,396	36,350

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

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AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

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(a)	(b)					(e)	
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		(d) Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>							
	Western Digital Corporation	Equity	N/A	N/A	84,180	\$ 4,943,551	\$ 7,769,814
	Western Refining, Incorporated	Equity	N/A	N/A	13,400	453,220	503,170
	Westfield Retail Trust	Equity	N/A	N/A	26,595	71,091	7,447
	Westpac Banking Corporation	Equity	N/A	N/A	34,323	741,803	1,096,523
	Westport Innovations Incorporated	Equity	N/A	N/A	8,625	250,705	155,423
	Wex, Incorporated	Equity	N/A	N/A	43,725	2,554,151	4,589,813
	Wheelock & Company Limited	Equity	N/A	N/A	78,900	351,157	329,326
	Whirlpool Corporation	Equity	N/A	N/A	25,100	2,110,062	3,494,422
	Whole Foods Marker, Incorporated	Equity	N/A	N/A	66,385	2,776,221	2,564,453
	Wiley John A Sons, Incorporated	Equity	N/A	N/A	17,497	575,301	1,060,143
	William Lyon Homes Class A	Equity	N/A	N/A	3,365	68,273	102,431
	Wintrust Financial Corporation	Equity	N/A	N/A	41,114	1,540,928	1,891,244
	Wisdomtree Investments Incorporated	Equity	N/A	N/A	59,703	364,333	737,929
	Woodside Petroleum Limited	Equity	N/A	N/A	13,091	456,918	506,975
	Woolworths Limited	Equity	N/A	N/A	19,026	518,818	635,468
	Workday, Incorporated Class A	Equity	N/A	N/A	29,892	2,607,778	2,686,095
	Worthington Industries, Incorporated	Equity	N/A	N/A	13,020	280,850	560,381
	WPP PLC	Equity	N/A	N/A	47,497	574,820	1,035,583
	Wuxi Pharmatech, Incorporated	Equity	N/A	N/A	81,929	1,288,109	2,692,187
	Wyndham Worldwide Corporation	Equity	N/A	N/A	53,800	1,769,084	4,073,736
	Xenoport, Incorporated	Equity	N/A	N/A	102,029	882,205	492,800
	Xerox Corporation	Equity	N/A	N/A	121,300	1,616,255	1,508,972
	XL Group PLC	Equity	N/A	N/A	18,300	856,164	598,959
	Xoom Corporation	Equity	N/A	N/A	13,210	238,343	348,216
	XPO Logistics, Incorporated	Equity	N/A	N/A	8,435	202,192	241,410
	Yahoo, Incorporated	Equity	N/A	N/A	204,400	5,401,822	7,180,572
	Yangzijiang Shipbuilding	Equity	N/A	N/A	263,000	228,634	227,850
	Yara International ASA	Equity	N/A	N/A	14,500	695,301	722,970
	Yokohama Rubber Company Limited	Equity	N/A	N/A	68,400	521,684	591,465
	Yue Yuen Industrial Holdings	Equity	N/A	N/A	196,500	710,974	657,923
	Zep, Incorporated	Equity	N/A	N/A	13,539	220,856	239,099
	Zimmer Holdings, Incorporated	Equity	N/A	N/A	13,100	731,076	1,360,566
	Zurich Financial Services	Equity	N/A	N/A	9,283	1,589,077	2,798,090
	Total Common & Preferred Stocks					\$ 2,006,083,942	\$ 2,480,989,789
<u>Mutual and Other Funds</u>							
	Aetos Capital Distressed Inv Strategies Fund	Mutual Fund	N/A	N/A	373,337	\$ 14,987,922	\$ 15,095,650
	Aetos Capital Multi Strategy Arbitrage Fund	Mutual Fund	N/A	N/A	124,090	44,987,950	50,118,109
	AFL-CIO Equity Index Fund	Mutual Fund	N/A	N/A	5,776,213	90,043,648	91,134,775
	AQR Global Risk Premium Offshore Fund	Mutual Fund	N/A	N/A	323	50,000,000	58,388,333
	Bell Australia Trust	Mutual Fund	N/A	N/A	2,232,605	33,657,920	169,488,974
	Bell Global Trust	Mutual Fund	N/A	N/A	955,632	9,553,484	16,565,309
	Boston Company Emerging Markets Equity Fd	Mutual Fund	N/A	N/A	1,702,954	112,262,259	109,874,601
	Ishares Tr Russell 2000 Index Fund	Mutual Fund	N/A	N/A	60,770	6,791,878	7,220,084
	JP Morgan Emerging Markets Equity Fund	Mutual Fund	N/A	N/A	9,271,508	161,731,721	171,615,613
	Loomis Sayles Bond Nhit	Mutual Fund	N/A	N/A	7,212,581	85,014,775	101,625,273
	NIS Preferred Stock Fund II	Mutual Fund	N/A	N/A	5,799,482	20,000,000	23,038,801
	Northern Trust S&P 500 Index Fund	Mutual Fund	N/A	N/A	331,693	41,259,316	42,788,438
	Vanguard REIT Index Fund	Mutual Fund	N/A	N/A	2,974,405	44,874,146	48,839,724
	Total Mutual and Other Funds					\$ 715,165,019	\$ 905,793,684

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

EIN: 52-6152779
Plan No. 001

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PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND

ATTACHMENT TO FORM 5500

EIN: 52-06152779 PLAN NO.: 001

SCHEDULE G, PART III

SCHEDULE OF NONEXEMPT TRANSACTIONS

FOR THE TWELVE-MONTH PERIOD ENDED JUNE 30, 2014

(a) Identity of Party <u>Involved</u>	(b) Relationship to <u>Partnership</u>	(c) Description <u>of Transactions</u>	(g) Expenses Incurred in Connection with <u>Transaction</u>
Bal Harbour Hotel LLC	Related party vendor	Reimbursement for task force labor	\$ 8,391
A1A Clipper LLC	Related party vendor	Reimbursement for task force labor	22,042
Capri Hotel	Related party vendor	Reimbursement for task force labor	7,201
Cityfront Hotel Associate	Related party vendor	Reimbursement for task force labor	1,377
CJUF II Stratus Block 21	Related party vendor	Reimbursement for task force labor	920
CWT Savannah Hotel LLC	Related party vendor	Reimbursement for task force labor	749
Deer Crest Janna LLC	Related party vendor	Reimbursement for task force labor	8,018
Dolphin Hotel Associates	Related party vendor	Reimbursement for task force labor	4,132
Freeman & Hassel Wander RE	Related party vendor	Reimbursement for task force labor	20,443
Galleria Investors LP	Related party vendor	Reimbursement for task force labor	2,259
Hoboken Hotel LLC	Related party vendor	Reimbursement for task force labor	1,195
HST Lessee Keystone LLC	Related party vendor	Reimbursement for task force labor	232
LCCW Partners	Related party vendor	Reimbursement for task force labor	751
Sheraton Dallas Hotel	Related party vendor	Reimbursement for task force labor	1,501
Starport I LLC	Related party vendor	Reimbursement for task force labor	1,643
Starwood Associate Relief	Related party vendor	Reimbursement for task force labor	15,461
Starwood Hotels & Resorts	Related party vendor	Reimbursement for task force labor	1,026
Starwood Hotels & Resorts	Related party vendor	Reimbursement for task force labor	2,257
The Westin Fort Lauderdale	Related party vendor	Reimbursement for task force labor	484
The Westin Jersey City	Related party vendor	Reimbursement for task force labor	1,946
The Westin Seattle	Related party vendor	Reimbursement for task force labor	1,021
Vieques Hotel Partners	Related party vendor	Reimbursement for task force labor	1,380
W New York Times Square	Related party vendor	Reimbursement for task force labor	739
W South Beach	Related party vendor	Reimbursement for task force labor	4,341
Westin Beach Resort Ft Lauderdale	Related party vendor	Reimbursement for task force labor	20,652
			<u>\$ 130,161</u>

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

1. Normal Pension

Age Requirement	65 or, if later, the fifth anniversary of participation.
Commencement of Credited Service	A participant receives one full year of Pension Credit, for each year of 1,500 which is prorated for each 150 hours less than 1,500 for service following the Contribution Date.
Benefit	The monthly Normal Pension amount is equal to the benefit accrued under the Plan in effect December 31, 2004 under Schedule A plus accrual of benefits under Schedule B for service in 2005 plus benefits accrual under Schedule B or C, depending on whether a 25% increase in the current contribution rate was adopted as of July 1, 2006 for 2006, plus Schedule D thereafter, based on the contribution rate and prorated for less than 35 years of credited service as follows:

Schedule A – benefit rates prior to January 1, 2005

Hourly Contribution Rate	Monthly Normal Pension	Hourly Contribution Rate	Monthly Normal Pension
\$0.10	\$140	\$2.10	\$2,333
0.20	281	2.20	2,418
0.30	420	2.30	2,495
0.40	559	2.40	2,570
0.50	699	2.50	2,647
0.60	825	2.60	2,722
0.70	937	2.70	2,800
0.80	1,054	2.80	2,876
0.90	1,167	2.90	2,951
1.00	1,280	3.00	3,027
1.10	1,394	3.10	3,104
1.20	1,494	3.20	3,181
1.30	1,593	3.30	3,256
1.40	1,692	3.40	3,325
1.50	1,793	3.50	3,396
1.60	1,893	3.60	3,460
1.70	1,987	3.70	3,536
1.80	2,071	3.80	3,606
1.90	2,158	3.90	3,676
2.00	2,245	4.00	3,746

For contribution rates over \$4.00 per hour, 2.25% of the additional contribution is added to the monthly normal pension, or if greater, the pension determined from the \$1.10 contribution rate plus 2.25% of the contribution rate in excess of \$1.10.

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

Schedule B – for benefits earned in 2005 and for 2006 and later under agreements if the 25% contribution increase is not adopted as of July 1, 2006.

Hourly Contribution Rate	Monthly Normal Pension	Hourly Contribution Rate	Monthly Normal Pension
\$ 0.10	\$ 35	\$ 2.10	\$ 583
0.20	70	2.20	604
0.30	105	2.30	624
0.40	140	2.40	643
0.50	175	2.50	662
0.60	206	2.60	680
0.70	234	2.70	700
0.80	264	2.80	719
0.90	292	2.90	738
1.00	320	3.00	757
1.10	349	3.10	776
1.20	373	3.20	795
1.30	398	3.30	814
1.40	423	3.40	831
1.50	448	3.50	849
1.60	473	3.60	867
1.70	497	3.70	884
1.80	518	3.80	902
1.90	540	3.90	919
2.00	561	4.00	937

On and after January 1, 2005, contribution rates at \$4.01 and above provide additional monthly benefits of 0.375% of all contributions above \$4.00 per hour under Schedule B.

Schedule C – for benefits earned in 2006 under agreements if the 25% increase in contributions is adopted as of July 1, 2006.

Hourly Contribution Rate	Monthly Normal Pension	Hourly Contribution Rate	Monthly Normal Pension
\$0.10	\$73	\$2.60	\$1,157
0.20	112	2.70	1,191
0.30	169	2.80	1,225
0.40	224	2.90	1,255
0.50	280	3.00	1,285
0.60	336	3.10	1,316
0.70	386	3.20	1,345
0.80	431	3.30	1,376
0.90	476	3.40	1,407
1.00	527	3.50	1,438
1.10	572	3.60	1,468
1.20	617	3.70	1,498
1.30	664	3.80	1,528
1.40	706	3.90	1,559
1.50	747	4.00	1,590
1.60	786	4.10	1,621
1.70	826	4.20	1,649
1.80	867	4.30	1,676
1.90	907	4.40	1,705
2.00	946	4.50	1,733
2.10	985	4.60	1,761
2.20	1,019	4.70	1,789
2.30	1,054	4.80	1,817
2.40	1,088	4.90	1,845
2.50	1,122	5.00	1,873

On and after January 1, 2006, contribution rates at \$5.01 and above provide additional monthly benefits of 0.75% of all contributions above \$5.00 per hour under Schedule C.

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

Schedule D – for benefits earned in 2007 and later under agreements if the 25% increase in contributions is adopted as of January 1, 2007.

Hourly Contribution Rate	Monthly Normal Pension	Hourly Contribution Rate	Monthly Normal Pension
\$0.10	\$109	\$2.60	\$1,736
0.20	169	2.70	1,787
0.30	254	2.80	1,837
0.40	337	2.90	1,882
0.50	420	3.00	1,927
0.60	504	3.10	1,974
0.70	579	3.20	2,018
0.80	647	3.30	2,064
0.90	714	3.40	2,111
1.00	791	3.50	2,157
1.10	859	3.60	2,202
1.20	926	3.70	2,247
1.30	995	3.80	2,293
1.40	1,059	3.90	2,339
1.50	1,120	4.00	2,386
1.60	1,180	4.10	2,431
1.70	1,240	4.20	2,473
1.80	1,301	4.30	2,514
1.90	1,360	4.40	2,557
2.00	1,420	4.50	2,599
2.10	1,477	4.60	2,641
2.20	1,528	4.70	2,683
2.30	1,581	4.80	2,725
2.40	1,632	4.90	2,767
2.50	1,684	5.00	2,809

On and after January 1, 2007, contribution rates at \$5.01 and above provide additional monthly benefits of 1.125% of all contributions above \$5.00 per hour under Schedule D.

The benefits valued in this report do not reflect any other benefits structure adopted that may be contingent on accrual rates based on the adoption of higher contributions subsequent to July 1, 2007.

For contracts bargained in accordance with Option 2 of the Funding Improvement Plan (Reduction in Future Accruals), the accrual schedules above are reduced by 75% for benefits earned on or after July 1, 2012 (referred to as Schedule G).

2. Reduced Pension

Age Requirement	65
Credited Service Requirement	Pension Credit, including 1,500 hours after the Contribution Date.
Benefit	Normal Pension proportionately reduced for service less than 35 years. Reduction does not apply to the portion of the benefit, if any, based on 2.25% of contributions.

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

3. Early Pension

Age Requirement	55
Credited Service Requirement	Five years of Pension Credit, including 1,500 hours after the Contribution Date.
Benefit	<p>Normal or Reduced Pension (based on number of Pension Credits at retirement) reduced by 1.5% for each year of age less than 62 (to age 60) and by 6% for each year less than age 60.</p> <p>For certain groups making supplemental contributions, unreduced early retirement benefits are payable at ages 55 – 61, if age plus years of service totals at least 85.</p>

4. Disability Pension

Age Requirement	None
Credited Service Requirement	Five years of Pension Credit, including 1,500 hours after the Contribution Date, 500 hours in the 24 month period preceding disability and a Social Security Disability Award.
Benefit	Normal or Reduced Pension based on number of Pension Credits at disability.

5. Deferred Pension

Age Requirement	40
Credited Service Requirement	15 years of Pension Credit, including five years of Future Service Credit.
Benefit	Normal or Reduced Pension (based on Pension Credits at termination). Payable on or after age 55, reduced by 1.5% for each year of age less than 62 (to age 60) and by 6% for each year less than age 60.

6. Vesting

Age Requirement	None
Credited Service Requirement	Five years of Vesting Credit
Benefit	Normal or Reduced Pension based on Future Service only payable at Normal Retirement Age.
Normal Retirement Age	Later of age 65 or age on fifth anniversary of participation.

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

7. Severance Benefit

Age Requirement	None
Credited Service Requirement	Five years of Future Service Credit as of June 30, 1982, but before eligibility for vesting.
Benefit	50% of contributions made on the employee's behalf through June 30, 1982.

8. Disability Severance Benefit

Credited Service Requirement	Less than five years of Pension Credit by 1,500 hours after the Contribution Date, 500 hours in the 24 month period preceding disability and a Social Security Disability Award.
Benefit	100% of contributions made on the employee's behalf. If vested, the greater of 100% of contributions or the present value of the accrued benefit.

9. Spouse's Pre-Retirement Death Benefit

Age Requirement	None
Credited Service Requirement	Eligible for an immediate or deferred pension.
Benefit	100% of the benefit the employee would have received had he retired the day before he died and elected the Husband and Wife option. If the employee dies before age 55, then the benefit is computed as if he died on his 55 th birthday and payments will be made commencing on the first of the month following the date he would have attained age 55.

10. Pre-Retirement Lump Sum Death Benefit

Age Requirement	None
Credited Service Requirement	None. Not eligible for a Pre-retirement Spouse Pension.
Benefit	100% of contributions made on the employee's behalf.

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

11. Post-Retirement Death Benefit(s)

Five Year Certain Guarantee if Husband and Wife coverage is rejected.

Husband and Wife – If married, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. In the event that the spouse predeceases the pensioner, the benefit shall be increased by the percentage reduction previously applied. If rejected or not married, benefits are payable for the life of the employee with five years of payment guaranteed to all pensioners without reduction or in any other available option form elected by the employee in an actuarially equivalent amount.

12. Past Service Credit

Years of Service after the Contribution Date:

Contribution Date	Maximum Years of Past Service Credit
Prior to January 1, 1980	24
January 1, 1980 through December 31, 1982	20
January 1, 1983 through December 31, 1985	15
January 1, 1986 through December 31, 1999	10
On or after January 1, 2000	5

13. Future Service Credit

Years of Service after the Contribution Date:

Hours Worked in the Calendar Year	Future Service Credit
2,100 or more	1-2/10
1,800 – 2,099	1-1/10
1,500 – 1,799	1
1,350 – 1,499	9/10
1,200 – 1,349	8/10
1,050 – 1,199	7/10
900 – 1,049	6/10
750 – 899	5/10
600 – 749	4/10
450 – 599	3/10
300 – 449	2/10
150 – 299	1/10
Less than 150	0

14. Pension Credit

Sum of Past Service Credit and Future Service Credit.

Participation	Effective upon working in Covered Employment for at least 870 hours in a period of 12 consecutive months.
Vesting Service	870 hours = 1 year

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

15. Contribution Date

First date a contributing employer makes contributions to the Plan under a Collective Bargaining Agreement.

16. Changes in Benefits Since Last Year

None.

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a) (b)		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			(d) (e)	
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost	Current Value
<u>Short Term Investments</u>						
PNC Advantage Institutional MM Fd	Money market	N/A	N/A	58,469,827	\$ 58,469,827	\$ 58,469,827
Highmark Diversified Money Market	Money market	N/A	N/A	8,995,519	8,995,519	8,995,519
Foreign Currencies	Money market	N/A	N/A	5,164,404	5,164,404	5,235,451
Dreyfus Capital Management Fund	Money market	N/A	N/A	6,023	6,023	6,023
Dreyfus Treasury Prime Cash Mgmt	Money market	N/A	N/A	2,561,702	2,561,702	2,561,702
SEI Daily Income Govt Fund	Money market	N/A	N/A	3,983	3,983	3,983
United States Treasury Bills	Treasury Bill	07/17/14	DTD	3,200,000	3,199,111	3,199,111
United States Treasury Bills	Treasury Bill	01/31/19	DTD	15,060,000	14,984,871	15,050,663
Total Short Term Investments					\$ 93,385,440	\$ 93,522,279
<u>US Government & Agencies Notes and Bonds</u>						
Federal Home Loan Mortgage Corporation	Notes	05/01/18	5.000%	98,663	\$ 105,631	\$ 104,731
Federal Home Loan Mortgage Corporation	Notes	08/25/23	Var	879,110	879,110	879,110
Federal Home Loan Mortgage Corporation	Notes	06/15/25	4.000%	390,300	418,963	420,294
Federal Home Loan Mortgage Corporation	Notes	05/01/26	7.500%	13,417	13,326	15,585
Federal Home Loan Mortgage Corporation	Notes	07/01/26	4.500%	896,438	960,449	966,289
Federal Home Loan Mortgage Corporation	Notes	12/15/26	4.500%	1,557,246	1,719,783	1,720,071
Federal Home Loan Mortgage Corporation	Notes	02/15/27	4.000%	428,504	459,035	464,623
Federal Home Loan Mortgage Corporation	Notes	07/01/32	7.000%	37,719	39,045	44,286
Federal Home Loan Mortgage Corporation	Notes	07/15/32	3.500%	1,217,163	1,273,456	1,270,474
Federal Home Loan Mortgage Corporation	Notes	09/01/32	7.000%	121,145	125,404	141,103
Federal Home Loan Mortgage Corporation	Notes	10/01/32	7.000%	101,854	105,435	115,561
Federal Home Loan Mortgage Corporation	Notes	11/01/32	7.000%	138,737	143,615	158,221
Federal Home Loan Mortgage Corporation	Notes	05/01/35	5.500%	504,376	546,144	566,449
Federal Home Loan Mortgage Corporation	Notes	11/01/35	5.500%	380,525	418,934	427,874
Federal Home Loan Mortgage Corporation	Notes	07/01/36	5.500%	213,371	235,042	239,774
Federal Home Loan Mortgage Corporation	Notes	08/01/38	5.500%	287,576	316,648	323,313
Federal Home Loan Mortgage Corporation	Notes	07/01/39	5.500%	21,486	22,842	23,950
Federal Home Loan Mortgage Corporation	Notes	01/01/39	5.500%	339,657	371,181	381,393
Federal Home Loan Mortgage Corporation	Notes	12/01/40	4.500%	1,087,673	1,158,371	1,185,759
Federal Home Loan Mortgage Corporation	Notes	04/15/41	5.000%	837,388	948,341	971,102
Federal Home Loan Mortgage Corporation	Notes	10/15/42	3.000%	750,000	763,685	750,000
Federal Home Loan Mortgage Corporation	Notes	01/01/43	3.000%	3,531,759	3,638,264	3,496,795
Federal National Mortgage Association	Notes	06/01/21	6.000%	1,623	1,695	1,743
Federal National Mortgage Association	Notes	10/01/22	6.000%	2,846	2,975	3,139
Federal National Mortgage Association	Notes	10/10/24	2.630%	1,090,000	1,090,000	1,032,372
Federal National Mortgage Association	Notes	03/01/25	4.000%	469,232	492,767	502,642
Federal National Mortgage Association	Notes	01/01/29	6.000%	28,252	26,301	32,174
Federal National Mortgage Association	Notes	06/01/29	6.000%	37,647	35,047	42,383
Federal National Mortgage Association	Notes	11/01/29	7.000%	59,647	61,967	69,060
Federal National Mortgage Association	Notes	12/01/29	7.000%	942	1,126	1,099
Federal National Mortgage Association	Notes	04/01/32	3.500%	679,574	702,358	712,771
Federal National Mortgage Association	Notes	08/01/32	7.000%	109,841	114,114	126,115
Federal National Mortgage Association	Notes	12/01/32	5.500%	1,845,212	1,807,155	2,074,849
Federal National Mortgage Association	Notes	04/25/33	4.000%	785,302	827,512	828,572
Federal National Mortgage Association	Notes	10/01/35	5.500%	80,390	84,748	90,219
Federal National Mortgage Association	Notes	10/01/35	5.500%	519,703	536,368	583,113
Federal National Mortgage Association	Notes	04/01/37	Var %	13,631	13,685	14,699
Federal National Mortgage Association	Notes	05/25/37	4.000%	452,855	481,650	482,803
Federal National Mortgage Association	Notes	08/01/37	5.500%	138,931	152,824	156,254
Federal National Mortgage Association	Notes	01/01/38	5.500%	262,853	290,699	295,470
Federal National Mortgage Association	Notes	02/01/38	5.500%	480,500	526,748	539,889
Federal National Mortgage Association	Notes	03/01/40	5.500%	247,334	271,449	278,085

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						(e)	
(a)	(b)					(d)	
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest			Cost	Current Value
<u>US Government & Agencies Notes and Bonds (continued)</u>							
Federal National Mortgage Association	Notes	10/01/40	4.500%	250,408	\$	273,883	\$ 272,075
Federal National Mortgage Association	Notes	02/01/41	4.500%	394,721		428,149	427,877
Federal National Mortgage Association	Notes	03/25/41	5.000%	495,000		557,648	562,681
Federal National Mortgage Association	Notes	07/01/41	4.500%	143,594		151,693	155,576
Federal National Mortgage Association	Notes	09/01/41	4.500%	250,185		263,612	271,062
Federal National Mortgage Association	Notes	10/01/41	4.500%	35,464		37,592	38,424
Federal National Mortgage Association	Notes	10/01/41	4.500%	238,736		251,568	259,095
Federal National Mortgage Association	Notes	10/25/41	2.500%	312,591		242,843	246,497
Federal National Mortgage Association	Notes	03/01/42	4.000%	252,360		269,473	268,357
Federal National Mortgage Association	Notes	03/25/42	4.000%	137,207		139,351	141,065
Federal National Mortgage Association	Notes	06/01/42	3.247%	232,221		240,712	241,438
Federal National Mortgage Association	Notes	04/01/43	3.000%	215,817		211,029	213,454
Federal National Mortgage Association	Notes	05/01/43	3.000%	112,475		111,219	111,413
Federal National Mortgage Association	Notes	06/01/43	3.000%	373,219		369,049	369,703
Federal National Mortgage Association	Notes	08/01/43	3.000%	264,732		258,910	262,236
Federal National Mortgage Association	Notes	08/01/43	3.000%	399,262		390,481	395,250
Federal National Mortgage Association	Notes	08/25/43	3.500%	660,000		694,212	660,000
Fannie Mae	Notes	01/25/17	0.501%	4,582		4,581	4,590
Fannie Mae	Notes	12/25/17	0.442%	1,145,000		1,144,663	1,145,000
Fico Strips	Notes	11/30/17	Zero Cpn	3,745,000		2,547,531	3,577,777
Fico Strips	Notes	03/07/19	Zero Cpn	595,000		379,134	546,912
Fico Corporation	Notes	05/02/17	Zero Cpn	610,000		418,515	594,549
Financing Corporation	Notes	08/08/17	Zero Cpn	639,000		427,759	615,236
Financing Corporation	Notes	07/15/20	Zero Cpn	550,000		485,885	482,015
FREMF Mortgage Trust	Notes	12/25/46	4.360%	280,000		275,901	296,442
FREMF Mortgage Trust	Notes	01/25/47	4.713%	155,000		157,830	166,213
Government National Mortgage Association	Bonds	10/10/23	5.500%	1,045,000		1,143,622	1,142,812
Government National Mortgage Association	Bonds	12/15/23	7.000%	35,525		36,485	40,633
Government National Mortgage Association	Bonds	09/15/28	7.500%	1,515		3,819	1,824
Government National Mortgage Association	Bonds	10/15/29	7.500%	586		656	672
Government National Mortgage Association	Bonds	11/15/29	7.000%	497		1	505
Government National Mortgage Association	Bonds	10/16/33	2.500%	516,827		521,006	519,649
Government National Mortgage Association	Bonds	02/20/34	5.500%	85,774		95,249	97,485
Government National Mortgage Association	Bonds	01/15/37	5.500%	49,575		54,532	56,071
Government National Mortgage Association	Bonds	12/15/38	6.000%	51,515		57,826	58,412
Government National Mortgage Association	Bonds	09/20/38	4.500%	130,000		142,121	143,593
Government National Mortgage Association	Bonds	11/20/38	4.500%	675,000		736,749	731,201
Government National Mortgage Association	Bonds	09/20/39	5.000%	1,565,000		1,787,034	1,713,612
Government National Mortgage Association	Bonds	01/16/41	2.837%	1,038,081		1,062,087	1,051,784
Government National Mortgage Association	Bonds	07/20/41	4.500%	87,461		94,389	95,546
Government National Mortgage Association	Bonds	03/20/42	4.000%	77,304		83,356	82,744
Government National Mortgage Association	Bonds	12/20/43	5.000%	119,515		130,570	131,751
Government National Mortgage Association	Bonds	04/20/44	2.000%	3,632,969		3,729,470	3,725,464
Government National Mortgage Association	Bonds	02/16/55	3.232%	726,683		756,204	726,683
United States Treasury Notes	Notes	08/15/14	0.500%	425,000		425,572	425,200
United States Treasury Notes	Notes	08/31/14	2.375%	580,000		585,008	582,198
United States Treasury Notes	Notes	08/31/14	0.250%	1,675,000		1,676,344	1,675,452
United States Treasury Notes	Notes	01/31/15	0.250%	2,405,000		2,407,075	2,407,357
United States Treasury Notes	Notes	06/30/15	0.375%	795,000		795,497	796,860
United States Treasury Notes	Notes	01/15/16	0.375%	925,000		924,617	926,443
United States Treasury Notes	Notes	01/31/16	Var%	10,130,000		10,127,940	10,129,797
United States Treasury Notes	Notes	05/31/16	0.250%	1,440,000		1,436,967	1,438,704
United States Treasury Notes	Notes	07/15/16	0.625%	365,000		365,342	366,113

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a)		(b)			(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value		(d)		(e)	
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest				Cost		Current Value	
<u>US Government & Agencies Notes and Bonds (continued)</u>										
United States Treasury Notes	Notes	10/15/16	0.500%	1,665,000	\$		1,667,022	\$	1,666,698	
United States Treasury Notes	Notes	05/15/17	0.875%	825,000			824,868		826,097	
United States Treasury Notes	Notes	04/30/18	0.625%	1,125,000			1,089,475		1,098,461	
United States Treasury Notes	Notes	02/28/19	1.500%	408,100			404,247		407,431	
United States Treasury Notes	Notes	03/31/19	1.625%	2,485,000			2,472,164		2,492,182	
United States Treasury Notes	Notes	04/15/19	0.125%	1,140,000			1,179,261		1,187,327	
United States Treasury Notes	Notes	04/30/19	1.625%	1,120,000			1,124,106		1,122,106	
United States Treasury Notes	Notes	04/30/19	1.625%	4,825,000			4,828,234		4,834,071	
United States Treasury Notes	Notes	05/31/19	1.500%	1,410,000			1,394,620		1,402,950	
United States Treasury Notes	Notes	06/30/19	1.625%	1,710,000			1,710,000		1,710,000	
United States Treasury Notes	Notes	02/28/21	2.125%	2,640,000			2,640,719		2,629,282	
United States Treasury Notes	Notes	02/15/23	2.000%	3,395,000			3,407,413		3,296,341	
United States Treasury Notes	Notes	05/15/24	2.500%	7,228,000			7,177,726		7,217,809	
United States Treasury Notes	Notes	05/15/24	2.500%	3,260,000			3,226,115		3,255,403	
United States Treasury Notes	Notes	02/15/42	3.125%	7,415,000			7,864,492		7,174,013	
United States Treasury Notes	Notes	08/15/42	2.750%	2,275,000			2,197,921		2,034,715	
United States Treasury Notes	Notes	08/15/42	2.750%	2,870,000			2,756,224		2,566,871	
United States Treasury Notes	Notes	11/15/42	2.750%	3,200,000			2,809,805		2,856,512	
United States Treasury Notes	Notes	05/15/43	2.750%	13,050,000			11,241,475		11,924,438	
United States Treasury Notes	Notes	05/15/43	2.750%	6,030,000			5,352,053		5,509,913	
United States Treasury Notes	Notes	11/15/43	3.750%	3,935,000			4,052,200		4,249,800	
United States Treasury Notes	Notes	02/15/44	3.500%	2,605,000			2,686,566		2,749,082	
United States Treasury Notes	Notes	02/15/44	3.500%	97,000			100,490		102,364	
Buoni Poliennalidel Tes	Bonds	08/01/39	5.000%	4,865,000			6,447,166		7,909,305	
Eurasian Development Bank	Bonds	09/26/20	5.000%	940,000			930,687		966,320	
Korea Treasury Bond	Bonds	09/10/18	5.750%	3,499,000			3,426,991		3,852,399	
Korea Treasury Bond	Bonds	12/10/13	3.000%	1,132,400			1,079,322		1,139,647	
Malaysian Government	Bonds	03/15/23	3.480%	4,460,000			1,380,560		1,336,029	
Malaysian Government	Bonds	09/30/21	4.048%	2,865,000			882,029		899,748	
Mex Bonos Desarr Fixed Rate	Bonds	11/18/38	8.500%	467,500			4,340,659		4,403,383	
Mex Bonos Desarr Fixed Rate	Bonds	05/31/29	8.500%	555,500			5,122,470		5,251,142	
Neder Waterschapsbank	Bonds	02/14/18	Var	3,260,000			3,274,148		3,270,510	
New South Wales Treasury Corporation	Bonds	08/20/24	5.000%	5,300,000			4,931,063		5,459,025	
New Zealand Government	Bonds	05/15/21	6.000%	1,570,000			1,997,534		1,513,641	
New Zealand Government	Bonds	03/15/19	5.000%	1,205,000			946,602		1,095,266	
New Zealand Government	Bonds	04/15/23	5.500%	1,610,000			1,515,782		1,518,922	
Noto Do Tesouro Nacional	Bonds	01/01/23	10.000%	11,145			4,646,724		4,527,210	
Noto Do Tesouro Nacional	Bonds	01/01/21	10.000%	2,240			954,018		927,264	
Poland Government Bond	Bonds	10/25/23	4.000%	6,970,000			2,252,183		2,393,793	
Poland Government Bond	Bonds	10/25/20	5.250%	6,840,000			2,040,376		2,518,067	
Queensland Treasury Corporation	Bonds	02/21/20	6.250%	3,945,000			4,280,566		4,259,198	
Queensland Treasury Corporation	Bonds	07/21/22	6.000%	1,560,000			1,666,598		1,698,096	
Republic Of South Africa	Bonds	03/31/21	6.750%	12,545,000			1,539,952		1,105,092	
Republic Of South Africa	Bonds	02/28/41	6.500%	38,705,000			3,462,394		2,713,863	
Swedish Export Credit	Bonds	06/12/17	Var	1,180,000			1,181,418		1,183,198	
United Kingdom TSY	Bonds	01/22/15	2.750%	3,680,000			6,281,317		6,376,328	
Total US Government & Agencies Notes and Bonds						\$	198,846,408	\$	202,559,022	
<u>Corporate and Other Notes and Bonds</u>										
Abbey National Treasury	Notes	08/23/18	3.050%	240,000	\$		239,470	\$	251,333	
Abbvie, Incorporated	Notes	11/06/42	4.400%	340,000			345,994		330,075	
ABN Amro Bank NV	Bonds	10/28/16	Var %	1,565,000			1,565,000		1,578,584	
Access Midstream Partner	Notes	05/15/23	4.875%	240,000			240,000		252,900	

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

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EIN: 52-6152779
Plan No. 001

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Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost	Current Value	
<u>Corporate and Other Notes and Bonds (continued)</u>							
Access Midstream Partner	Notes	03/15/24	4.875%	275,000	\$ 275,000	\$ 290,469	
Actavis Funding Services	Notes	06/15/44	4.850%	585,000	578,530	590,528	
Activision Blizzard	Notes	09/15/21	5.625%	635,000	645,337	684,213	
Aercap Ireland Cap Limited	Bonds	05/15/19	3.750%	900,000	900,000	906,750	
Aercap Ireland Cap Limited	Bonds	05/15/21	4.500%	590,000	590,000	600,325	
Aetna, Incorporated	Bonds	03/15/19	2.200%	155,000	154,845	155,408	
Alexandria Real Estate	Notes	06/15/23	3.900%	230,000	229,338	229,034	
Allstate Corporation	Notes	06/15/23	3.150%	165,000	164,675	165,561	
Ally Auto Receivables Trust	Notes	02/15/17	0.480%	750,000	749,937	749,766	
Ally Financial Inc	Notes	12/01/17	6.250%	680,000	728,984	759,900	
Ally Financial Inc	Notes	03/15/20	8.000%	1,360,000	1,579,364	1,652,400	
Ally Master Owner Trust	Notes	02/15/17	0.700%	255,000	224,983	226,382	
Ally Master Owner Trust	Notes	09/16/19	1.540%	490,000	489,860	490,196	
Alpha Natural Resources Company	Notes	06/01/19	6.000%	1,358,000	1,163,948	987,945	
Alpha Natural Resources Company	Notes	06/01/21	6.250%	1,185,000	997,719	838,388	
Alpha Natural Resources Company	Notes	04/15/18	9.750%	595,000	617,888	544,425	
Alpha Natural Resources Company	Notes	08/01/20	7.500%	580,000	577,412	561,150	
Alphabet Holding Company, Incorporated	Notes	11/01/17	7.750%	235,000	241,231	242,638	
Altice SA	Notes	05/15/22	7.750%	725,000	748,975	773,938	
Altria Group, Incorporated	Notes	11/10/38	9.950%	359,000	545,645	598,037	
Altria Group, Incorporated	Notes	01/31/24	4.000%	220,000	218,632	226,057	
AMC Networks, Incorporated	Notes	07/15/21	7.750%	755,000	825,504	844,656	
American Credit Acceptance	Bonds	11/15/16	1.640%	62,954	62,951	63,082	
American Credit Acceptance	Bonds	04/16/18	1.450%	109,197	109,188	109,625	
American Express Credit	Bonds	12/15/21	0.521%	1,645,000	1,645,000	1,647,418	
American Express Credit	Bonds	02/16/21	0.611%	1,000,000	1,000,816	1,002,810	
American Municipal Power Ohio, Inc	Bonds	02/15/50	8.084%	170,000	251,411	253,864	
American Municipal Power Ohio, Inc	Bonds	02/15/42	5.000%	720,000	698,710	770,306	
Americredit Automobile Rec	Notes	03/09/20	2.670%	380,000	379,876	381,022	
Americredit Automobile Rec	Notes	11/08/19	2.290%	515,000	515,901	521,113	
Amerigas Finance LLC	Notes	05/20/22	7.000%	1,468,000	1,581,942	1,625,810	
Amerigas Finance LLC	Notes	05/20/20	6.750%	675,000	695,419	732,375	
Ameristar Casinos, Incorporated	Notes	04/15/21	7.500%	580,000	641,969	624,950	
Amgen, Incorporated	Notes	11/15/41	5.150%	635,000	633,003	681,374	
Anheuser Busch Inbev Worldwide, Inc.	Bonds	07/15/22	2.500%	530,000	527,445	507,867	
Anheuser Busch Inbev Worldwide, Inc.	Bonds	07/15/42	3.750%	165,000	151,198	149,804	
Anheuser Busch Inbev Worldwide, Inc.	Bonds	01/17/43	4.000%	280,000	278,642	265,392	
Antero Resources Finance	Notes	11/01/21	5.375%	270,000	270,000	280,125	
Antero Resources Finance	Notes	12/01/22	5.125%	790,000	790,000	811,725	
Apple, Incorporated	Notes	05/06/21	2.850%	1,070,000	1,067,368	1,079,213	
APX Group, Incorporated	Bonds	12/01/19	6.375%	185,000	189,375	191,938	
APX Group, Incorporated	Bonds	12/01/20	8.750%	980,000	1,016,588	994,700	
APX Group, Incorporated	Bonds	12/01/20	8.750%	175,000	178,500	175,000	
Aramark Corporation	Notes	-	Var %	760,000	753,350	760,000	
Arcelormittal	Notes	06/01/18	6.125%	480,000	487,703	526,800	
Arcelormittal	Notes	10/15/39	7.500%	805,000	859,300	885,500	
Arcelormittal	Notes	08/05/20	4.250%	1,933,000	1,925,128	2,077,975	
Arch Coal, Incorporated	Notes	10/01/20	7.250%	404,000	364,653	300,980	
Arch Coal, Incorporated	Notes	06/15/21	7.250%	645,000	576,802	470,850	
Arch Coal, Incorporated	Notes	-	Var %	487,297	477,527	487,297	
Arch Coal, Incorporated	Notes	06/15/19	9.875%	230,000	222,168	196,075	
AT&T, Incorporated	Notes	08/15/41	5.550%	175,000	173,838	196,219	
Autozone, Incorporated	Notes	01/15/23	2.875%	160,000	159,475	153,008	

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EIN: 52-6152779
Plan No. 001

(a)		(b)			(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value		(d)		(e)	
Identity of issuer, borrower, lessor or similar party		Description	Maturity Date	Rate of Interest			Cost		Current Value	
<u>Corporate and Other Notes and Bonds (continued)</u>										
Avago Technologies		Bonds	-	0.000%	1,555,000	\$	1,547,225	\$	1,555,000	
BAE Systems PLC		Notes	10/11/21	4.750%	635,000		634,352		689,534	
Bank of America		Notes	05/01/18	5.650%	155,000		147,926		175,699	
Bank Of America Corporation		Notes	08/01/16	6.500%	775,000		773,055		859,002	
Bank Of America Corporation		Notes	01/21/44	5.000%	220,000		225,086		233,407	
Bank Of America Corporation		Notes	04/01/19	Var %	630,000		630,000		634,082	
Bank Of America Corporation		Notes	01/11/23	5.700%	915,000		904,130		901,879	
Bank Of America Credit Card Trust		Notes	06/15/21	0.557%	1,520,000		1,520,000		1,520,046	
Bank of New York Mellon		Notes	03/04/19	2.200%	315,000		314,650		317,747	
Bank of New York Mellon		Notes	05/15/24	3.400%	940,000		939,521		951,252	
Barclays Bank PLC		Notes	12/09/16	Var %	1,020,000		1,020,000		1,022,468	
BBVA Banco Continental		Notes	04/08/18	3.250%	245,000		243,591		250,206	
Berry Plastics Corp		Bonds	01/15/21	9.750%	2,710,000		2,943,101		3,089,400	
Berry Plastics Corp		Bonds	05/15/22	5.500%	302,000		301,235		303,700	
Bev Pack Holdings		Bonds	12/15/16	5.625%	195,000		195,000		199,875	
Bev Pack Holdings		Bonds	06/15/17	6.000%	385,000		387,418		394,625	
BG Energy Capital		Notes	10/15/21	4.000%	425,000		421,643		450,968	
BHP Billiton Finance USA Limited		Notes	09/30/23	3.850%	235,000		234,711		246,437	
BHP Billiton Finance USA Limited		Notes	09/30/43	5.000%	180,000		179,973		198,932	
Bombardier, Incorporated		Notes	10/15/22	6.000%	575,000		575,000		589,375	
Boston Properties LP		Notes	09/01/23	3.125%	160,000		159,006		155,376	
Boston Scientific Corporation		Notes	10/01/18	2.650%	250,000		249,885		255,558	
Boyd Acquisition		Bonds	02/15/18	8.375%	755,000		788,475		807,850	
BPCE SA		Notes	04/15/24	4.000%	435,000		434,217		444,070	
Burlington Northern Santa Fe		Notes	09/15/21	3.450%	175,000		174,568		181,846	
California State		Bonds	02/01/43	5.000%	315,000		312,584		347,313	
Calpine Corporation		Bonds	07/31/20	7.875%	369,000		411,474		400,365	
Calpine Corporation		Bonds	02/15/21	7.500%	1,060,000		1,163,397		1,150,100	
Calpine Corporation		Bonds	01/15/22	6.000%	200,000		198,386		215,500	
Case New Holland, Incorporated		Notes	12/01/17	7.875%	1,115,000		1,246,121		1,298,975	
Caterpillar Financial Services Corporation		Notes	05/29/15	1.100%	165,000		164,947		166,244	
CCO Holdings LLC Cap Corporation		Bonds	04/30/20	8.125%	370,000		405,006		400,525	
CCO Holdings LLC Cap Corporation		Bonds	01/15/19	7.000%	560,000		595,447		590,800	
CCO Holdings LLC Cap Corporation		Bonds	09/30/22	5.250%	335,000		331,513		340,025	
Cedar Fair LP		Bonds	08/01/18	9.125%	580,000		617,523		610,160	
Cedar Fair LP		Bonds	03/15/21	5.250%	580,000		582,650		597,400	
Centurylink, Incorporated		Notes	06/15/21	6.450%	801,000		863,727		869,085	
Centurylink, Incorporated		Notes	04/01/20	5.625%	500,000		500,000		527,500	
Centurylink, Incorporated		Notes	12/01/23	6.750%	240,000		240,000		262,200	
Cequel Communications Holdings		Bonds	09/15/20	6.375%	595,000		610,669		632,188	
Cequel Communications Holdings		Bonds	12/15/21	5.125%	982,000		975,628		978,318	
Ceridian Corporation		Bonds	-	Var	475,000		477,575		475,000	
Ceridian Corporation		Bonds	07/15/19	8.875%	415,000		435,077		468,950	
CeridianLLC		Bonds	11/15/17	8.125%	385,000		384,037		388,850	
Chase Issuance Trust		Bonds	04/15/19	Var	1,155,000		1,144,724		1,148,671	
Chase Issuance Trust		Bonds	06/15/17	0.790%	775,000		777,996		777,883	
Chase Issuance Trust		Bonds	02/15/17	0.291%	910,000		909,885		909,827	
Chase Issuance Trust		Bonds	01/15/19	1.150%	300,000		299,946		300,879	
Chase Issuance Trust		Bonds	04/15/21	0.521%	2,415,000		2,415,000		2,416,715	
Chesapeake Energy Corporation		Notes	08/15/17	6.500%	315,000		358,959		352,800	
Chesapeake Energy Corporation		Notes	02/15/21	6.125%	275,000		280,331		308,000	
Chesapeake Energy Corporation		Bonds	04/15/22	4.875%	795,000		795,000		822,825	
Chesapeake Midstream PT		Bonds	04/15/21	5.875%	230,000		233,450		246,100	

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(a)	(b)	(c)	(d)	(e)	(f)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Cost	Current Value
<u>Corporate and Other Notes and Bonds (continued)</u>					
Chesapeake Midstream PT	Bonds	07/15/22	6.125%	520,000 \$	544,873 \$
Chicago II O'Hare Intl	Bonds	01/01/44	5.000%	230,000	234,430
Chrysler GP	Bonds	06/15/19	8.000%	775,000	854,438
Cimarex Energy Company	Bonds	05/01/22	5.875%	350,000	350,000
CHS/Community Health Systems	Bonds	11/15/19	8.000%	335,000	371,906
CHS/Community Health Systems	Bonds	08/15/18	5.125%	340,000	350,447
CHS/Community Health Systems	Bonds	08/01/21	5.125%	305,000	305,000
CHS/Community Health Systems	Bonds	02/01/22	6.875%	775,000	777,325
CHS/Community Health Systems	Bonds	01/31/21	4.250%	364,088	361,350
Cisco Systems, Incorporated	Notes	03/01/19	2.125%	445,000	444,684
Cit Group, Incorporated	Notes	04/01/18	6.625%	1,375,000	1,519,286
Cit Group, Incorporated	Notes	03/15/18	5.250%	575,000	617,906
Cit Group, Incorporated	Notes	02/15/19	3.875%	825,000	825,850
Cit Group, Incorporated	Notes	05/15/20	5.375%	390,000	418,127
Citigroup, Incorporated	Notes	03/10/17	Var	340,000	340,000
Citigroup, Incorporated	Notes	09/26/18	2.500%	355,000	353,445
Citigroup, Incorporated	Notes	01/14/22	4.500%	555,000	609,262
Citibank Credit Card Issuance	Bonds	09/10/18	0.610%	625,000	625,000
Citizens Communications Company	Notes	08/15/31	9.000%	1,283,000	1,282,181
Clear Channel Communications	Bonds	10/15/27	7.250%	135,000	106,313
Clear Channel Communications	Bonds	06/15/18	6.875%	225,000	201,927
Clear Channel Communications	Bonds	12/15/19	9.000%	440,000	443,525
Clear Channel Communications	Bonds	03/01/21	11.250%	1,606,000	1,687,925
Clear Channel Communications	Notes	-	Var	1,926,000	1,852,662
Clear Channel Communications	Bonds	1/15/2018	10.000%	440,000	429,000
Clear Channel Worldwide	Bonds	03/15/20	7.625%	645,000	654,912
Clear Channel Worldwide	Bonds	11/15/22	6.500%	145,000	143,550
Clear Channel Worldwide	Bonds	11/15/22	6.500%	945,000	979,809
CMS Energy Corporation	Notes	03/01/44	4.875%	205,000	204,613
CNH Equipment Trust	Bonds	06/15/17	0.490%	175,000	174,991
CNH Equipment Trust	Bonds	01/17/17	0.630%	263,877	263,876
Coca-Cola CO/The	Notes	09/01/16	1.800%	380,000	379,924
Coca-Cola CO/The	Notes	11/01/20	2.450%	320,000	318,549
Coca-Cola CO/The	Notes	11/26/18	2.375%	340,000	339,555
Columbia HCA Healthcare	Notes	06/15/25	7.690%	760,000	731,812
Columbia Healthcare, Incorporated	Bonds	12/01/27	7.050%	100,000	74,000
Commscope, Incorporated	Bonds	06/15/21	5.000%	145,000	145,000
Commscope, Incorporated	Bonds	06/15/24	5.500%	195,000	195,000
Conagra Foods, Incorporated	Notes	01/25/18	1.900%	235,000	235,000
Concho Resources, Incorporated	Notes	04/01/23	5.500%	720,000	747,441
Consol Energy, Incorporated	Bonds	04/15/22	5.875%	915,000	926,181
Cons Edison Company of New York	Bonds	03/15/44	4.450%	410,000	409,656
Constellation Brands, Incorporated	Notes	05/01/23	4.250%	180,000	181,031
CPL Transition Funding LLC	Bonds	01/15/17	6.250%	313,237	331,187
CSC Holdings, Inc.	Notes	07/15/18	7.625%	330,000	368,520
Cumulus Media Holdings	Notes	05/01/19	7.750%	1,095,000	1,076,867
CVS Caremark Corporation	Bonds	12/05/18	2.250%	285,000	284,678
Daimler Finance NA LLC	Bonds	08/01/18	2.375%	385,000	384,045
Daimler Finance NA LLC	Bonds	03/10/17	1.125%	480,000	479,731
Davita, Incorporated	Bonds	08/15/22	5.750%	740,000	775,797
Davita Healthcare Partners	Bonds	07/15/24	5.125%	795,000	795,000
Delos Finance	Bonds	06/30/14	3.500%	330,000	328,350
Delphi Corporation	Bonds	03/15/24	4.150%	290,000	288,982

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value				
(a)	(b)				(d)	(e)
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Cost	Current Value
	<u>Corporate and Other Notes and Bonds (continued)</u>					
	Denbury Resources, Incorporated	Bonds	05/01/22	5.500%	255,000 \$	255,078 \$ 260,738
	Denbury Resources, Incorporated	Bonds	07/15/23	4.625%	745,000	719,862 722,806
	Detroit Edison Securitization	Bonds	03/01/16	6.620%	433,104	455,470 444,534
	Deutsche Bank AG	Bonds	05/30/17	1.350%	405,000	404,858 404,866
	Deutsche Ann Finance BV	Bonds	10/02/17	3.200%	450,000	450,000 466,074
	Deutsche Telekom Int Finance	Bonds	03/06/17	2.250%	445,000	442,495 456,530
	Devon Energy Corporation	Notes	07/15/41	5.600%	180,000	201,002 208,341
	Devon Energy Corporation	Notes	05/15/22	3.250%	190,000	188,875 191,393
	Digital Realty Trust LP	Bonds	03/15/21	5.250%	250,000	249,438 268,558
	Directv Holdings Financial	Bonds	08/15/40	6.000%	460,000	453,831 529,612
	Directv Holdings Financial	Bonds	03/15/42	5.150%	540,000	489,971 567,070
	Dish DBS Corporation	Notes	03/15/23	5.000%	280,000	281,104 285,250
	Dish DBS Corporation	Notes	06/01/21	6.750%	755,000	829,455 860,700
	Dish DBS Corporation	Notes	07/15/22	5.875%	275,000	286,041 298,375
	Dish DBS Corporation	Notes	04/01/18	4.250%	490,000	494,829 509,600
	Dish DBS Corporation	Notes	05/01/20	5.125%	1,265,000	1,262,404 1,329,831
	DJO Finance LLC	Notes	04/15/18	7.750%	450,000	487,806 486,000
	Dominion Resources INC	Bonds	08/15/16	1.950%	165,000	164,960 168,701
	Donnelley RR & Sons	Notes	02/15/22	7.000%	170,000	170,000 187,425
	Donnelley RR & Sons	Notes	06/15/20	7.625%	1,000,000	996,881 1,135,000
	Donnelley RR & Sons	Notes	03/15/19	8.250%	1,160,000	1,180,134 1,377,500
	Donnelley RR & Sons	Notes	11/15/23	6.500%	300,000	300,247 313,500
	Donnelley RR & Sons	Notes	04/01/24	6.000%	275,000	275,000 277,750
	Dow Chemical Company	Notes	11/15/22	3.000%	625,000	614,163 614,700
	D.R. Horton, Incorporated	Bonds	09/15/22	4.375%	100,000	98,488 99,125
	D.R. Horton, Incorporated	Bonds	08/15/23	5.750%	1,010,000	1,022,750 1,085,750
	Dupont	Bonds	12/31/49	4.750%	356,400	352,800 356,400
	Eastman Chemical Company	Bonds	09/01/42	4.800%	70,000	69,695 71,076
	Eastman Chemical Company	Bonds	10/15/44	4.650%	345,000	341,353 341,412
	Ecopetrol SA	Bonds	05/28/45	5.875%	130,000	129,137 134,456
	Encana Corporation	Bonds	11/15/41	5.150%	390,000	387,227 425,120
	Endo Finance LLC	Bonds	07/15/19	7.000%	405,000	423,149 432,844
	Endo Finance LLC	Bonds	01/15/23	5.375%	1,210,000	1,210,319 1,208,488
	Energy Transfer Partners	Bonds	10/01/20	4.150%	480,000	479,179 507,466
	Energy Transfer Equity	Bonds	10/15/20	7.500%	530,000	569,050 612,150
	Energy Transfer Equity	Bonds	01/15/24	5.875%	385,000	392,700 402,325
	Envision Healthcare Corporation	Bonds	07/01/22	5.125%	320,000	320,000 322,800
	EP Enrgy/EP Finance, Incorporated	Bonds	05/01/20	9.375%	2,237,000	2,422,090 2,561,365
	ESC Energy Conversion Device	Notes	-	3.000%	7,408,000	1,107,057 74
	Exco Resources Inc	Bonds	09/15/18	7.500%	1,300,000	1,264,096 1,332,500
	Exco Resources Inc	Bonds	04/15/22	8.500%	500,000	500,638 540,000
	Export-Import Bank Korea	Bonds	05/12/17	Var	1,185,000	1,185,000 1,185,000
	Export-Import Bank Korea	Bonds	08/14/17	Var	1,040,000	1,040,000 1,039,210
	Express Scripts Company	Notes	11/15/41	6.125%	75,000	98,231 91,295
	Ferrellgas LP	Bonds	01/15/22	6.750%	850,000	859,025 888,250
	Fico Strip	Bonds	09/26/19	Zero Cpn	715,000	440,862 644,580
	First Data Corporation	Notes	01/15/21	12.625%	2,353,000	2,512,760 2,789,493
	First Data Corporation	Notes	06/15/19	7.375%	380,000	389,470 408,025
	First Data Corporation	Notes	08/15/21	11.750%	425,000	425,000 504,156
	First Data Corporation	Notes	01/15/21	11.250%	765,000	780,821 893,138
	First Data Corporation	Notes	06/15/21	10.625%	570,000	570,000 664,050
	First Data Corporation	Notes	-	Var	222,419	206,319 222,419
	Flagship Credit Auto Trust	Bonds	04/16/18	1.320%	348,901	348,859 349,518

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
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Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a)		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			(d)		(e)
Identity of issuer, borrower, lessor or similar party	(b)	Description	Maturity Date	Rate of Interest	Cost	Current Value	
<u>Corporate and Other Notes and Bonds (continued)</u>							
Flextronics Intl LTD		Bonds	02/15/23	5.000%	550,000 \$	543,450 \$	569,250
Florida East Coast Holdings		Bonds	05/01/19	6.750%	95,000	95,000	100,344
Florida Power Corporation		Notes	11/15/42	3.850%	80,000	79,746	76,021
Florida State Hurricane Catastrophe		Bonds	07/01/20	2.995%	1,120,000	1,120,000	1,130,450
Ford Credit Auto Owner Trust		Bonds	12/15/16	0.580%	185,896	186,092	186,069
Ford Credit Auto Owner Trust		Bonds	02/15/16	0.380%	70,811	70,805	70,825
Ford Credit Auto Owner Trust		Bonds	08/15/16	0.450%	500,773	500,723	501,063
Ford Credit Auto Owner Trust		Bonds	11/15/25	2.260%	535,000	534,867	539,799
Ford Credit Floorplan Master		Bonds	09/15/16	0.740%	620,000	619,892	620,533
Ford Credit Floorplan Master		Bonds	09/15/18	1.500%	215,000	214,954	217,296
Ford Motor Company		Bonds	07/16/31	7.450%	130,000	165,750	173,801
Ford Motor Credit Company		Bonds	05/09/16	1.700%	325,000	324,688	329,137
Ford Motor Credit Company		Bonds	05/15/18	5.000%	200,000	221,946	222,490
Freescale Semiconductor		Bonds	01/15/22	6.000%	365,000	365,640	388,725
Freescale Semiconductor		Bonds	02/01/20	8.050%	213,000	218,435	230,040
Freescale Semiconductor		Bonds	12/31/49	4.250%	398,973	400,464	398,973
Fresenius Med Care US		Notes	09/15/18	6.500%	750,000	798,452	847,500
Fresenius Med Care US		Notes	07/31/19	5.625%	585,000	607,976	637,650
Frontier Communications		Notes	04/15/24	7.625%	365,000	365,000	392,831
Gannett Company, Incorporated		Notes	09/01/18	7.125%	715,000	745,347	746,281
Gannett Company, Incorporated		Bonds	07/15/20	5.125%	490,000	482,973	502,863
Gannett Company, Incorporated		Bonds	10/15/19	5.125%	775,000	767,145	802,125
GE Capital Credit Card Master		Bonds	09/15/22	1.760%	715,000	692,871	695,952
GE Equipment Transportation LLC		Bonds	09/25/17	0.920%	330,000	329,984	331,191
General Elec Cap Corporation		Notes	03/01/24	3.375%	770,000	762,770	784,607
General Elec Cap Corporation		Notes	03/11/44	4.500%	400,000	396,356	416,776
General Elec Cap Corporation		Notes	02/11/21	5.300%	400,000	423,788	454,848
General Motors Financial Company		Bonds	05/15/18	3.250%	245,000	245,000	248,675
George Washington Univer		Bonds	09/15/22	3.485%	230,000	230,000	229,487
Gilead Sciences, Incorporated		Bonds	04/01/24	3.700%	410,000	409,340	420,701
GLP Capital LP		Bonds	11/01/18	4.375%	220,000	222,304	227,150
GLP Capital LP		Bonds	11/01/20	4.875%	920,000	931,713	947,600
GLP Capital LP		Bonds	11/01/23	5.375%	335,000	335,000	347,563
GMAC Mortgage Corporation		Notes	10/19/33	Var	265,497	271,139	262,478
Goldman Sachs Group, Incorporated		Notes	11/15/18	Var	1,120,000	1,120,000	1,135,299
Goldman Sachs Group, Incorporated		Notes	11/29/23	Var	555,000	555,000	572,027
Goldman Sachs Group, Incorporated		Bonds	07/08/44	4.800%	415,000	412,975	413,622
Goldman Sachs Group, Incorporated		Notes	07/27/21	5.250%	1,005,000	1,007,041	1,128,545
Goldman Sachs Group, Incorporated		Notes	03/03/24	4.000%	575,000	573,264	585,327
Goodyear Tire TL		Bonds	03/01/21	6.500%	215,000	215,000	233,275
Granton Resort & Casino		Bonds	08/03/18	9.000%	294,118	282,470	294,118
Graton Economic Development Auth		Bonds	09/01/19	9.625%	1,430,000	1,532,658	1,626,625
Harley Davidson Motorcycle Trust		Bonds	09/15/16	1.110%	48,698	48,842	48,766
HCA, Incorporated		Notes	03/15/24	5.000%	570,000	571,856	577,877
HCA, Incorporated		Notes	02/15/21	6.250%	175,000	175,000	187,906
HCA, Incorporated		Notes	02/15/20	6.500%	435,000	487,519	489,375
HCA, Incorporated		Notes	05/01/23	4.750%	175,000	175,819	174,781
HDTFS, Incorporated		Notes	10/15/20	5.875%	380,000	388,742	397,100
Health Care Reit Inc.		Bonds	04/01/19	4.125%	265,000	264,189	285,058
Hilton Worldwide Finance		Notes	-	Var	1,191,474	1,112,778	1,191,474
HJ Heinz Company		Notes	-	Var	748,111	751,517	748,111
Honda Auto Receivables Owner Trust		Bonds	09/21/16	0.410%	280,000	279,979	279,922
Honda Auto Receivables Owner Trust		Bonds	04/18/16	0.450%	545,000	544,967	545,191

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

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(a)	(b)				(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost	Current Value
<u>Corporate and Other Notes and Bonds (continued)</u>						
HSBC Holdings PLC	Notes	09/15/37	6.500%	710,000	\$ 571,302	\$ 875,466
HSBC Holdings PLC	Bonds	03/30/22	4.000%	325,000	322,881	345,766
HSBC Holdings PLC	Bonds	03/14/44	5.250%	290,000	286,845	310,532
Hughes Satellite Systems	Notes	06/15/19	6.500%	445,000	491,725	496,175
Humana Inc	Bonds	06/15/18	7.200%	105,000	127,338	124,727
Huntsman International	Bonds	03/15/20	8.625%	205,000	229,412	221,912
Huntsman International LLC	Bonds	03/15/21	8.625%	1,005,000	1,152,764	1,110,525
Huntsman International LLC	Bonds	11/15/20	4.875%	470,000	482,731	486,450
IAC/Interactive Corporation	Bonds	11/30/18	4.875%	310,000	310,000	323,175
Iasis Healthcare	Notes	05/15/19	8.375%	1,530,000	1,609,628	1,631,363
IBM Corporation	Notes	05/15/20	1.625%	275,000	272,935	265,012
Icahn Enterprises Financial	Bonds	03/15/17	3.500%	1,050,000	1,053,431	1,061,813
Icahn Enterprises Financial	Bonds	03/15/19	4.875%	560,000	564,844	576,800
ING US, Incorporated	Notes	07/15/22	5.500%	400,000	404,789	458,128
Inmarsat Finance PLC	Bonds	05/15/22	4.875%	555,000	550,510	560,550
Integra Telecom	Bonds	04/15/16	0.000%	400,950	395,855	400,950
Intelsat Luxembourg SA	Bonds	06/01/21	7.750%	665,000	671,663	704,069
Intelsat Luxembourg SA	Bonds	06/01/23	8.125%	310,000	311,277	335,188
Intelsat Jackson Holdings	Bonds	-	0.000%	755,000	755,944	755,000
Intelsat Jackson Holdings	Bonds	11/01/19	8.500%	840,000	910,795	892,500
Intelsat Jackson Holdings	Bonds	08/01/23	5.500%	1,260,000	1,260,000	1,253,700
International Lease Finance Corporation	Notes	05/15/19	6.250%	670,000	700,087	750,400
International Lease Finance Corporation	Notes	04/15/18	3.875%	290,000	282,488	297,250
International Lease Finance Corporation	Notes	09/01/17	8.875%	535,000	625,988	633,306
International Lease Finance Corporation	Notes	01/15/22	8.625%	555,000	661,912	696,525
International Paper Company	Bonds	06/15/44	4.800%	460,000	457,603	463,629
Ipalco Enterprises, Incorporated	Bonds	05/01/18	5.000%	255,000	265,073	272,213
Iron Mountain Inc	Notes	10/01/19	7.750%	650,000	699,275	710,938
Iron Mountain Inc	Notes	08/15/21	8.375%	247,000	273,944	259,041
Iron Mountain Inc	Bonds	08/15/24	5.750%	1,105,000	1,077,906	1,138,150
Isle of Capri Casinos	Bonds	06/15/20	8.875%	420,000	447,874	450,450
Isle of Capri Casinos	Bonds	03/15/21	5.875%	540,000	553,600	546,075
Jaguar Holding Co/Merger	Bonds	12/01/19	9.500%	1,045,000	1,141,750	1,141,663
JP Morgan Chase & Company	Notes	01/15/18	6.000%	1,350,000	1,310,796	1,545,912
JP Morgan Chase & Company	Notes	02/01/44	4.850%	565,000	562,689	599,086
JP Morgan Chase & Company	Notes	09/23/22	3.250%	355,000	353,632	356,619
JP Morgan Chase Bank National	Bonds	10/01/17	6.000%	500,000	558,322	568,735
Kommunalbanken AS	Bonds	03/27/17	Var	1,096,000	1,107,224	1,104,056
Kommunalbanken AS	Bonds	02/20/18	Var	1,422,000	1,427,190	1,424,033
Kommunalbanken AS	Bonds	05/02/17	Var	734,000	734,741	734,851
Kraft Foods, Incorporated	Notes	02/09/40	6.500%	330,000	326,819	422,575
Kraft Foods, Incorporated	Notes	06/06/22	3.500%	420,000	416,220	431,239
Kratos Defense & Sec	Bonds	05/15/19	7.000%	345,000	341,433	358,800
Kroger Company	Notes	04/15/42	5.000%	195,000	198,557	206,109
Kroger Company	Notes	08/01/43	5.150%	125,000	124,581	135,036
L Brands, Incorporated	Notes	10/15/23	5.625%	410,000	410,000	445,363
Land Nordrhein Westfalen	Bonds	03/06/15	Var	1,900,000	1,902,517	1,901,370
Lennar Corporation	Notes	12/15/17	4.750%	400,000	418,389	423,000
Lennar Corporation	Notes	11/15/22	4.750%	695,000	668,569	691,525
Leucadia National Corporation	Notes	10/18/23	5.500%	355,000	350,176	377,088
Level 3 Communications TL B3 1L	Bonds	-	Var	960,000	960,806	960,000
Level 3 Financing, Incorporated	Bonds	04/01/19	9.375%	993,000	1,115,789	1,089,818
Level 3 Financing, Incorporated	Bonds	07/01/19	8.125%	1,345,000	1,429,688	1,467,731

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
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<u>Corporate and Other Notes and Bonds (continued)</u>						
Level 3 Financing, Incorporated	Bonds	07/15/20	8.625%	575,000	\$ 604,638	\$ 644,000
Liberty Mutual Group Inc	Notes	05/01/42	6.500%	185,000	184,565	232,009
Limited Brands, Incorporated	Notes	04/01/21	6.625%	122,000	134,607	138,623
Limited Brands, Incorporated	Notes	02/15/22	5.625%	245,000	255,113	265,213
Linn Energy LLC Financial Corporation	Notes	11/01/19	6.250%	2,230,000	2,211,529	2,230,000
Linn Energy LLC Linn Enery Financial	Notes	04/15/20	8.625%	1,330,000	1,407,707	1,436,400
Linn Energy LLC Linn Enery Financial	Notes	02/01/21	7.750%	1,412,000	1,466,139	1,523,195
Lockheed Martin Corporation	Notes	09/15/21	3.350%	595,000	593,394	617,919
Lstar Commercial Mortgage Trust	Bonds	01/20/41	4.205%	155,000	154,994	156,593
LYB International Finance BV	Bonds	03/15/44	4.875%	560,000	553,454	583,856
Lynx I Corporation	Notes	04/15/21	5.375%	375,000	375,000	393,750
Macquarie Group Limited	Bonds	01/31/17	Var	1,160,000	1,160,000	1,161,473
Macys Retail Holdings, Incorporated	Bonds	01/15/42	5.125%	55,000	54,916	58,340
Macys Retail Holdings, Incorporated	Bonds	02/15/23	2.875%	300,000	299,586	287,967
Manitowoc Companu Incorporated	Notes	11/01/20	8.500%	440,000	468,333	490,600
Markwest Energy Partners	Bonds	07/15/23	4.500%	620,000	631,225	632,400
Mass Mutual Life Insurance Company	Notes	06/01/39	8.875%	265,000	313,269	422,031
Master Resecuritization Trust	Bonds	06/27/36	6.000%	458,765	426,651	402,245
Medtronic, Incorporated	Bonds	03/15/24	3.625%	470,000	469,088	482,074
Met Transportation Authority NY	Bonds	11/15/43	5.000%	145,000	146,936	157,180
Mex Bonos Desarr Fixed Rate	Bonds	11/13/42	7.750%	724,100	6,150,170	6,334,427
MGM Resorts International	Bonds	02/01/19	8.625%	630,000	747,256	750,488
MGM Resorts International	Notes	03/15/22	7.750%	190,000	195,974	222,775
Miami Dade County Florida	Bonds	07/01/42	5.000%	975,000	986,388	1,055,087
Michaels Finance Company	Bonds	08/01/18	7.500%	250,000	250,996	255,313
Midamerican Energy Company	Notes	10/15/36	5.800%	875,000	668,579	1,083,618
Mohegan Tribal Gaming	Bonds	09/15/18	11.000%	410,000	336,546	413,075
Mohegan Tribal Gaming	Bonds	09/01/21	9.750%	1,480,000	1,547,769	1,642,800
Monsanto Company	Bonds	07/15/64	4.700%	355,000	351,745	356,370
Morgan Stanley	Notes	01/09/17	5.450%	245,000	251,495	269,892
Morgan Stanley	Notes	02/25/23	3.750%	435,000	432,895	442,517
Morgan Stanley	Notes	05/13/19	7.300%	100,000	114,477	122,275
Morgan Stanley	Notes	07/24/42	6.375%	185,000	226,396	234,735
MPH Acquisition Holdings	Bonds	-	4.000%	812,227	795,067	812,227
MPH Acquisition Holdings	Bonds	04/01/22	6.625%	420,000	420,000	439,950
MPT Oper Partnership	Bonds	05/01/24	5.500%	460,000	473,838	472,650
MTR Gaming Group, Incorporated	Bonds	08/01/19	11.500%	830,000	936,069	932,713
Municipal Elec Authority GA	Bonds	04/01/57	6.637%	195,000	221,995	237,791
Municipal Elec Authority GA	Bonds	04/01/57	6.637%	275,000	299,377	335,346
Municipal Elec Authority GA	Bonds	04/01/57	6.655%	540,000	541,134	648,664
Mylan, Incorporated	Notes	03/28/19	2.550%	330,000	329,188	332,419
Navistar International Group	Notes	08/17/17	Var	638,212	643,181	645,392
NCUA Guaranteed Notes	Notes	10/29/20	2.650%	434,725	433,863	446,237
New York Life Insurance	Notes	11/15/39	6.750%	195,000	253,453	261,688
New York Life Global Funding	Bonds	01/02/19	2.100%	310,000	309,644	309,740
New York State Thruway Authority	Bonds	01/01/41	5.000%	310,000	323,017	337,376
Newfield Exploration Co	Notes	01/30/22	5.750%	2,007,000	2,136,018	2,217,735
Newfield Exploration Co	Notes	07/01/24	5.625%	700,000	724,973	768,250
Nielsen Finance LLC	Bonds	04/15/22	5.000%	675,000	677,988	680,063
Nisource Finance Corporation	Bonds	02/15/44	4.800%	170,000	169,810	171,870
Noble Energy Inc	Bonds	03/01/41	6.000%	185,000	183,772	222,614
Noble Energy Inc	Bonds	12/15/21	4.150%	305,000	304,799	327,921
Nordstrom, Incorporated	Notes	01/15/44	5.000%	520,000	516,521	569,977

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			Plan No.	001
(a)	(b)				(e)	
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		(d) Cost	Current Value
<u>Corporate and Other Notes and Bonds (continued)</u>						
Northrop Grumman Corporation	Notes	08/01/23	3.250%	1,270,000	\$ 1,263,167	\$ 1,260,500
Northwestern Mutual Life	Notes	03/30/40	6.063%	425,000	489,851	527,153
NRG Energy, Incorporated	Notes	09/01/20	8.250%	1,470,000	1,596,544	1,605,975
NRG Energy, Incorporated	Notes	01/15/18	7.625%	445,000	484,364	510,638
NRG Energy, Incorporated	Notes	05/15/21	7.875%	1,740,000	1,841,722	1,929,225
NRG Energy, Incorporated	Notes	07/15/22	6.250%	865,000	865,000	921,225
Numericalbe Group SA	Bonds	05/15/19	4.875%	925,000	925,000	949,281
Numericalbe Group SA	Bonds	05/15/22	6.000%	1,110,000	1,111,813	1,154,400
Numericalbe Group SA	Bonds	05/15/24	6.250%	260,000	260,000	271,375
Nuveen Investments	Bonds	-	Var	750,000	752,812	750,000
Ohio State Turnpike Commission	Bonds	02/15/39	5.250%	80,000	82,535	89,206
Oracle Corporation	Notes	10/15/17	1.200%	795,000	793,601	793,935
Oracle Corporation	Notes	10/15/22	2.500%	340,000	339,585	325,285
Oracle Corporation	Bonds	07/08/24	3.400%	605,000	603,627	605,000
Oracle Corporation	Notes	10/08/19	2.250%	735,000	734,177	735,000
Orlando & Orange County Florida	Bonds	07/01/35	5.000%	575,000	580,785	631,333
Pacific Gas & Electric	Notes	11/30/17	5.625%	480,000	447,220	542,770
Party City Holdings, Incorporated	Bonds	08/01/20	8.875%	200,000	201,250	221,500
PCCW Limited	Bonds	-	0.000%	311,918	133,125	107,612
Peabody Energy Corporation	Bonds	-	Var	584,065	580,948	584,065
Pemex Project Funding Master Trust	Bonds	06/15/35	6.625%	475,000	502,664	559,313
Pennsylvania State Turnpike Commission	Bonds	12/01/43	5.000%	210,000	206,126	229,270
Petroleos Mexicanos	Notes	01/23/45	6.375%	340,000	337,457	394,825
Philadelphia PA Authority	Bonds	04/15/26	3.964%	440,000	440,000	436,819
Pinnacle Entertainment	Bonds	04/01/22	7.750%	635,000	669,408	690,563
Pinnacle Entertainment	Bonds	08/01/21	6.375%	515,000	516,600	543,325
Playa Pacific Partners, LLC	Bonds	n/a	Second Lien Bd	23,910,000	23,910,000	-
PNC Bank NA	Bonds	07/02/19	2.250%	280,000	279,126	281,495
Post Holdings, Incorporated	Bonds	12/15/22	6.000%	240,000	240,000	244,800
Proctor & Gamble Profit Sh Tr & Emp	Bonds	01/01/21	9.360%	447,923	568,345	563,966
Prudential Financial, Incorporated	Bonds	09/17/15	4.750%	190,000	196,308	199,409
PQ Corporation	Bonds	05/01/18	8.750%	700,000	715,890	760,375
PSEG Power LLC	Notes	09/15/16	2.750%	185,000	184,530	192,058
Public Service New Hamp	Notes	11/01/23	3.500%	160,000	159,414	164,936
Rabobank Nederland Utrac	Notes	02/08/22	3.875%	145,000	143,872	153,600
Range Resources Corp	Bonds	06/01/21	5.750%	345,000	362,304	372,600
Range Resources Corp	Bonds	08/15/22	5.000%	328,000	335,326	347,680
Realogy Corporation	Bonds	01/15/20	7.625%	350,000	379,381	385,875
Realogy Corporation	Bonds	03/05/20	3.750%	532,900	524,413	532,900
Regency Energy Partners	Bonds	12/01/18	6.875%	825,000	870,915	869,344
Regency Energy Partners	Bonds	07/15/21	6.500%	230,000	247,675	250,700
Regency Energy Partners	Bonds	04/15/23	5.500%	325,000	335,000	339,625
Regency Energy Partners	Bonds	11/01/23	4.500%	400,000	385,588	396,000
Regency Energy Partners	Bonds	03/01/22	5.875%	355,000	349,402	385,619
Republic of Poland	Bonds	01/22/24	4.000%	790,000	783,633	819,625
Reynolds Group ISS	Bonds	02/15/21	6.875%	465,000	483,414	501,795
Reynolds Group ISS	Bonds	02/15/21	8.250%	300,000	310,875	326,250
Reynolds Group ISS	Bonds	08/15/19	7.875%	1,175,000	1,266,147	1,279,281
Reynolds Group ISS	Bonds	08/15/19	9.875%	1,830,000	1,935,235	2,026,725
Reynolds Group ISS	Bonds	10/15/20	5.875%	110,000	113,118	116,050
Rio Tinto Fin USA LTD	Bonds	03/22/22	3.500%	260,000	258,632	266,794
Rio Tinto Fin USA LTD	Bonds	08/21/22	2.875%	80,000	77,306	78,115
Rite Aid Corporation	Bonds	03/15/20	9.250%	405,000	452,781	461,700

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value		(d)		(e)	
(a)	(b)	(c)	(d)	(e)	(f)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Cost	Current Value
<u>Corporate and Other Notes and Bonds (continued)</u>					
Rite Aid Corporation	Bonds	08/15/20	8.000%	1,073,000 \$	1,224,683 \$
Rogers Communications, Incorporated	Bonds	03/15/44	5.000%	280,000	291,987
Rosetta Resources, Incorporated	Bonds	05/01/21	5.625%	600,000	617,250
Rosetta Resources, Incorporated	Bonds	06/01/22	5.875%	625,000	653,125
Rosetta Resources, Incorporated	Bonds	06/01/24	5.875%	175,000	182,000
Rosetta Resources, Incorporated	Bonds	12/01/42	5.400%	345,000	344,000
Rowan Companies, Incorporated	Bonds	01/15/44	5.850%	205,000	221,300
Royal Bank of Canada	Bonds	10/01/19	2.000%	1,100,000	1,114,542
RR Donnelley & Sons Co	Notes	03/15/21	7.875%	525,000	603,750
RSB Bondco LLC	Bonds	04/01/17	5.820%	455,000	503,116
RSC Equipment Rent RSC Holdings	Notes	02/01/21	8.250%	840,000	934,500
Ryland Group Company	Notes	10/01/22	5.375%	285,000	282,863
Sandridge Energy Inc	Notes	03/15/21	7.500%	1,870,000	2,026,613
Sandridge Energy Inc	Notes	10/15/22	8.125%	165,000	181,706
Sandridge Energy Inc	Notes	02/15/23	7.500%	385,000	417,725
Santander Drive Auto Receivable	Bonds	06/17/19	2.250%	635,000	640,867
Santander Drive Auto Receivable	Bonds	04/15/19	1.810%	170,000	171,044
Santander Drive Auto Receivable	Bonds	04/15/20	2.360%	625,000	635,281
Santander Drive Auto Receivable	Bonds	11/15/19	2.330%	380,000	383,713
Santander Drive Auto Receivable	Bonds	08/17/20	2.130%	550,000	550,688
SBA Telecommunications	Notes	07/15/20	5.750%	165,000	174,900
Sears Holding Corporation	Bonds	10/15/18	6.625%	783,000	721,339
Service Corp International	Bonds	05/15/24	5.375%	345,000	352,763
Service Master Company	Bonds	02/15/20	8.000%	1,840,000	1,982,600
Service Master Company	Bonds	08/15/20	7.000%	1,120,000	1,191,400
Shell International Finance	Bonds	08/12/23	3.400%	320,000	326,641
Signet UK Finance PLC	Bonds	06/15/24	4.700%	180,000	182,903
SLM Corporation	Notes	01/15/19	5.500%	660,000	701,250
SLM Corporation	Notes	06/17/19	4.875%	1,740,000	1,793,244
SLM Corporation	Notes	03/25/24	6.125%	1,115,000	1,130,331
Small Business Administration	Bonds	07/01/26	6.070%	11,223	12,588
Societe Generale	Bonds	01/17/24	5.000%	1,110,000	1,160,882
Sophia LP/Fin Incorporated	Bonds	01/15/19	9.750%	1,160,000	1,276,000
Sophia LP/Fin Incorporated	Bonds	12/01/18	9.625%	585,000	608,400
Sophia LP/Fin Incorporated	Bonds	07/31/18	6.250%	203,713	203,713
Southern Cal Edison	Bonds	10/01/23	3.500%	360,000	373,216
Sprint Cap Corporation	Notes	11/15/28	6.875%	720,000	727,200
Sprint Cap Corporation	Notes	03/15/32	8.750%	1,045,000	1,206,975
Sprint Corporation	Bonds	09/15/21	7.250%	676,000	745,290
Sprint Corporation	Bonds	09/15/23	7.875%	680,000	756,500
Sprint Corporation	Bonds	06/15/24	7.125%	825,000	874,500
Sprint Corporation	Bonds	08/15/20	7.000%	420,000	464,625
Sprint Nextel Corporation	Bonds	11/15/18	9.000%	245,000	297,063
Standard Chartered PLC	Bonds	03/26/44	5.700%	280,000	293,485
Standard Pacific Corporation	Notes	01/15/21	8.375%	245,000	290,325
Stations Casinos	Notes	-	5.000%	521,193	521,193
Stations Casinos	Notes	03/01/21	7.500%	1,025,000	1,119,813
Statoil ASA	Bonds	11/08/20	2.900%	365,000	375,256
Structured Agency Credit Risk	Bonds	04/25/24	1.004%	483,443	484,333
Suburban Propane Partners LP	Notes	08/01/21	7.375%	319,000	346,913
Sungard Data Systems, Incorporated	Bonds	11/15/18	7.375%	72,000	76,050
Sungard Data Systems, Incorporated	Bonds	11/15/20	7.625%	375,000	408,750
Sungard Data Systems, Incorporated	Bonds	11/01/19	6.625%	940,000	989,350

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
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Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest				Cost		Current Value	
<u>Corporate and Other Notes and Bonds (continued)</u>										
Swedish Export Credit	Bonds	11/09/17	0.611%	1,920,000	\$		1,941,504	\$	1,936,685	
Syniverse Holdings Inc	Bonds	01/15/19	9.130%	330,000			349,297		353,513	
Taylor Morrison Comm	Bonds	04/15/21	5.250%	690,000			681,819		700,350	
TCI Communications, Incorporated	Bonds	08/01/15	8.750%	1,045,000			1,231,292		1,138,747	
Telecom Italia Capital	Bonds	09/30/34	6.000%	140,000			140,900		140,350	
Telecom Italia Capital	Bonds	05/30/24	5.303%	220,000			220,825		220,825	
Tenet Healthcare Corporation	Notes	11/01/18	6.250%	625,000			692,875		693,750	
Tenet Healthcare Corporation	Notes	02/01/20	6.750%	470,000			496,912		510,538	
Tenet Healthcare Corporation	Notes	04/01/22	8.125%	1,480,000			1,480,000		1,713,100	
Tenet Healthcare Corporation	Notes	03/01/19	5.000%	280,000			280,000		283,850	
Tenet Healthcare Corporation	Notes	11/15/31	6.875%	180,000			172,500		174,150	
Tennessee Valley Authority	Bonds	12/15/42	3.500%	570,000			502,603		523,163	
Terex Corporation	Notes	04/01/20	6.500%	335,000			351,157		363,643	
Terex Corporation	Notes	05/15/21	6.000%	215,000			215,000		231,662	
Texas Instruments, Incorporated	Bonds	03/12/21	2.750%	240,000			238,306		242,520	
THC Escrow Corporation	Notes	10/01/20	6.000%	530,000			530,000		575,050	
The Mohegan Tribal Gaming	Bonds	-	0.000%	872,813			872,813		872,813	
Thermo Fisher Scientific	Bonds	03/01/16	3.200%	330,000			334,361		342,814	
Thornburg Mortgage Secs Trust	Bonds	04/25/45	4.759%	280,228			280,929		284,365	
Time Warner Cable, Incorporated	Bonds	09/01/41	5.500%	185,000			181,700		206,958	
Time Warner Cable, Incorporated	Bonds	11/15/40	5.875%	290,000			301,084		338,273	
Time Warner, Incorporated	Bonds	04/15/31	7.625%	115,000			132,704		158,011	
Time Warner, Incorporated	Notes	05/15/29	6.625%	290,000			218,944		369,544	
Time Warner, Incorporated	Bonds	06/01/24	3.550%	280,000			279,742		278,004	
T-Mobile USA, Incorporated	Bonds	04/28/21	6.633%	645,000			645,000		698,213	
T-Mobile USA, Incorporated	Bonds	04/28/23	6.836%	325,000			318,500		353,844	
T-Mobile USA, Incorporated	Bonds	04/28/20	6.542%	970,000			970,000		1,047,600	
T-Mobile USA, Incorporated	Bonds	04/28/22	6.731%	550,000			544,500		593,313	
T-Mobile USA, Incorporated	Bonds	01/15/22	6.125%	240,000			240,000		254,700	
T-Mobile USA, Incorporated	Bonds	01/15/24	6.500%	325,000			325,000		347,344	
Total Capital Intl SA	Bonds	06/19/21	2.750%	440,000			439,168		440,964	
Toyota Auto Receivables	Bonds	08/15/16	0.410%	370,000			369,998		370,237	
Toyota Auto Receivables	Bonds	12/15/16	0.400%	280,000			279,976		279,913	
Toyota Auto Receivables	Bonds	02/15/16	0.480%	227,014			227,001		227,113	
Trans-Canada Pipelines	Bonds	03/01/34	4.625%	410,000			408,147		434,858	
TSMC Global LTD	Bonds	04/03/18	1.625%	435,000			434,709		428,666	
TW Telecom Holdings, Incorporated	Bonds	10/01/22	5.375%	565,000			543,813		617,969	
Union Pacific Corporation	Bonds	06/15/44	4.850%	235,000			233,527		259,835	
United Business Media LT	Bonds	11/03/20	5.750%	455,000			442,973		489,666	
United Rentals NA	Notes	09/15/20	8.375%	375,000			418,197		414,375	
United Surgical Partners	Bonds	04/01/19	6.000%	733,931			736,501		733,931	
United Surgical Partners	Bonds	04/01/20	9.000%	1,385,000			1,500,812		1,528,694	
University of California	Bonds	05/15/38	5.000%	185,000			194,509		206,904	
University of Illinois	Bonds	04/01/44	5.000%	665,000			684,119		721,020	
Univision Communication	Bonds	05/15/19	6.875%	1,095,000			1,119,950		1,168,913	
Univision Communication	Bonds	-	0.000%	361,994			361,367		361,994	
UPCB Finance III LTD	Bonds	07/01/20	6.625%	570,000			606,155		607,050	
US Coat Acquisitions	Bonds	05/01/21	7.375%	295,000			295,000		321,550	
USG Corporation	Notes	01/15/18	7.750%	1,020,000			1,119,813		1,221,450	
US West Communications	Bonds	09/15/33	6.875%	995,000			984,934		1,000,950	
Valeant Pharmaceuticals	Notes	12/01/21	5.625%	215,000			222,458		221,181	
Valeant Pharmaceuticals	Notes	12/01/18	6.875%	416,000			437,565		435,240	
Valero Energy Corporation	Notes	02/01/15	4.500%	65,000			64,828		66,496	

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Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost	Current Value	
<u>Corporate and Other Notes and Bonds (continued)</u>							
Verizon Communications	Bonds	11/01/42	3.850%	200,000	\$ 199,718	\$ 176,092	
Verizon Communications	Notes	09/15/33	6.400%	515,000	514,485	630,844	
Verizon Communications	Notes	09/15/43	6.550%	920,000	918,924	1,157,765	
Verizon Global Funding Corporation	Notes	12/01/30	7.750%	325,000	423,313	445,712	
Virginia Electric & Power Company	Bonds	08/15/43	4.650%	200,000	199,904	214,866	
Vodafone Group PLC	Notes	02/19/23	2.950%	450,000	447,916	435,087	
Volkswagen Auto Loan Enhanced	Bonds	07/20/16	0.420%	490,685	490,666	490,670	
VPI Escrow Corporation	Bonds	10/15/20	6.375%	2,350,000	2,454,165	2,496,875	
VPI Escrow Corporation	Bonds	08/15/18	6.750%	400,000	400,000	431,000	
Wal-Mart Stores, Incorporated	Bonds	04/22/44	4.300%	535,000	531,517	540,355	
Walter Energy, Incorporated	Bonds	04/15/21	8.500%	400,000	340,848	224,000	
Walter Energy, Incorporated	Bonds	12/15/21	7.875%	960,000	965,306	1,003,200	
Wellpoint, Incorporated	Notes	01/15/43	4.650%	380,000	377,800	386,354	
Wells Fargo & Company	Bonds	01/22/21	3.000%	500,000	499,155	510,125	
Wells Fargo & Company	Notes	04/22/19	2.125%	225,000	224,523	225,770	
Wells Fargo & Company	Bonds	06/03/26	4.100%	310,000	309,681	313,906	
Whiting Petroleum Corporation	Bonds	03/15/19	5.000%	495,000	495,000	520,987	
Williams Companies, Incorporated	Bonds	06/24/24	4.550%	315,000	314,175	318,119	
Williams Partners LP	Bonds	03/04/44	5.400%	285,000	284,077	305,757	
Windstream Corporation	Bonds	06/01/22	7.500%	910,000	962,998	990,763	
Windstream Corporation	Bonds	10/01/21	7.750%	280,000	290,847	305,900	
Wynn Las Vegas LLC/Corp	Bonds	08/15/20	7.750%	800,000	903,313	872,000	
XL Group LTD	Bonds	10/01/21	5.750%	300,000	300,000	349,818	
Total Corporate and Other Notes and Bonds					\$ 348,029,325	\$ 334,564,733	
<u>Common & Preferred Stocks</u>							
Aareal Bank AG	Equity	N/A	N/A	8,139	\$ 376,520	\$ 375,076	
Abbott Laboratories, Incorporated	Equity	N/A	N/A	96,593	3,899,459	3,950,654	
Abbvie, Incorporated	Equity	N/A	N/A	90,800	4,686,907	5,124,752	
Acacia Research-Acacia Tec	Equity	N/A	N/A	22,772	393,599	404,203	
Acadia Health Care Company, Incorporated	Equity	N/A	N/A	23,500	983,781	1,069,250	
Acadia Realty Trust	Equity	N/A	N/A	44,410	1,058,813	1,247,477	
Accor SA	Equity	N/A	N/A	20,623	1,021,892	1,072,802	
Accuray Incorporated	Equity	N/A	N/A	234,573	1,629,855	2,064,242	
Achaogen, Incorporated	Equity	N/A	N/A	12,800	153,600	178,688	
ACS Actividades De Construccion	Equity	N/A	N/A	52,363	2,125,722	2,394,802	
Actelion Limited	Equity	N/A	N/A	1,560	196,104	197,808	
Actuant Corporation Class A	Equity	N/A	N/A	26,940	539,710	931,316	
Acuity Brands, Incorporated	Equity	N/A	N/A	16,790	683,828	2,321,218	
Addeco SA	Equity	N/A	N/A	18,307	1,315,273	1,507,004	
Adidas AG	Equity	N/A	N/A	13,412	1,420,818	1,361,769	
Adobe Systems, Incorporated	Equity	N/A	N/A	85,280	5,383,832	6,170,861	
Aegon NV	Equity	N/A	N/A	244,410	2,690,636	2,148,364	
Aeon Company Limited	Equity	N/A	N/A	7,700	87,699	94,706	
AES Corporation	Equity	N/A	N/A	299,600	3,756,102	4,658,780	
Aecom Technology Corporation	Equity	N/A	N/A	15,500	457,301	499,100	
Aerie Pharmaceuticals, Incorporated	Equity	N/A	N/A	36,500	389,243	904,105	
Aerohive Networks, Incorporated	Equity	N/A	N/A	29,600	292,739	243,312	
Aerostale, Incorporated	Equity	N/A	N/A	44,610	484,077	155,689	
Aetna, Incorporated	Equity	N/A	N/A	13,600	460,212	1,102,688	
Affiliated Managers Group, Incorporated	Equity	N/A	N/A	34,700	5,850,058	7,127,380	
Aflac, Incorporated	Equity	N/A	N/A	16,600	352,357	1,033,350	

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			Plan No.	001
(a)	(b)				(e)	
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	(d) Cost	Current Value	
<u>Common & Preferred Stocks (continued)</u>						
African Barrick Gold PLC	Equity	N/A	N/A	43,000 \$	283,842 \$ 151,374	
Agco Corporation	Equity	N/A	N/A	30,400	1,395,692 1,709,088	
Agiou Pharmaceuticals, Incorporated	Equity	N/A	N/A	8,874	231,820 406,607	
AGL Energy Limited	Equity	N/A	N/A	7,281	102,718 106,958	
AIA Group Limited	Equity	N/A	N/A	388,400	1,393,318 1,973,072	
AIN Pharmaciez	Equity	N/A	N/A	7,200	353,947 347,189	
Air New Zealand	Equity	N/A	N/A	203,792	350,248 371,134	
Aircastle Limited	Equity	N/A	N/A	39,300	473,840 698,361	
Aisin Seiki Company, Limited	Equity	N/A	N/A	17,500	603,429 696,165	
AK Steel Holding Corporation	Equity	N/A	N/A	34,900	188,984 277,804	
Akamai Technologies	Equity	N/A	N/A	135,000	6,130,026 8,243,100	
Alamo Group Incorporated	Equity	N/A	N/A	8,215	231,009 444,349	
Alapis Holding Industrial	Equity	N/A	N/A	357	6,786 15	
Alaska Air Group, Incorporated	Equity	N/A	N/A	6,800	670,236 646,340	
Albany International Corporation Class A	Equity	N/A	N/A	23,188	438,272 880,216	
Albany Molecular Resh, Incorporated	Equity	N/A	N/A	119,034	2,349,195 2,394,964	
Alexander & Bladwin, Incorporated	Equity	N/A	N/A	43,050	1,540,471 1,784,423	
Alexion Pharmaceuticals, Incorporated	Equity	N/A	N/A	52,823	7,955,986 8,253,594	
Alfresa Holdings Corporation	Equity	N/A	N/A	3,500	176,791 225,606	
Align Technology Incorporated	Equity	N/A	N/A	70,100	2,548,030 3,928,404	
Allergan, Incorporated	Equity	N/A	N/A	14,946	2,427,342 2,529,162	
Allete, Incorporated	Equity	N/A	N/A	50,845	2,068,957 2,610,891	
Alliance Data Systems Corporation	Equity	N/A	N/A	20,308	639,569 5,711,625	
Allianz SE	Equity	N/A	N/A	15,783	2,537,732 2,639,707	
Alliant Techsystems, Incorporated	Equity	N/A	N/A	19,780	1,971,217 2,648,938	
Allied World Assurance Holdings	Equity	N/A	N/A	23,670	675,022 899,933	
Allscripts Healthcare Solutions Incorporated	Equity	N/A	N/A	94,565	1,128,911 1,517,768	
Allstate Corporation	Equity	N/A	N/A	264,828	9,327,796 15,550,700	
Alon Usa Energy, Incorporated	Equity	N/A	N/A	28,400	489,100 353,296	
Alstom	Equity	N/A	N/A	19,500	718,170 708,825	
Alten Boulogne Billancourt	Equity	N/A	N/A	8,700	448,118 413,438	
Altra Industrial Motion Corporation	Equity	N/A	N/A	61,538	1,086,831 2,239,368	
Amadeus IT Holding SA	Equity	N/A	N/A	10,733	406,910 442,665	
Amazon Com, Incorporated	Equity	N/A	N/A	41,601	12,169,933 13,511,173	
Ambarella, Incorporated	Equity	N/A	N/A	175,090	3,729,277 5,459,306	
AMC Entertainemnt Holdings Class A	Equity	N/A	N/A	11,855	213,390 294,834	
Amcor Limited	Equity	N/A	N/A	142,286	1,077,718 1,399,380	
Amdocs Limited	Equity	N/A	N/A	59,720	1,991,832 2,766,828	
Amec PLC	Equity	N/A	N/A	31,600	504,227 665,180	
Amerco	Equity	N/A	N/A	4,000	366,999 1,163,040	
American Airlines Group, Incorporated	Equity	N/A	N/A	55,700	1,886,040 2,392,872	
American Campus Communities, Inc.	Equity	N/A	N/A	24,888	725,913 951,717	
American Capital Mortgage	Equity	N/A	N/A	73,355	1,488,565 1,468,567	
American Electric Power, Incorporated	Equity	N/A	N/A	197,920	9,186,788 11,037,998	
American Eagle Energy Corporation	Equity	N/A	N/A	119,090	783,656 713,349	
American Express Company	Equity	N/A	N/A	58,000	5,137,161 5,502,460	
American Financial Group, Incorporated	Equity	N/A	N/A	47,900	2,074,775 2,852,924	
American International Group, Incorporated	Equity	N/A	N/A	179,311	8,240,562 9,786,794	
American Tower Corporation	Equity	N/A	N/A	37,511	3,303,594 3,375,240	
American Woodmark Corporaiton	Equity	N/A	N/A	51,979	1,793,860 1,656,571	
Ameriprise Financial, Incorporated	Equity	N/A	N/A	35,900	2,177,475 2,758,000	
Ameris Bancorp	Equity	N/A	N/A	95,885	1,370,126 2,067,281	
Amerisourcebergen Corporation	Equity	N/A	N/A	46,400	2,218,054 3,371,424	

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					(e)	
(a)	(b)				(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>						
Amkor Technology, Incorporated	Equity	N/A	N/A	125,500	\$ 582,026	\$ 1,403,090
AMP Limited	Equity	N/A	N/A	5,393	30,482	26,952
Anacor Pharmaceuticals, Incorporated	Equity	N/A	N/A	40,182	228,095	712,427
Anadarko Petroleum Corporation	Equity	N/A	N/A	54,488	7,846,838	8,581,134
Anglo American PLC	Equity	N/A	N/A	38,018	898,811	930,410
Anheuser Busch Inbev	Equity	N/A	N/A	13,570	321,944	1,558,979
Antero Resources Corporation	Equity	N/A	N/A	40,118	2,196,379	2,632,944
AON PLC	Equity	N/A	N/A	43,600	3,224,892	3,927,924
Aoyama Trading Company Limited	Equity	N/A	N/A	4,600	117,186	125,869
Aozara Bank LTD	Equity	N/A	N/A	163,000	516,053	535,797
AP Moller - Maersk A/S	Equity	N/A	N/A	625	1,232,059	1,535,221
APN News & Media Limited	Equity	N/A	N/A	34,142	20,802	24,950
Aperam	Equity	N/A	N/A	14,289	335,941	482,300
Apogee Enterprises, Incorporated	Equity	N/A	N/A	33,732	958,255	1,175,898
Apple, Incorporated	Equity	N/A	N/A	1,093,808	18,647,344	23,865,167
Applied Industrial Technologies, Incorporated	Equity	N/A	N/A	21,600	607,988	1,095,768
Applied Micro Circuits Corporation	Equity	N/A	N/A	131,105	1,488,923	1,417,245
Applied Optoelectronics, Incorporated	Equity	N/A	N/A	84,597	1,562,219	1,962,650
Arcelormittal	Equity	N/A	N/A	78,963	1,230,569	1,172,206
Archer Daniels Midland Company	Equity	N/A	N/A	29,500	776,719	1,301,245
Ardent Leisure Group	Equity	N/A	N/A	17,057	43,638	43,587
Arctic Cat, Incorporated	Equity	N/A	N/A	29,950	1,310,366	1,180,629
Arena Pharmaceuticals, Incorporated	Equity	N/A	N/A	112,030	691,433	656,496
Ares Capital Corporation	Equity	N/A	N/A	48,245	658,707	861,656
Argo Group International	Equity	N/A	N/A	11,900	534,280	608,209
Arkema	Equity	N/A	N/A	13,612	1,104,248	1,324,854
Aratana Therapeutics, Incorporated	Equity	N/A	N/A	53,160	552,249	829,828
Arm Holdings PLC	Equity	N/A	N/A	211,782	9,192,511	9,581,018
Armstrong World Industries	Equity	N/A	N/A	15,049	696,804	864,264
Arrow Electronics, Incorporated	Equity	N/A	N/A	29,200	1,545,481	1,765,180
Arrium Limited	Equity	N/A	N/A	533,027	1,123,035	399,578
Artel Solutions Group Holdings	Equity	N/A	N/A	510,000	41,519	45,395
Aruba Networks, Incorporated	Equity	N/A	N/A	124,320	2,429,559	2,178,086
Asahi Breweries Limited	Equity	N/A	N/A	1,200	27,199	37,668
Asahi Glass Company Limited	Equity	N/A	N/A	50,000	323,985	294,655
Asahi Kasei Corporation	Equity	N/A	N/A	17,000	101,674	130,053
Asbury Automotive Group	Equity	N/A	N/A	53,439	2,828,726	3,673,397
Ascendas Real Estate Investment Trust	Equity	N/A	N/A	93,000	161,215	284,144
Ashland, Incorporated	Equity	N/A	N/A	54,800	4,990,816	5,850,212
Aspen Insurance Holdings Limited	Equity	N/A	N/A	15,400	420,343	699,468
Associated British Foods PLC	Equity	N/A	N/A	22,014	598,307	1,148,697
Assurant, Incorporated	Equity	N/A	N/A	48,210	2,466,898	3,160,166
Astellas Pharma, Incorporated	Equity	N/A	N/A	143,000	1,302,878	1,878,811
Astrazeneca PLC	Equity	N/A	N/A	72,415	4,088,377	5,368,124
AT&T, Incorporated	Equity	N/A	N/A	255,535	7,950,322	9,035,718
Athlon Energy, Incorporated	Equity	N/A	N/A	51,315	1,533,148	2,447,726
Atwood Oceanics, Incorporated	Equity	N/A	N/A	8,800	259,998	461,824
Aurubis AG	Equity	N/A	N/A	10,200	409,123	523,185
Ausdrill Limited	Equity	N/A	N/A	105,700	379,819	85,217
Auspex Pharmaceuticals, Incorporated	Equity	N/A	N/A	2,500	30,000	55,675
Aust & NZ Banking Group Limited	Equity	N/A	N/A	67,535	1,486,432	2,123,165
Australand Property Group	Equity	N/A	N/A	32,226	93,806	134,921
Autodesk, Incorporated	Equity	N/A	N/A	198,000	7,802,172	11,163,240

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a)		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			(d)		(e)	
(a)	(b)	(c)	Maturity Date	Rate of Interest	(d)	Cost	Current Value	
Identity of issuer, borrower, lessor or similar party	Description							
<u>Common & Preferred Stocks (continued)</u>								
Autoliv, Incorporated	Equity	N/A	N/A	13,000	\$	657,852	\$	1,385,540
Auxilium Pharmaceuticals Incorporated	Equity	N/A	N/A	19,900		348,602		399,194
Avalonbay Communities, Incorporated	Equity	N/A	N/A	20,400		2,436,987		2,900,676
Avanir Pharmaceuticals Class A	Equity	N/A	N/A	62,600		213,788		353,064
Avis Budget Group, Incorporated	Equity	N/A	N/A	37,514		1,531,415		2,239,211
Avista Corporation	Equity	N/A	N/A	27,800		768,493		931,856
Aynet, Incorporated	Equity	N/A	N/A	29,000		1,081,896		1,284,990
AVX Corporation	Equity	N/A	N/A	28,200		374,036		374,496
AXA	Equity	N/A	N/A	74,722		1,316,837		1,779,504
Axis Capital Holdings LTD	Equity	N/A	N/A	40,740		1,793,794		1,803,967
AZZ, Incorporated	Equity	N/A	N/A	10,923		225,324		503,332
Babcock & Wilcox Company	Equity	N/A	N/A	20,101		674,177		652,478
Bae Systems PLC	Equity	N/A	N/A	208,300		1,091,692		1,553,918
Baker Hughes, Incorporated	Equity	N/A	N/A	58,700		4,101,517		4,370,215
Baloise Holding AG	Equity	N/A	N/A	9,100		516,915		1,072,339
Banca Popolare Di Milano	Equity	N/A	N/A	602,375		406,650		540,264
Banco Bilbao Vizcaya Argenta	Equity	N/A	N/A	54,459		494,262		698,164
Banco Latinoamericano De Comercio	Equity	N/A	N/A	29,200		535,039		866,364
Banco Santander S.A.	Equity	N/A	N/A	105,217		976,755		1,085,839
Bancorpsouth, Incorporated	Equity	N/A	N/A	46,283		586,156		1,137,173
Bank Hapolum Limited	Equity	N/A	N/A	127,000		485,979		734,278
Bankia SA	Equity	N/A	N/A	109,752		202,528		213,672
Bank of Queensland	Equity	N/A	N/A	36,250		286,414		416,678
Bankrate, Incorporated	Equity	N/A	N/A	39,045		699,164		684,849
Barclays PLC	Equity	N/A	N/A	737,909		3,979,840		2,671,231
Barnes & Noble, Incorporated	Equity	N/A	N/A	28,382		449,772		646,826
Barratt Developments PLC	Equity	N/A	N/A	153,756		487,709		983,340
BASF SE	Equity	N/A	N/A	18,336		930,949		2,147,787
Bayer AG	Equity	N/A	N/A	12,651		1,168,666		1,778,098
Bayerische Motoren Werke AG	Equity	N/A	N/A	16,512		1,773,682		2,097,406
B/E Aerospace, Incorporated	Equity	N/A	N/A	32,200		2,736,838		2,978,178
Belden, Incorporated	Equity	N/A	N/A	15,581		545,379		1,217,811
Bellway PLC	Equity	N/A	N/A	13,000		344,571		348,405
Bemis Company	Equity	N/A	N/A	64,900		2,033,797		2,638,834
Bendigo and Adelaide Bank	Equity	N/A	N/A	101,310		862,182		1,165,471
Berkshire Hills Bancorp, Incorporated	Equity	N/A	N/A	15,066		366,408		349,833
Berkeley Group Holding	Equity	N/A	N/A	8,778		300,124		363,246
BG Group PLC	Equity	N/A	N/A	107,202		2,013,229		2,265,786
B&G Foods, Incorporated	Equity	N/A	N/A	9,050		273,735		295,845
BHP Billington Limited	Equity	N/A	N/A	31,636		933,994		1,078,788
BHP Billiton PLC	Equity	N/A	N/A	85,951		2,705,391		2,779,374
Bio Reference Labs, Incorporated	Equity	N/A	N/A	18,807		485,613		568,348
Biocryst Pharmaceuticals, Incorporated	Equity	N/A	N/A	69,590		456,688		887,273
Biomarin Pharmaceutical, Incorporated	Equity	N/A	N/A	41,587		2,605,841		2,587,127
Biogen Idec, Incorporated	Equity	N/A	N/A	37,830		9,352,358		11,928,177
Biomed Realty Trust, Incorporated	Equity	N/A	N/A	52,897		927,458		1,154,742
Biotelemetry, Incorporated	Equity	N/A	N/A	388,130		3,477,858		2,782,892
Bioscrip, Incorporated	Equity	N/A	N/A	82,994		605,016		692,170
Black Hills Corporation	Equity	N/A	N/A	14,600		470,857		896,294
Blackhawk Networks	Equity	N/A	N/A	2,743		65,256		73,650
Blackrock, Incorporated	Equity	N/A	N/A	10,915		2,732,902		3,488,434
Bloomin Brands, Incorporated	Equity	N/A	N/A	33,055		412,270		741,424
Blucora, Incorporated	Equity	N/A	N/A	29,988		592,367		565,874

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			Plan No.	001	
(a)	(b)				(e)		
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	(d) Cost	Current Value	
<u>Common & Preferred Stocks (continued)</u>							
	Blyth, Incorporated	Equity	N/A	N/A	42,740 \$	359,773 \$	332,517
	BNP Paribas	Equity	N/A	N/A	61,294	4,043,540	4,161,250
	Boart Longyear Limited	Equity	N/A	N/A	117,800	285,967	22,382
	Boc Hong Kong Holdings Limited	Equity	N/A	N/A	99,500	294,119	288,214
	Boeing Company	Equity	N/A	N/A	31,284	4,144,504	3,980,263
	Boise Cascade Company	Equity	N/A	N/A	37,600	946,800	1,076,864
	Boliden AB	Equity	N/A	N/A	52,600	669,107	763,231
	Bonanza Creek Energy, Incorporated	Equity	N/A	N/A	40,121	1,929,472	2,294,520
	Boston Private Financial Holdings, Inc	Equity	N/A	N/A	44,186	559,309	593,860
	Boulder Brands, Incorporated	Equity	N/A	N/A	183,736	2,269,776	2,605,376
	BP PLC	Equity	N/A	N/A	532,082	4,608,215	4,663,699
	BPZ Resources, Incorporated	Equity	N/A	N/A	394,823	1,064,571	1,216,055
	Bradken Limited	Equity	N/A	N/A	70,800	520,702	290,208
	Brady Corporation Class A	Equity	N/A	N/A	67,700	2,128,199	2,022,199
	Brambles Limited	Equity	N/A	N/A	146,144	1,293,121	1,266,443
	Brandywine Reality	Equity	N/A	N/A	93,800	1,068,157	1,463,280
	Bridge Capital Holdings	Equity	N/A	N/A	64,536	1,091,545	1,562,417
	Bridgestone	Equity	N/A	N/A	55,600	1,660,397	1,945,149
	Brightcove	Equity	N/A	N/A	139,994	1,912,557	1,475,537
	Brinker International, Incorporated	Equity	N/A	N/A	11,900	501,848	578,935
	Brinks Company	Equity	N/A	N/A	21,100	632,339	595,442
	Bristol Myers Squibb Company	Equity	N/A	N/A	134,940	6,734,427	6,545,939
	Bristow Group, Incorporated	Equity	N/A	N/A	15,199	954,448	1,225,343
	British American Tobacco PLC	Equity	N/A	N/A	13,311	697,155	795,332
	Britvic PLC	Equity	N/A	N/A	62,578	635,253	779,119
	Broadsoft, Incorporated	Equity	N/A	N/A	34,545	824,517	911,643
	Brocade Communications Systems	Equity	N/A	N/A	108,900	1,089,510	1,001,880
	Brother Industris Limited	Equity	N/A	N/A	28,600	390,502	495,464
	Brown Forman Corporation	Equity	N/A	N/A	22,500	2,004,787	2,118,825
	Brunswick Corporation	Equity	N/A	N/A	151,205	4,427,512	6,370,267
	BT Group PLC	Equity	N/A	N/A	671,426	2,982,813	4,422,777
	Bucher Industries AG	Equity	N/A	N/A	1,305	331,590	448,097
	Buffalo Wild Wings, Incorporated	Equity	N/A	N/A	10,744	895,325	1,780,388
	Builders Firstsource, Incorporated	Equity	N/A	N/A	161,110	896,738	1,205,103
	Burlington Stores, Incorporated	Equity	N/A	N/A	22,200	571,650	707,292
	CA Immobilien Anlagen AG	Equity	N/A	N/A	4,985	95,063	94,540
	CA, Incorporated	Equity	N/A	N/A	16,600	424,421	477,084
	Cabelas, Incorporated	Equity	N/A	N/A	125,100	8,415,645	7,806,240
	Cabot Corporation	Equity	N/A	N/A	56,390	2,043,269	3,270,056
	CACI International, Incorporated	Equity	N/A	N/A	8,171	533,674	573,686
	Calamp Corporation	Equity	N/A	N/A	48,640	1,111,958	1,053,542
	Calix Networks, Incorporated	Equity	N/A	N/A	73,573	612,016	601,827
	Callon Pete Company	Equity	N/A	N/A	90,075	633,244	1,049,374
	Cambrex Corporation	Equity	N/A	N/A	99,347	1,914,842	2,056,483
	Canadian Pacific Railway Limited	Equity	N/A	N/A	44,631	7,517,756	8,084,460
	Cancom AG	Equity	N/A	N/A	7,824	395,052	401,217
	Canon, Incorporated	Equity	N/A	N/A	17,350	604,373	564,489
	Capita Group PLC	Equity	N/A	N/A	62,888	745,888	1,232,317
	Capitacommercial Trust	Equity	N/A	N/A	115,000	152,159	156,789
	Capital One Financial Corporation	Equity	N/A	N/A	92,065	6,947,609	7,604,569
	Capitol Federal Financial Incorporated	Equity	N/A	N/A	50,624	577,827	615,588
	Capstead Mortgage Corporation	Equity	N/A	N/A	94,600	1,182,163	1,243,990
	Carbonite, Incorporated	Equity	N/A	N/A	39,230	495,908	469,583

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a)		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			(d)		(e)	
(a)	(b)				(d)		(e)	
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Cost		Current Value	
	<u>Common & Preferred Stocks (continued)</u>							
	Cardinal Health, Incorporated	Equity	N/A	N/A	72,700	\$	4,398,464	\$ 4,984,312
	Cardtronics, Incorporated	Equity	N/A	N/A	129,899		2,871,119	4,426,958
	Cardiovascular Systems, Incorporated	Equity	N/A	N/A	26,755		626,066	833,686
	Carillion PLC	Equity	N/A	N/A	90,200		348,615	511,110
	Carefusion Corporation	Equity	N/A	N/A	94,500		3,566,843	4,191,075
	Carlisle Companies, Incorporated	Equity	N/A	N/A	30,100		1,024,373	2,607,262
	Carmike Cinemas, Incorporated	Equity	N/A	N/A	35,715		655,882	1,254,668
	Carrizo Oil & Gas, Incorporated	Equity	N/A	N/A	8,900		381,455	616,414
	Cascade Bancorp	Equity	N/A	N/A	91,100		410,359	474,631
	Casino Guichard Perrachon	Equity	N/A	N/A	1,678		215,500	222,485
	Catamaran Corporation	Equity	N/A	N/A	33,150		739,751	1,463,904
	Caterpillar, Incorporated	Equity	N/A	N/A	39,970		3,879,603	4,343,540
	Cathay General Bancorp	Equity	N/A	N/A	61,891		740,619	1,581,934
	CBL Association Properties Incorporated	Equity	N/A	N/A	196,400		3,977,938	3,731,600
	CBOE Holdings	Equity	N/A	N/A	36,900		1,619,104	1,815,849
	CBRE Group, Incorporated	Equity	N/A	N/A	49,950		1,584,594	1,600,398
	CBS Corporation Class B	Equity	N/A	N/A	53,551		1,885,403	3,327,659
	CDL Hospitality Trusts	Equity	N/A	N/A	157,000		213,534	221,606
	Celadon Group, Incorporated	Equity	N/A	N/A	6,690		151,189	142,631
	Celanese Corporation	Equity	N/A	N/A	11,600		611,630	745,648
	Celgene Corporation	Equity	N/A	N/A	119,280		8,812,394	10,243,766
	Cementir Holdings SPA	Equity	N/A	N/A	17,874		159,479	133,878
	Central Japan Railway Company	Equity	N/A	N/A	2,800		206,141	399,388
	Centric A PLC	Equity	N/A	N/A	119,400		692,804	638,766
	Century Tokyo Leasing Corporation	Equity	N/A	N/A	31,200		402,364	1,053,294
	Cepheid, Incorporated	Equity	N/A	N/A	34,305		1,311,294	1,644,582
	Centurylink, Incorporated	Equity	N/A	N/A	47,600		1,774,929	1,723,120
	Cerner Corporation	Equity	N/A	N/A	50,500		2,823,583	2,604,790
	CF Industries Holdings, Incorporated	Equity	N/A	N/A	15,800		3,343,235	3,800,374
	Challenger Financial Services, Incorporated	Equity	N/A	N/A	110,522		506,679	775,373
	Channeladvisor Corporation	Equity	N/A	N/A	15,315		615,579	403,703
	Chart Industries, Incorporated	Equity	N/A	N/A	3,105		265,244	256,877
	Charter Hall Group	Equity	N/A	N/A	38,503		141,482	154,665
	Check Point Systems, Incorporated	Equity	N/A	N/A	49,182		801,247	688,056
	Cheesecake Factory, Incorporated	Equity	N/A	N/A	77,300		2,848,556	3,588,266
	Chemed Corporation	Equity	N/A	N/A	7,700		667,143	721,644
	Chevron Corporation	Equity	N/A	N/A	67,672		5,954,609	8,834,580
	Chiba Bank Limited	Equity	N/A	N/A	42,000		262,693	296,431
	Chimera Investment Corporation	Equity	N/A	N/A	145,700		459,786	464,783
	China Shineway Pharmaceuticals	Equity	N/A	N/A	178,000		261,855	312,344
	Chipotle Mexican Grill Class A	Equity	N/A	N/A	9,104		5,350,616	5,394,211
	Christian Dior	Equity	N/A	N/A	2,844		581,831	565,840
	Chiquita Brands Intl, Incorporated	Equity	N/A	N/A	66,975		787,360	726,679
	Christopher & Banks Corporation	Equity	N/A	N/A	31,535		245,092	276,247
	Chubb Corporation	Equity	N/A	N/A	28,100		2,412,346	2,589,977
	Churchill Downs, Incorporated	Equity	N/A	N/A	31,477		2,060,195	2,836,392
	Cigna Corporation	Equity	N/A	N/A	123,925		8,925,160	11,397,382
	Cinemark Holdings Incorporated	Equity	N/A	N/A	92,611		1,739,942	3,274,725
	Cisco Systems, Incorporated	Equity	N/A	N/A	67,375		1,241,524	1,674,269
	Cit Group, Incorporated	Equity	N/A	N/A	60,300		2,537,932	2,759,328
	Citigroup, Incorporated	Equity	N/A	N/A	95,997		4,181,197	4,521,459
	Citi Trends, Incorporated	Equity	N/A	N/A	32,615		542,869	699,918
	Citrix Systems, Incorporated	Equity	N/A	N/A	26,705		1,716,741	1,670,398

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a)		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			(d)		(e)	
(a)	(b)	Description	Maturity Date	Rate of Interest		Cost	Current Value	
Identity of issuer, borrower, lessor or similar party								
<u>Common & Preferred Stocks (continued)</u>								
	City National Corporation	Equity	N/A	N/A	15,847	\$ 881,884	\$ 1,200,569	
	Clariant	Equity	N/A	N/A	11,398	234,035	223,127	
	Clean Energy Fuels Corporation	Equity	N/A	N/A	5,575	70,790	65,339	
	Cliffs Natural Resources, Incorporated	Equity	N/A	N/A	13,900	1,357,373	209,195	
	CLP Holdings Limited	Equity	N/A	N/A	5,000	41,141	41,030	
	CNO Financial Group, Incorporated	Equity	N/A	N/A	33,800	101,340	601,640	
	Cobiz Financial, Incorporated	Equity	N/A	N/A	20,600	221,490	221,862	
	Coca Cola West Company Limited	Equity	N/A	N/A	4,200	65,084	72,470	
	Coca Cola Enterprises, Incorporated	Equity	N/A	N/A	57,680	2,280,386	2,755,950	
	Comerica, Incorporated	Equity	N/A	N/A	10,800	464,181	541,728	
	Comfortdelgro Corporation	Equity	N/A	N/A	44,000	48,822	88,219	
	Common Wealth Bank Of Australia	Equity	N/A	N/A	14,630	937,379	1,119,195	
	Commonwealth Reit	Equity	N/A	N/A	37,800	1,231,787	994,896	
	Community Health Systems	Equity	N/A	N/A	17,500	807,709	793,975	
	Compag Nie De Saint Gobain	Equity	N/A	N/A	3,666	191,900	206,843	
	Companhia Brasileira DE	Equity	N/A	N/A	13,397	463,625	620,683	
	Comput Acenter PIC	Equity	N/A	N/A	52,700	289,859	540,240	
	Computer Sciences Corporation	Equity	N/A	N/A	77,993	2,848,733	4,929,158	
	Conagra Foods, Incorporated	Equity	N/A	N/A	22,572	694,731	669,937	
	Concho Resources, Incorporated	Equity	N/A	N/A	26,952	3,754,414	3,894,564	
	Conocophillips	Equity	N/A	N/A	134,245	9,741,732	11,508,824	
	Constellation Brands, Incorporated Class A	Equity	N/A	N/A	74,600	3,495,663	6,574,498	
	Continental AG	Equity	N/A	N/A	11,229	2,225,518	2,601,905	
	Control 4 Corporation	Equity	N/A	N/A	79,090	1,433,387	1,547,000	
	Convergys Corporation	Equity	N/A	N/A	143,830	1,543,333	3,083,715	
	Cooper Tire & Rubber Company	Equity	N/A	N/A	22,500	619,030	675,000	
	Core Laboratories N V	Equity	N/A	N/A	25,630	626,212	4,281,748	
	Core Mark Holding Company, Incorporated	Equity	N/A	N/A	15,894	265,624	725,243	
	Corporate Executive Board Company	Equity	N/A	N/A	72,800	4,330,631	4,966,416	
	Costco Wholesale Corporation	Equity	N/A	N/A	39,093	4,545,343	4,501,950	
	Costar Group, Incorporated	Equity	N/A	N/A	1,255	221,732	198,503	
	Cousins Properties, Incorporated	Equity	N/A	N/A	124,070	1,309,169	1,544,672	
	Cracker Barrel Old Country	Equity	N/A	N/A	6,050	285,683	602,399	
	Credit Acceptance Corporation	Equity	N/A	N/A	4,651	485,075	572,538	
	Credit Agricole SA	Equity	N/A	N/A	140,009	2,346,274	1,974,127	
	Credit Suisse Group	Equity	N/A	N/A	115,381	3,298,170	3,275,551	
	CSL Limited	Equity	N/A	N/A	226	11,700	14,182	
	CU Bancorp	Equity	N/A	N/A	31,804	569,450	606,502	
	Cubesmart	Equity	N/A	N/A	70,412	607,860	1,289,948	
	Cummins, Incorporated	Equity	N/A	N/A	26,052	3,130,393	4,019,563	
	Curtiss Wright Corporation	Equity	N/A	N/A	15,660	792,492	1,026,670	
	CVB Financial Corporation	Equity	N/A	N/A	54,858	480,849	879,374	
	CVS Caremark Corporation	Equity	N/A	N/A	81,798	4,126,096	6,165,115	
	Dah Chong Hong Holdings Limited	Equity	N/A	N/A	390,000	234,831	232,978	
	Daihatsu Motor Company Limited	Equity	N/A	N/A	10,600	138,093	188,447	
	Daiichi Sankyo Company Limited	Equity	N/A	N/A	6,400	113,797	119,402	
	Daikyo, Incorporated	Equity	N/A	N/A	29,000	65,953	68,131	
	Dai Nippon Printing Company Limited	Equity	N/A	N/A	20,000	148,098	208,874	
	Daimler AG	Equity	N/A	N/A	37,754	2,558,416	3,525,091	
	Dairy Crest Group PLC	Equity	N/A	N/A	46,800	441,667	376,838	
	Daito Trust Construction Company Limited	Equity	N/A	N/A	1,800	166,735	211,618	
	Daiwa House Industries Company Limited	Equity	N/A	N/A	11,000	125,586	228,024	
	Daiwa Securities Group, Incorporated	Equity	N/A	N/A	20,000	164,168	173,140	

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

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AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b)					(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest			Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>							
Dana Holding Corporation	Equity	N/A	N/A	161,990	\$	3,128,170	\$ 3,955,796
Danaher Corporation	Equity	N/A	N/A	41,930		2,720,145	3,301,149
Danske Bank A/S	Equity	N/A	N/A	11,602		324,040	327,933
Darden Restaurants, Incorporated	Equity	N/A	N/A	69,400		2,950,620	3,211,138
Darling Ingredients, Incorporated	Equity	N/A	N/A	23,453		335,010	490,168
DBS Group Holdings Limited	Equity	N/A	N/A	229,000		3,020,515	3,076,228
DCM Holdings Company Limited	Equity	N/A	N/A	13,400		101,812	96,824
Del Frisco's Restaurant Group	Equity	N/A	N/A	13,570		329,230	373,989
Delhaize Group	Equity	N/A	N/A	12,900		901,637	872,777
Delphi Automotive PLC	Equity	N/A	N/A	104,700		5,138,953	7,197,078
Delta Air Lines, Incorporated	Equity	N/A	N/A	148,345		3,925,776	5,743,918
Demandware	Equity	N/A	N/A	19,175		1,156,518	1,330,170
Denki Kagaku Kogyo	Equity	N/A	N/A	20,000		81,693	76,798
Densco Corporation	Equity	N/A	N/A	3,900		186,050	184,899
Deutsche Bank AG	Equity	N/A	N/A	37,696		2,290,717	1,370,524
Deutsche Telecom AG	Equity	N/A	N/A	96,420		1,592,327	1,695,064
Deutsche Wohnen AG	Equity	N/A	N/A	7,346		157,139	158,830
Dexcom, Incorporated	Equity	N/A	N/A	35,375		855,541	1,402,972
Diageo PLC	Equity	N/A	N/A	78,731		1,567,649	2,505,614
Diamond Resorts International	Equity	N/A	N/A	64,129		975,921	1,492,282
Diamond Back Energy, Incorporated	Equity	N/A	N/A	25,889		852,944	2,298,943
Dic Corporation	Equity	N/A	N/A	38,000		101,933	101,278
Digital China Holdings Limited	Equity	N/A	N/A	299,000		333,564	260,130
Digital Globe, Incorporated	Equity	N/A	N/A	44,206		1,349,958	1,228,927
Dillard's, Incorporated	Equity	N/A	N/A	11,200		253,844	1,306,032
Direct Line Insurance Group	Equity	N/A	N/A	94,600		381,561	436,799
Disco Corporation	Equity	N/A	N/A	19,600		1,200,947	1,315,631
Disney Walt Company	Equity	N/A	N/A	98,343		7,469,661	8,431,929
Discovery Communications Class A	Equity	N/A	N/A	34,806		2,677,278	2,585,390
Discover Financial	Equity	N/A	N/A	95,200		2,526,629	5,900,496
Directv	Equity	N/A	N/A	35,100		2,722,933	2,983,851
Distribuidora Internacional	Equity	N/A	N/A	36,076		213,597	331,538
DNB Nor ASA	Equity	N/A	N/A	271,855		3,607,340	4,985,821
Dolby Laboratories, Incorporated	Equity	N/A	N/A	62,700		2,169,222	2,708,640
Domtar Corporation	Equity	N/A	N/A	59,560		2,998,562	2,552,146
Donnelly R R & Sons Company	Equity	N/A	N/A	32,800		1,139,780	556,288
Dover Corporation	Equity	N/A	N/A	13,000		319,264	1,182,350
Downer Edi Limited	Equity	N/A	N/A	121,771		627,010	519,005
Dr Pepper Snapple Group, Incorporated	Equity	N/A	N/A	11,200		581,437	656,096
Dreamworks Animation Class A	Equity	N/A	N/A	151,020		3,380,828	3,512,725
DST Systems, Incorporated	Equity	N/A	N/A	7,749		668,924	714,225
DTE Energy Company	Equity	N/A	N/A	64,425		4,804,233	5,016,775
Duerr AG	Equity	N/A	N/A	1,756		78,119	155,705
Duet Group	Equity	N/A	N/A	337,006		64,166	76,915
Duke Realty Corporation	Equity	N/A	N/A	163,358		2,444,866	2,966,581
Dunkin Brands Group, Incorporated	Equity	N/A	N/A	57,366		2,572,291	2,627,936
DXP Enterprises, Incorporated	Equity	N/A	N/A	11,120		571,904	840,005
E.On SE	Equity	N/A	N/A	39,055		950,154	806,181
Eads NV	Equity	N/A	N/A	15,229		788,052	1,020,549
East Asiatic Company Limited	Equity	N/A	N/A	9,800		725,513	116,991
East Japan Railway Company	Equity	N/A	N/A	2,900		181,426	225,774
Eastman Chemical Company	Equity	N/A	N/A	32,310		2,303,491	2,822,279
Eastman Kodak Company	Equity	N/A	N/A	10,538		347,974	257,865

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Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>						
Easyjet PLC	Equity	N/A	N/A	16,837 \$	443,838 \$	393,320
Eaton Corporation PLC	Equity	N/A	N/A	134,900	8,689,002	10,411,582
Echo Global Logistics, Incorporated	Equity	N/A	N/A	8,180	147,374	156,811
Edison International	Equity	N/A	N/A	103,400	4,144,990	6,008,574
Education Realty Trust, Incorporated	Equity	N/A	N/A	182,139	1,751,257	1,956,173
Edwards Lifesciences Corporation	Equity	N/A	N/A	107,800	7,107,758	9,253,552
8x8, Incorporated	Equity	N/A	N/A	56,872	418,224	459,526
Eizo Nanao Corporation	Equity	N/A	N/A	12,600	337,489	334,698
El Paso Electric Company	Equity	N/A	N/A	19,900	610,576	800,179
Electricite De France	Equity	N/A	N/A	18,773	424,728	591,235
Elizabeth Arden, Incorporated	Equity	N/A	N/A	21,645	768,642	463,636
Empire State Realty Trust	Equity	N/A	N/A	49,525	826,909	817,163
Employers Holdings, Incorporated	Equity	N/A	N/A	51,023	885,928	1,080,667
Endurance Specialty Holdings	Equity	N/A	N/A	57,900	2,130,452	2,987,061
Enel SPA	Equity	N/A	N/A	452,657	2,676,007	2,661,623
Energen Corporation	Equity	N/A	N/A	14,200	657,153	1,262,096
Energizer Holdings, Incorporated	Equity	N/A	N/A	13,100	1,117,110	1,598,593
Energys	Equity	N/A	N/A	13,553	493,741	932,311
Engility Holdings, Incorporated	Equity	N/A	N/A	4,300	82,603	164,518
Eni SPA	Equity	N/A	N/A	72,871	1,945,586	1,995,281
Ennis, Incorporated	Equity	N/A	N/A	22,300	505,692	340,298
Enpro Industries, Incorporated	Equity	N/A	N/A	12,745	750,036	932,424
Entergy Corporation	Equity	N/A	N/A	75,000	5,295,601	6,156,750
Entravision Communications	Equity	N/A	N/A	562,275	2,756,715	3,497,351
Envestnet, Incorporated	Equity	N/A	N/A	25,705	313,108	1,257,489
Envestra Limited	Equity	N/A	N/A	62,081	65,972	76,360
Enzo Biochem, Incorporated	Equity	N/A	N/A	235,449	1,205,825	1,236,107
EOG Resources, Incorporated	Equity	N/A	N/A	21,846	2,480,395	2,552,924
Epam Systems, Incorporated	Equity	N/A	N/A	22,535	453,910	985,906
Epizyme, Incorporated	Equity	N/A	N/A	11,800	177,000	367,216
EPR Properties	Equity	N/A	N/A	116,681	4,677,862	6,518,967
Essilor International	Equity	N/A	N/A	11,522	690,852	1,221,935
Esterline Technologies Corporation	Equity	N/A	N/A	6,890	505,436	793,177
E Trade Financial Corporation	Equity	N/A	N/A	188,900	2,182,667	4,016,014
Ethan Allen Interiors, Incorporated	Equity	N/A	N/A	174,238	5,382,183	4,310,648
Euronet Worldwide, Incorporated	Equity	N/A	N/A	32,052	569,491	1,546,188
Everest Re Group Limited	Equity	N/A	N/A	24,440	2,622,777	3,922,376
Evertec, Incorporated	Equity	N/A	N/A	33,735	769,800	817,736
EW Scripps Company Class A	Equity	N/A	N/A	34,849	517,618	737,405
Exar Corporation	Equity	N/A	N/A	44,770	519,645	505,901
Excel Trust, Incorporated	Equity	N/A	N/A	33,710	388,258	449,354
Exedy Corporation	Equity	N/A	N/A	2,700	69,221	80,223
Exelon Corporation	Equity	N/A	N/A	19,700	559,152	718,656
Exelis, Incorporated	Equity	N/A	N/A	193,050	2,176,816	2,051,899
Exlservice Holdings, Incorporated	Equity	N/A	N/A	45,982	861,638	1,354,170
Express Scripts Holding Company	Equity	N/A	N/A	116,873	8,291,941	8,102,805
Exxon Mobil Corporation	Equity	N/A	N/A	183,095	14,493,721	18,434,005
Facebook, Incorporated Class A	Equity	N/A	N/A	210,383	11,085,837	14,156,672
Factset Resh Systems, Incorporated	Equity	N/A	N/A	54,400	5,399,506	6,543,232
Fairfax Medical Limited	Equity	N/A	N/A	147,414	129,309	125,799
Fanuc Limited	Equity	N/A	N/A	5,700	871,244	989,463
Federal Agriculture Mtg Corporation	Equity	N/A	N/A	15,066	507,907	468,251
Fedex Corporation	Equity	N/A	N/A	14,950	2,251,089	2,263,131

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b)					(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest			Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>							
Ferro Corporation	Equity	N/A	N/A	91,690	\$	522,560	\$ 1,151,626
Fidelity & Guaranty Life	Equity	N/A	N/A	29,000		521,308	694,260
Fifth Third Bancorp	Equity	N/A	N/A	255,700		3,366,009	5,459,195
Financial Institutions Incorporated	Equity	N/A	N/A	55,277		938,050	1,294,587
Finisar Corporation	Equity	N/A	N/A	60,919		1,086,678	1,203,150
Fireeye, Incorporated	Equity	N/A	N/A	32,056		1,222,295	1,299,871
First Financial Bancorp	Equity	N/A	N/A	59,013		859,717	1,015,614
First Financial Bankshares, Incorporated	Equity	N/A	N/A	22,440		376,817	703,943
First Group PLC	Equity	N/A	N/A	100,500		568,892	217,745
First Merchants Corporation	Equity	N/A	N/A	68,385		985,445	1,445,659
First Pacific Company	Equity	N/A	N/A	380,000		366,988	424,597
First Republic Bank	Equity	N/A	N/A	66,300		3,569,994	3,645,837
First Resources Limited	Equity	N/A	N/A	31,000		57,192	59,171
Five Below	Equity	N/A	N/A	34,025		1,260,278	1,357,938
Fiveprime Therapeutics, Incorporated	Equity	N/A	N/A	14,500		189,560	225,475
Fleetcor Technologies, Incorporated	Equity	N/A	N/A	18,124		2,422,672	2,388,743
Flextronics International Limited	Equity	N/A	N/A	201,600		1,763,339	2,231,712
Flight Centre Limited	Equity	N/A	N/A	3,043		90,936	127,545
Footlocker, Incorporated	Equity	N/A	N/A	58,800		2,246,750	2,982,336
Ford Motor Company	Equity	N/A	N/A	238,755		3,390,605	4,116,136
Forestar Group, Incorporated	Equity	N/A	N/A	27,200		513,945	519,248
Forrester Resh, Incorporated	Equity	N/A	N/A	34,051		1,007,722	1,289,852
Foundation Medicine, Incorporated	Equity	N/A	N/A	46,640		1,121,966	1,257,414
Fox Factory Holding Corporation	Equity	N/A	N/A	57,842		1,003,828	1,017,441
Francescas Holdings Corporation	Equity	N/A	N/A	19,965		502,642	294,284
Frasers Centre Point Trust	Equity	N/A	N/A	23,000		33,742	34,954
Freds, Incorporated Class A	Equity	N/A	N/A	19,110		228,182	292,192
Freenet AG	Equity	N/A	N/A	26,200		411,325	838,594
Fresh Del Monte Produce, Incorporated	Equity	N/A	N/A	27,900		636,126	855,135
Fuji Electric Holdings Company Limited	Equity	N/A	N/A	30,000		70,687	142,145
Fuji Seal International, Incorporated	Equity	N/A	N/A	7,100		145,064	220,769
Fujifilm Holdings Corporation	Equity	N/A	N/A	12,500		124,672	348,576
Fujikura Limited	Equity	N/A	N/A	19,000		69,751	92,463
Fujitsu Limited	Equity	N/A	N/A	45,000		261,818	337,150
Fukuoka Financial Group, Incorporated	Equity	N/A	N/A	126,000		540,741	608,202
Galaxy Entertainment Group Limited	Equity	N/A	N/A	18,000		176,553	143,992
Gamestop Corporation Class A	Equity	N/A	N/A	14,400		379,011	582,768
Gannett, Incorporated	Equity	N/A	N/A	35,300		922,354	1,105,243
Garmin Limited	Equity	N/A	N/A	97,100		3,373,231	5,913,390
Gas Natural SDG SA	Equity	N/A	N/A	37,700		690,200	1,190,676
GEA Group AG	Equity	N/A	N/A	24,198		505,831	1,145,785
Generac Holdings, Incorporated	Equity	N/A	N/A	23,285		1,224,423	1,134,911
General Dynamics Corporation	Equity	N/A	N/A	31,320		3,212,489	3,650,346
General Electric Company	Equity	N/A	N/A	127,500		2,867,802	3,350,700
Genesco, Incorporated	Equity	N/A	N/A	17,537		655,416	1,440,314
Genesee & Wyoming, Incorporated	Equity	N/A	N/A	6,439		217,582	676,095
Gentex Corporation	Equity	N/A	N/A	181,900		4,173,676	5,291,471
Genoea Biosciences, Incorporated	Equity	N/A	N/A	9,000		108,000	168,750
Genworth Financial, Incorporated	Equity	N/A	N/A	415,310		7,390,611	7,226,394
Geo Company	Equity	N/A	N/A	9,900		112,621	86,193
Georg Fischer Limited	Equity	N/A	N/A	1,898		867,458	1,360,148
G-III Apparel Group	Equity	N/A	N/A	8,390		231,647	685,127
Gildemesiter AG	Equity	N/A	N/A	6,728		142,092	234,324

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a)		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			(d)		(e)
(a)	(b)	Description	Maturity Date	Rate of Interest	Cost	Current Value	
<u>Common & Preferred Stocks (continued)</u>							
	Identity of issuer, borrower, lessor or similar party						
	Gilead Sciences, Incorporated	Equity	N/A	N/A	94,668 \$	5,092,357 \$	7,848,924
	Glatfelter	Equity	N/A	N/A	23,751	623,828	630,114
	Glaxosmithkline PLC	Equity	N/A	N/A	16,000	433,251	430,240
	Glimcher Realty Trust	Equity	N/A	N/A	74,740	821,234	809,434
	Global Brass & Copper Holding	Equity	N/A	N/A	56,855	804,409	960,850
	Global Eagle Entertainment	Equity	N/A	N/A	55,341	896,114	686,228
	Global Power Equipment Group, Incorporated	Equity	N/A	N/A	6,324	160,884	102,196
	Globe Specialty Metals, Incorporated	Equity	N/A	N/A	27,025	434,810	561,580
	Globus Medical, Incorporated Class A	Equity	N/A	N/A	5,009	822,951	1,411,495
	Glory Limited	Equity	N/A	N/A	4,500	106,597	146,587
	Glycomimetics, Incorporated	Equity	N/A	N/A	36,200	299,067	305,166
	Go Ahead Group PLC	Equity	N/A	N/A	14,700	307,129	595,728
	Goldman Sachs Group, Incorporated	Equity	N/A	N/A	14,809	2,515,457	2,479,619
	Goodyear Tire & Rubber Company	Equity	N/A	N/A	20,800	440,811	577,824
	Google, Incorporated Class A	Equity	N/A	N/A	38,839	18,071,327	22,530,462
	Graco, Incorporated	Equity	N/A	N/A	40,400	2,564,900	3,154,432
	Graham Corporation	Equity	N/A	N/A	4,509	148,628	156,958
	Graincorp Limited	Equity	N/A	N/A	30,400	228,349	238,640
	Gray Television, Incorporated	Equity	N/A	N/A	174,579	1,235,871	2,292,222
	Great Plains Energy, Incorporated	Equity	N/A	N/A	92,300	1,884,925	2,480,101
	Greatbatch, Incorporated	Equity	N/A	N/A	66,387	1,983,923	3,256,946
	Greencore Group PLC	Equity	N/A	N/A	142,746	623,174	648,845
	Greggs PLC	Equity	N/A	N/A	26,800	1,605,047	245,838
	Griffon Corporation	Equity	N/A	N/A	34,800	343,453	431,520
	Grifols SA	Equity	N/A	N/A	6,208	351,115	340,198
	Grupo Financiero Banorte	Equity	N/A	N/A	117,182	753,910	831,992
	GT Advanced Technologies, Incorporated	Equity	N/A	N/A	32,030	526,676	595,758
	Guidewire Software, Incorporated	Equity	N/A	N/A	68,578	2,480,703	2,788,381
	H & E Equipment Services, Incorporated	Equity	N/A	N/A	16,060	180,394	583,620
	H3 Contingent Value	Equity	N/A	N/A	247,800	-	247,800
	Hain Celestial Group, Incorporated	Equity	N/A	N/A	19,410	750,299	1,722,443
	Halliburton Company	Equity	N/A	N/A	129,800	7,113,012	9,217,098
	Hang Lung Properties	Equity	N/A	N/A	93,000	309,549	286,785
	Hanger, Incorporated	Equity	N/A	N/A	26,396	744,586	830,154
	Hanover Insurance Group, Inc	Equity	N/A	N/A	28,450	1,077,932	1,796,618
	Harris Corporation	Equity	N/A	N/A	25,500	942,995	1,931,625
	Hartford Financial Services Group, Inc.	Equity	N/A	N/A	128,990	4,023,497	4,619,132
	Haverty Furniture Companies, Incorporated	Equity	N/A	N/A	46,150	1,302,925	1,159,750
	Haynes International, Incorporated	Equity	N/A	N/A	28,770	1,288,433	1,628,095
	HCA Holdings, Incorporated	Equity	N/A	N/A	94,100	3,448,349	5,305,358
	HCC Insurance Holdings, Incorporated	Equity	N/A	N/A	83,312	2,157,066	4,077,289
	Headwaters, Incorporated	Equity	N/A	N/A	137,478	1,218,004	1,909,569
	Heartware International, Incorporated	Equity	N/A	N/A	16,055	1,210,446	1,420,868
	Heico Corporation	Equity	N/A	N/A	20,901	799,913	848,581
	Heidelbergcement AG	Equity	N/A	N/A	26,239	1,891,336	2,244,746
	Heiwa Corporation	Equity	N/A	N/A	35,100	638,440	779,230
	Heartland Payment Systems, Incorporated	Equity	N/A	N/A	56,145	1,831,296	2,313,735
	Helix Energy Solutions Group	Equity	N/A	N/A	109,852	2,355,372	2,890,206
	Helmerich & Payne, Incorporated	Equity	N/A	N/A	40,640	2,584,737	4,718,710
	Helvetia Holding AG	Equity	N/A	N/A	2,600	464,344	1,194,012
	Henry Schein, Incorporated	Equity	N/A	N/A	19,555	630,398	2,320,299
	Herbalife Limtied	Equity	N/A	N/A	27,600	1,808,235	1,781,304
	Hercules Technology Growth	Equity	N/A	N/A	38,463	481,053	621,562

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b)					(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest			Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>							
Hersha Hospitality Trust	Equity	N/A	N/A	714,712	\$	4,237,406	\$ 4,795,717
Hess Corporation	Equity	N/A	N/A	21,300		1,019,365	2,106,357
Hewlett Packard Company	Equity	N/A	N/A	100,865		2,764,703	3,397,133
Hexagon AB	Equity	N/A	N/A	40,742		886,358	1,313,441
HFF, Incorporated	Equity	N/A	N/A	3,025		99,129	112,500
Hikma Pharmaceuticals PLC	Equity	N/A	N/A	24,011		647,618	689,527
Hino Motors Limited	Equity	N/A	N/A	6,400		87,692	88,130
Hitachi Construction Machine	Equity	N/A	N/A	6,400		126,817	127,488
Hitachi Limited	Equity	N/A	N/A	280,000		1,771,760	2,066,400
HKT Trust and HKT Limited	Equity	N/A	N/A	40,000		44,073	47,120
Hochitaf AG	Equity	N/A	N/A	3,929		348,726	337,314
Hokuriku Electric Power Company	Equity	N/A	N/A	9,000		116,879	119,313
Home Properties Incorporated	Equity	N/A	N/A	12,286		746,669	785,813
Home Retail Group PLC	Equity	N/A	N/A	72,400		276,023	219,063
Honda Motor Company Limited	Equity	N/A	N/A	12,600		511,609	443,520
Honeywell International, Incorporated	Equity	N/A	N/A	42,632		2,833,088	3,962,644
Hong Kong Land Holdings Limited	Equity	N/A	N/A	142,000		1,062,847	947,140
Hong Leong Asia Limited	Equity	N/A	N/A	205,000		521,767	260,586
Horsehead Holdings Corporation	Equity	N/A	N/A	50,879		531,861	929,051
Hospitality Properties Trust	Equity	N/A	N/A	57,000		1,849,347	1,732,800
HSBC Holdings PLC	Equity	N/A	N/A	469,636		4,485,252	4,734,452
HSN, Incorporated	Equity	N/A	N/A	51,476		2,081,627	3,049,438
Huabao International Holdings	Equity	N/A	N/A	841,000		459,562	498,057
Humana, Incorporated	Equity	N/A	N/A	23,700		1,567,837	3,026,964
Huntington Bancshares, Incorporated	Equity	N/A	N/A	95,000		473,337	906,300
Huntington Ingalls Industries, Incorporated	Equity	N/A	N/A	43,099		2,633,809	4,076,734
Huntsman Corporation	Equity	N/A	N/A	162,300		3,237,567	4,560,630
Huron Consulting Group, Incorporated	Equity	N/A	N/A	40,285		1,170,000	2,852,984
Hutchison Port Holdings	Equity	N/A	N/A	112,000		82,446	80,640
Hutchison Whampoa Limited	Equity	N/A	N/A	26,000		316,459	355,594
Hyperion Therapeutics, Incorporated	Equity	N/A	N/A	10,000		170,438	261,000
Hyster-Yale Materials Class A	Equity	N/A	N/A	9,400		284,423	832,276
Iberibank Corporation	Equity	N/A	N/A	15,994		750,373	1,106,625
ICG Group, Incorporated	Equity	N/A	N/A	211,196		2,694,631	4,409,772
Idacorp, Incorporated	Equity	N/A	N/A	11,100		417,626	641,913
Idemitsu Kosan Company	Equity	N/A	N/A	5,100		123,977	110,805
Ignite Restaurant Group, Incorporated	Equity	N/A	N/A	26,514		452,720	386,044
IHS, Incorporated Class A	Equity	N/A	N/A	20,500		2,163,191	2,781,235
Illumina, Incorporated	Equity	N/A	N/A	27,427		4,690,291	4,896,817
Imax Corporation	Equity	N/A	N/A	188,622		4,655,292	5,371,955
Immoeast AG	Equity	N/A	N/A	8,127		8,127	8,127
Imperial Tobacco Group	Equity	N/A	N/A	19,558		727,376	883,611
Incitec Pivot Limited	Equity	N/A	N/A	10,084		26,872	27,575
Incyte Corporation	Equity	N/A	N/A	14,471		813,415	816,743
Inditex De Diseno Textil SA	Equity	N/A	N/A	6,386		801,503	982,865
ING Groep NV	Equity	N/A	N/A	300,086		4,194,792	4,215,914
Independent Bank Group, Incorporated	Equity	N/A	N/A	80,300		745,668	1,033,461
Industria De Diseno Textile Industries	Equity	N/A	N/A	120,721		3,688,770	3,726,657
Ingersoll Rand PLC	Equity	N/A	N/A	47,790		2,396,349	2,987,353
Ingram Micro, Incorporated	Equity	N/A	N/A	90,580		1,900,532	2,645,842
Inland Real Estate	Equity	N/A	N/A	57,600		611,209	612,288
Inpex Corporation	Equity	N/A	N/A	14,200		209,533	215,863
Insteel Industries, Incorporated	Equity	N/A	N/A	12,731		253,410	250,164

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
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EIN: 52-6152779
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(a)		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			(d)		(e)	
(a)	(b)	Description	Maturity Date	Rate of Interest	Cost		Current Value	
		<u>Common & Preferred Stocks (continued)</u>						
	Insperity, Incorporated	Equity	N/A	N/A	18,403	\$ 609,654	\$ 607,299	
	Insurance Australia Group	Equity	N/A	N/A	68,410	374,640	376,722	
	Integrated Device Technology, Incorporated	Equity	N/A	N/A	154,314	2,046,988	2,385,694	
	Intel Corporation	Equity	N/A	N/A	142,100	4,362,024	4,390,890	
	Intercept Pharmaceuticals, Incorporated	Equity	N/A	N/A	1,954	556,870	462,375	
	Intercontinental Exchange, Incorporated	Equity	N/A	N/A	21,300	3,314,403	4,023,570	
	Interface, Incorporated	Equity	N/A	N/A	28,660	509,631	539,954	
	International Bancshares Corporation	Equity	N/A	N/A	27,410	539,786	740,070	
	International Consolidated Airline	Equity	N/A	N/A	42,085	249,395	285,349	
	International Paper Company	Equity	N/A	N/A	55,720	2,636,767	2,812,188	
	International Rectifier Corporation	Equity	N/A	N/A	37,090	750,459	1,034,811	
	Intesa San Paolo	Equity	N/A	N/A	515,648	1,486,481	1,599,024	
	Intuit Software	Equity	N/A	N/A	149,400	8,650,685	12,031,182	
	Intuitive Surgical, Incorporated	Equity	N/A	N/A	13,600	6,112,700	5,600,480	
	Iren SPA	Equity	N/A	N/A	170,094	271,269	268,749	
	Ironwood Pharmaceuticals, Incorporated	Equity	N/A	N/A	49,900	631,141	764,967	
	Israel Discount Bank	Equity	N/A	N/A	226,720	389,840	384,263	
	ITC Holdings Corporation	Equity	N/A	N/A	9,828	147,339	358,525	
	Italeменти SPA	Equity	N/A	N/A	23,288	190,407	217,743	
	Itochu Corporation	Equity	N/A	N/A	33,600	410,506	429,744	
	ITV PLC	Equity	N/A	N/A	270,721	619,714	825,615	
	J & J Snack Foods Corporation	Equity	N/A	N/A	3,083	85,499	290,172	
	Janus Capital Group, Incorporated	Equity	N/A	N/A	248,300	2,181,257	3,098,784	
	Japan Airlines Company Limited	Equity	N/A	N/A	4,400	203,658	243,226	
	Japan Tobacco, Incorporated	Equity	N/A	N/A	12,600	389,333	456,120	
	Jarden Corporation	Equity	N/A	N/A	19,321	360,773	1,146,701	
	Jardine Strategic Holdings Limited	Equity	N/A	N/A	47,352	621,498	1,691,887	
	JB Hi-Fi Limited	Equity	N/A	N/A	4,429	68,289	76,427	
	Jetblue Airways	Equity	N/A	N/A	390,700	2,441,923	4,239,095	
	John Bean Technology	Equity	N/A	N/A	46,897	1,025,040	1,453,338	
	Johnson & Johnson	Equity	N/A	N/A	103,662	8,008,934	10,845,118	
	JP Morgan Chase & Company	Equity	N/A	N/A	190,788	8,442,633	10,993,205	
	JPM CW17 Idea Cellular	Equity	N/A	N/A	517,852	1,029,005	983,919	
	Jtekt Corporation	Equity	N/A	N/A	10,200	81,550	171,871	
	Juniper Networks, Incorporated	Equity	N/A	N/A	83,160	2,048,239	2,040,746	
	JX Holdings, Incorporated	Equity	N/A	N/A	108,488	774,420	5,099,835	
	Kaiser Aluminum Corporation	Equity	N/A	N/A	6,310	416,922	459,810	
	Kaken Pharmaceutical	Equity	N/A	N/A	24,000	206,640	507,931	
	Kamigumi Company Limited	Equity	N/A	N/A	15,000	132,422	137,999	
	Kaneka Corporation	Equity	N/A	N/A	40,000	232,630	250,333	
	Kar Auction Services, Incorporated	Equity	N/A	N/A	44,905	732,252	1,431,122	
	Karyopharm Therapeutics, Incorporated	Equity	N/A	N/A	9,625	154,242	448,044	
	Kasukornbank PCL	Equity	N/A	N/A	156,400	637,218	983,071	
	Kate Spade & Company	Equity	N/A	N/A	105,343	1,712,863	4,017,782	
	Kawasaki Kissen Kaisha Limited	Equity	N/A	N/A	35,000	74,740	73,244	
	Kcom Group PLC	Equity	N/A	N/A	321,000	255,570	509,527	
	Kddi Corporation	Equity	N/A	N/A	20,300	535,808	1,243,375	
	Kennedy Wilson Holdings, Incorporated	Equity	N/A	N/A	75,033	1,434,942	2,012,385	
	Kentz Corporation Limited	Equity	N/A	N/A	24,018	320,226	378,284	
	Kesa Electricals PLC	Equity	N/A	N/A	141,200	288,984	238,024	
	Keiyo Bank Limited	Equity	N/A	N/A	74,000	395,796	375,460	
	Kering SA	Equity	N/A	N/A	7,052	1,432,988	1,546,457	
	Kewpie Corporation	Equity	N/A	N/A	4,800	66,599	78,132	

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EIN: 52-6152779
Plan No. 001

(a)		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			(d)		(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost	Current Value	
<u>Common & Preferred Stocks (continued)</u>							
Keycorp	Equity	N/A	N/A	393,300	\$ 4,330,724	\$ 5,635,989	
K Force, Incorporated	Equity	N/A	N/A	94,351	1,528,072	2,042,699	
Kingboard Chemicals Holding	Equity	N/A	N/A	105,600	425,168	217,728	
Kirby Corporation	Equity	N/A	N/A	11,524	435,175	1,349,921	
Kite Pharma, Incorporated	Equity	N/A	N/A	2,500	42,500	72,300	
Knoll, Incorporated	Equity	N/A	N/A	43,933	753,264	761,359	
Knight Transportation, Incorporated	Equity	N/A	N/A	19,500	306,150	463,515	
Kobe Steel Limited	Equity	N/A	N/A	102,000	150,988	153,043	
Kodiak Oil & Gas Corporation	Equity	N/A	N/A	59,355	509,614	863,615	
Kohls Corporation	Equity	N/A	N/A	29,800	1,424,682	1,569,864	
Konica Minolta Holdings, Incorporated	Equity	N/A	N/A	19,300	154,022	190,704	
Koninklijke Ahold	Equity	N/A	N/A	43,015	545,149	815,134	
Koninklijke Philips NV	Equity	N/A	N/A	27,800	948,160	870,140	
Kraft Foods Group, Incorporated	Equity	N/A	N/A	69,915	3,978,303	4,191,404	
Kroger Company	Equity	N/A	N/A	105,600	2,272,716	5,219,808	
Kyocera Corporation	Equity	N/A	N/A	5,100	232,916	242,049	
Kyorin Company Limited	Equity	N/A	N/A	32,000	495,527	658,289	
Kyowa Exeo Corporation	Equity	N/A	N/A	30,000	272,856	427,027	
Kyowa Hakko Kirin	Equity	N/A	N/A	5,000	54,790	67,667	
L 3 Communications Holdings, Incorporated	Equity	N/A	N/A	40,380	3,215,654	4,875,885	
L Brands, Incorporated	Equity	N/A	N/A	143,200	7,444,195	8,400,112	
Lafarge SA	Equity	N/A	N/A	10,193	662,952	884,891	
La Z Boy Incorporated	Equity	N/A	N/A	11,535	126,795	267,266	
Laboratory Corporation of America Holdings	Equity	N/A	N/A	6,600	659,908	675,840	
Lakeland Bancorp, Incorporated	Equity	N/A	N/A	166,662	1,615,781	1,799,950	
Lam Research Corporation	Equity	N/A	N/A	33,860	1,628,264	2,288,259	
Landstar Systems, Incorporated	Equity	N/A	N/A	82,300	4,342,282	5,267,200	
Las Vegas Sands Corporation	Equity	N/A	N/A	80,662	6,313,274	6,148,058	
Lattice Semiconductor Corporation	Equity	N/A	N/A	299,790	1,269,671	2,473,268	
LDR Holding Corporation	Equity	N/A	N/A	33,894	647,592	847,689	
Lear Corporation	Equity	N/A	N/A	47,870	3,010,961	4,275,748	
Leighton Holdings Limited	Equity	N/A	N/A	7,891	140,119	146,808	
Lend Lease Group	Equity	N/A	N/A	80,800	745,264	998,857	
Leidos Holdings, Incorporated	Equity	N/A	N/A	7,675	385,529	294,260	
Lexmark International, Incorporated	Equity	N/A	N/A	26,100	1,658,019	1,256,976	
Lexington Realty Trust	Equity	N/A	N/A	93,500	668,744	1,029,435	
Liberty Global PLC	Equity	N/A	N/A	146,584	5,557,973	6,228,205	
Liberty Ventures	Equity	N/A	N/A	14,988	392,145	1,106,114	
Lifeway Foods, Incorporated	Equity	N/A	N/A	59,065	59,065	59,415	
Limoneira Company	Equity	N/A	N/A	6,795	156,541	149,286	
Lincoln National Corporation	Equity	N/A	N/A	150,772	4,007,583	7,755,712	
LinkedIn Corporation	Equity	N/A	N/A	22,131	3,745,672	3,794,803	
Littelfuse, Incorporated	Equity	N/A	N/A	17,315	865,343	1,609,429	
Live Nation Entertainment, Incorporated	Equity	N/A	N/A	17,239	176,925	425,631	
Lloyds Banking Group PLC	Equity	N/A	N/A	853,453	733,147	1,084,483	
Lockheed Martin Corporation	Equity	N/A	N/A	23,465	2,327,590	3,771,529	
Loomis AB-B	Equity	N/A	N/A	20,700	453,298	636,656	
Lonza AG-Reg	Equity	N/A	N/A	20,763	1,367,286	2,259,393	
L'Oreal	Equity	N/A	N/A	6,071	756,771	1,054,175	
Lorillard, Incorporated	Equity	N/A	N/A	112,775	6,160,669	6,875,892	
Louisiana Pacific Corporation	Equity	N/A	N/A	22,910	412,341	344,108	
Lowes Companies, Incorporated	Equity	N/A	N/A	42,590	2,139,389	2,043,894	
Luxfer Holdings PLC	Equity	N/A	N/A	41,100	430,064	778,845	

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(a)	(b)				(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>						
LVMH Moet Hennessy Louis Vuitton	Equity	N/A	N/A	4,217 \$	676,053 \$	811,013
Lyondellbasell Industries NV	Equity	N/A	N/A	31,100	2,387,213	3,036,915
M&T Bank Corporation	Equity	N/A	N/A	29,300	2,782,258	3,634,665
Mabuchi Motor Company Limited	Equity	N/A	N/A	1,400	76,684	106,135
Macquarie Atals Roads	Equity	N/A	N/A	30,845	88,644	95,109
Macquarie Group Limited	Equity	N/A	N/A	24,332	871,941	1,137,844
Macquarie Infrastructure Company LLC	Equity	N/A	N/A	15,297	852,544	954,074
Macy's, Incorporated	Equity	N/A	N/A	102,697	4,616,361	5,958,480
Madden Steven Limited	Equity	N/A	N/A	22,800	466,929	782,040
Magna International	Equity	N/A	N/A	31,600	2,176,346	3,404,900
Mallinckrodt PLC	Equity	N/A	N/A	8,399	362,116	672,088
Man Wah Holdings Limited	Equity	N/A	N/A	26,000	24,786	40,820
Mapletree Logistics Trust	Equity	N/A	N/A	32,000	27,013	30,409
Marathon Oil Corporation	Equity	N/A	N/A	207,740	7,407,107	8,292,981
Marathon Petroleum Corporation	Equity	N/A	N/A	80,546	6,363,241	6,288,226
Marinemax, Incorporated	Equity	N/A	N/A	60,892	945,072	1,019,332
Marketaxess Holdings, Incorporated	Equity	N/A	N/A	12,818	219,261	692,941
Marketo, Incorporated	Equity	N/A	N/A	48,705	1,671,897	1,416,341
Marriott International, Incorporated	Equity	N/A	N/A	49,827	3,149,310	3,193,911
Marriott Vacations Worldwide	Equity	N/A	N/A	23,516	425,307	1,378,743
Marubeni Corporation	Equity	N/A	N/A	206,000	1,039,322	1,506,795
Marvell Technology Group Limited	Equity	N/A	N/A	153,200	1,828,830	2,195,356
Marsh & McLennan Companies, Incorporated	Equity	N/A	N/A	79,590	3,690,471	4,124,354
Masonite International Corporation	Equity	N/A	N/A	19,503	983,104	1,097,239
Mastec, Incorporated	Equity	N/A	N/A	45,967	1,382,482	1,416,703
Mastercard, Incorporated Class A	Equity	N/A	N/A	175,057	11,114,782	12,861,438
Matsushita Electric Ind	Equity	N/A	N/A	5,000	55,971	60,905
Matador Resources Company	Equity	N/A	N/A	25,894	680,435	758,176
Mavenir Systems, Incorporated	Equity	N/A	N/A	80,640	902,468	1,221,696
Maxim Integrated Products, Incorporated	Equity	N/A	N/A	68,751	2,391,847	2,324,471
MB Financial, Incorporated	Equity	N/A	N/A	2,104	42,488	56,913
Mcgrath Rentcorp	Equity	N/A	N/A	14,057	342,473	516,595
McGraw Hill Financial, Incorporated	Equity	N/A	N/A	83,300	6,663,870	6,916,399
Mckesson Corporation	Equity	N/A	N/A	44,304	5,004,449	8,249,848
Measurement Specialties, Incorporated	Equity	N/A	N/A	1,995	111,364	171,710
Medassets, Incorporated	Equity	N/A	N/A	25,328	460,948	578,492
Medicines Company	Equity	N/A	N/A	13,590	192,415	394,925
Mediobanca SPA	Equity	N/A	N/A	17,663	202,593	176,074
Medipal Holdings Corporation	Equity	N/A	N/A	5,300	62,658	75,128
Medtronic, Incorporated	Equity	N/A	N/A	104,140	6,257,568	6,639,966
Mercantile Bank Corporation	Equity	N/A	N/A	58,713	950,541	1,343,353
Merck & Company, Incorporated	Equity	N/A	N/A	49,219	2,874,882	2,847,319
Merck KGAA	Equity	N/A	N/A	4,972	400,145	432,276
Meritor, Incorporated	Equity	N/A	N/A	31,110	247,732	405,674
Metcash Limited	Equity	N/A	N/A	132,600	503,406	330,093
Methode Electronics, Incorporated	Equity	N/A	N/A	18,663	171,786	713,113
Metlife, Incorporated	Equity	N/A	N/A	47,035	2,200,681	2,613,265
MFA Financial, Incorporated	Equity	N/A	N/A	360,300	2,828,098	2,958,063
MGIC Investment Corporation	Equity	N/A	N/A	214,275	1,770,180	1,979,901
MGM China Holdings Limited	Equity	N/A	N/A	21,600	36,111	74,969
M/I Homes, Incorporated	Equity	N/A	N/A	48,913	1,045,684	1,187,119
Michael Kors Holdings	Equity	N/A	N/A	30,339	2,755,388	2,689,552
Microchip Technology, Incorporated	Equity	N/A	N/A	81,900	3,103,985	3,997,539

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			Plan No.	001
(a)	(b)				(e)	
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		(d) Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>						
Micron Technology, Incorporated	Equity	N/A	N/A	141,065	\$ 3,834,397	\$ 4,648,092
Microsemi Corporation	Equity	N/A	N/A	38,865	732,759	1,040,027
Microsoft Corporation	Equity	N/A	N/A	123,460	5,152,516	5,148,282
Mid Amer Apt Communities Incorporated	Equity	N/A	N/A	15,882	911,533	1,160,180
Middleby Corporation	Equity	N/A	N/A	140,943	7,792,951	11,658,805
Middlesex Water Company	Equity	N/A	N/A	11,479	211,678	243,125
Midwestone Financial Group	Equity	N/A	N/A	3,190	54,343	76,528
Mineral Resources Limited	Equity	N/A	N/A	43,800	407,435	396,079
Minerals Technologies, Incorporated	Equity	N/A	N/A	154,070	631,469	1,010,391
Ministop Company Limited	Equity	N/A	N/A	18,200	393,100	294,455
Miraca Holdings, Incorporated	Equity	N/A	N/A	6,500	195,969	314,961
Mitsubishi Chemical Holding	Equity	N/A	N/A	57,000	309,766	252,633
Mitsubishi Electric Corporation	Equity	N/A	N/A	52,800	986,544	1,081,245
Mitsubishi Estate Company Limited	Equity	N/A	N/A	8,000	241,259	197,503
Mitsubishi Heavy Industries Limited	Equity	N/A	N/A	33,000	136,606	207,867
Mitsubishi Materials Corporation	Equity	N/A	N/A	30,000	101,783	105,128
Mitsubishi Tanabe Pharma	Equity	N/A	N/A	14,900	203,007	223,121
Mitsubishi UFJ Financial Group	Equity	N/A	N/A	441,100	3,590,561	2,703,943
Mitsui Engineering & Shipbuilding	Equity	N/A	N/A	61,000	86,310	136,686
Mitsui Fudosan Company Limited	Equity	N/A	N/A	5,000	104,665	168,600
Mitsui Mining & Smelting Company	Equity	N/A	N/A	63,700	845,982	1,021,161
Mizuho Financial Group, Incorporated	Equity	N/A	N/A	815,800	1,939,460	1,590,810
MKS Instrs, Incorporated	Equity	N/A	N/A	4,300	132,224	134,332
Mochida Pharmaceutical Company	Equity	N/A	N/A	700	34,127	50,234
Mondelez International	Equity	N/A	N/A	104,383	3,920,625	3,925,845
Mondi PLC	Equity	N/A	N/A	17,200	316,567	312,609
Monolithic Power Systems, Incorporated	Equity	N/A	N/A	5,945	251,096	251,771
Monotype Imaging Holdings, Incorporated	Equity	N/A	N/A	15,576	208,925	438,776
Monsanto Company	Equity	N/A	N/A	79,754	8,518,566	9,948,514
Moog, Incorporated	Equity	N/A	N/A	18,586	845,029	1,354,734
Morgan Stanley	Equity	N/A	N/A	196,461	6,387,695	6,351,584
Moringa Milk Industry	Equity	N/A	N/A	25,000	78,975	90,075
Morrison Supermarkets	Equity	N/A	N/A	267,800	1,233,335	848,658
Mount Gibson Iron Limited	Equity	N/A	N/A	93,339	77,806	60,729
MS & AD Insurance	Equity	N/A	N/A	8,500	254,153	205,316
Muenchener Rueckver AG	Equity	N/A	N/A	7,500	1,421,893	1,660,824
Murphy Oil Corporation	Equity	N/A	N/A	73,600	3,648,337	4,892,928
Myer Holdings Limited	Equity	N/A	N/A	205,700	405,078	411,205
MYR Group, Incorporated	Equity	N/A	N/A	26,581	461,701	673,297
Myriad Genetics, Incorporated	Equity	N/A	N/A	83,700	2,217,791	3,257,604
Nabtesco Corporation	Equity	N/A	N/A	74,900	1,691,362	1,656,147
NACCO Industries, Incorporated	Equity	N/A	N/A	4,700	138,829	237,820
National Australia Bank Limited	Equity	N/A	N/A	39,460	1,026,484	1,219,706
National Cinemedia, Incorporated	Equity	N/A	N/A	50,451	791,313	883,397
National Retail Properties, Incorporated	Equity	N/A	N/A	19,182	408,061	713,379
Natixis	Equity	N/A	N/A	65,800	469,236	421,848
Natural Grocers by Vitamin C	Equity	N/A	N/A	27,005	564,532	578,177
Natures Sunshine Products, Incorporated	Equity	N/A	N/A	7,100	103,929	120,487
Natus Medical, Incorporated	Equity	N/A	N/A	66,904	1,704,655	1,681,967
Navidea Pharmaceuticlas, Incorporated	Equity	N/A	N/A	110,553	235,304	163,618
Navient Corporation	Equity	N/A	N/A	35,100	252,697	621,621
NCI Building Systems, Incorporated	Equity	N/A	N/A	38,519	567,158	748,424
Nelnet, Incorporated	Equity	N/A	N/A	292,005	1,141,477	1,209,963

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a)		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			(d)		(e)
(a)	(b)				(d)		(e)
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Cost	Current Value	
	<u>Common & Preferred Stocks (continued)</u>						
	Nestle SA	Equity	N/A	N/A	66,536 \$	3,746,987 \$	5,163,859
	Neopost SA	Equity	N/A	N/A	6,700	484,055	501,941
	Netflix, Incorporated	Equity	N/A	N/A	103,040	6,073,903	7,331,584
	Netgear, Incorporated	Equity	N/A	N/A	9,785	311,392	340,224
	Newhome Copany LLC	Equity	N/A	N/A	14,720	161,948	207,994
	New Media Investment Group	Equity	N/A	N/A	33,884	504,559	477,539
	Newmont Mining Corporatino	Equity	N/A	N/A	67,110	1,723,871	1,707,278
	Next Group PLC	Equity	N/A	N/A	10,804	514,599	1,197,219
	Nexstar Broadcasting Group, Incorporated	Equity	N/A	N/A	44,465	1,348,377	2,294,839
	Nice Systems Limited	Equity	N/A	N/A	54,379	1,414,014	2,219,207
	Nichirei Corporation	Equity	N/A	N/A	61,000	303,164	292,641
	Nike, Incorporated Class B	Equity	N/A	N/A	124,608	9,650,077	9,663,350
	Nippon Electric Gas Company	Equity	N/A	N/A	43,000	232,955	250,432
	Nippon Express Company Limited	Equity	N/A	N/A	31,000	153,887	150,249
	Nippon Konpo Unyu Soko Company	Equity	N/A	N/A	20,200	363,058	349,744
	Nippon Steel & Sumitomo Metal Corporation	Equity	N/A	N/A	18,400	56,998	58,848
	Nippon Telegraph & Telephone	Equity	N/A	N/A	51,000	2,429,964	3,180,672
	Nishi Nippon City Bank Limited	Equity	N/A	N/A	31,000	71,668	76,196
	Nissan Motor Company Limited	Equity	N/A	N/A	217,100	2,236,754	2,073,956
	Nitto Kogyo Corporation	Equity	N/A	N/A	20,300	336,173	446,658
	NKSJ Holdings, Incorporated	Equity	N/A	N/A	1,200	30,935	32,314
	NKT Holding AS	Equity	N/A	N/A	2,353	116,847	161,625
	Noble Corporation	Equity	N/A	N/A	155,900	5,734,170	5,232,004
	NOF Corporation	Equity	N/A	N/A	58,000	220,569	414,510
	Nokia OYJ	Equity	N/A	N/A	311,587	2,241,518	2,359,408
	Noodles & Company	Equity	N/A	N/A	5,105	200,739	175,561
	Nordea AB	Equity	N/A	N/A	53,515	774,495	755,283
	Nomura Real Estate Holdings	Equity	N/A	N/A	8,100	143,911	153,277
	Nomura Securities Company Limited	Equity	N/A	N/A	25,900	197,120	183,311
	Nordstrom, Incorporated	Equity	N/A	N/A	58,000	3,226,974	3,939,940
	Northern Star Resources Limited	Equity	N/A	N/A	27,988	16,177	33,253
	Northrop Grumman Corporation	Equity	N/A	N/A	57,000	3,015,538	6,818,910
	Northwestern Corporation	Equity	N/A	N/A	26,122	1,042,537	1,363,307
	Novartis AG	Equity	N/A	N/A	79,735	4,962,845	7,235,154
	Novavax, Incorporated	Equity	N/A	N/A	117,849	372,365	544,462
	Novo Nordisk A/S	Equity	N/A	N/A	140,186	6,092,415	6,468,054
	NPS Pharmaceuticals, Incorporated	Equity	N/A	N/A	31,600	223,259	1,044,380
	NRG Energy, Incorporated	Equity	N/A	N/A	69,460	2,339,253	2,583,912
	NRG Yield, Incorporated Class A	Equity	N/A	N/A	19,800	538,192	1,030,590
	NTT Docomo, Incorporated	Equity	N/A	N/A	53,200	826,311	909,554
	Nu Skin Enterprises, Incorporated	Equity	N/A	N/A	29,397	1,074,836	2,174,202
	NWS Holdings Limited	Equity	N/A	N/A	24,000	41,869	44,529
	NXP Semiconductors	Equity	N/A	N/A	49,065	2,543,233	3,247,122
	OC Oerlikon Corporation	Equity	N/A	N/A	25,334	422,492	367,097
	Okinawa Eletric Power Company	Equity	N/A	N/A	2,900	106,280	103,485
	Old Dominion Freight Lines, Incorporated	Equity	N/A	N/A	37,517	1,588,723	2,389,083
	Omega Healthcare Investors, Incorporated	Equity	N/A	N/A	69,305	1,704,230	2,554,582
	Omnova Solutions, Incorporated	Equity	N/A	N/A	120,965	900,394	1,099,572
	Omnicare, Incorporated	Equity	N/A	N/A	53,300	2,979,537	3,548,181
	On Assignment, Incorporated	Equity	N/A	N/A	56,849	1,989,076	2,022,119
	Onebeacon Insurance Group Limited	Equity	N/A	N/A	56,170	791,160	872,882
	Open Text Corporation	Equity	N/A	N/A	204,500	7,246,447	9,803,730
	Optimal Payments PLC	Equity	N/A	N/A	45,623	306,690	308,411

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

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AS OF JUNE 30, 2014

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(a)	(b)				(e)	
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		(d) Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>						
Orbital Science	Equity	N/A	N/A	32,290	\$ 847,807	\$ 954,170
Orexigen Therapeutics, Incorporated	Equity	N/A	N/A	223,386	1,459,899	1,380,525
Oriflame Cosmetics SA	Equity	N/A	N/A	9,100	315,303	212,080
Orix Corporation	Equity	N/A	N/A	14,100	86,527	233,689
Osaka Gas Company Limited	Equity	N/A	N/A	37,000	133,150	155,589
Oshkosh Corporation Class B	Equity	N/A	N/A	45,900	1,601,119	2,548,827
Otsuka Holdings Company	Equity	N/A	N/A	29,900	984,856	926,765
Owens Ill, Incorporated	Equity	N/A	N/A	18,300	284,084	633,912
Pace PLC	Equity	N/A	N/A	77,476	562,107	470,700
Pacific Andes Resources	Equity	N/A	N/A	1,533,000	434,271	149,989
Pacific Textiles Holdings	Equity	N/A	N/A	77,000	98,152	96,269
Pacwest Bancorp	Equity	N/A	N/A	88,814	3,106,897	3,834,100
Panoramic Resources Limited	Equity	N/A	N/A	169,800	583,982	129,048
Paramount Bed Holdings Company Limited	Equity	N/A	N/A	7,800	256,879	246,385
Pargesa Holding SA	Equity	N/A	N/A	4,200	293,921	377,233
Parker Drilling Company	Equity	N/A	N/A	148,545	738,283	968,513
Paperlinx Limited	Equity	N/A	N/A	115,200	284,957	4,236
Parexel International Corporation	Equity	N/A	N/A	20,341	378,879	1,074,818
Parker Hannifin Corporation	Equity	N/A	N/A	19,255	2,411,092	2,420,931
Partnerre Limited	Equity	N/A	N/A	30,110	2,849,579	3,288,313
Pattern Energy Group, Incorporated	Equity	N/A	N/A	21,145	501,058	700,111
Paychex, Incorporated	Equity	N/A	N/A	57,900	2,157,452	2,406,324
PDC Energy, Incorporated	Equity	N/A	N/A	30,135	1,230,124	1,903,025
PDF Solutions, Incorporated	Equity	N/A	N/A	9,800	208,554	207,956
Pebblebrook Hotel Trust	Equity	N/A	N/A	45,160	1,025,680	1,669,114
Perficient, Incorporated	Equity	N/A	N/A	36,069	343,840	702,263
Perrigo Company Limited	Equity	N/A	N/A	15,491	2,224,817	2,257,968
Petrofac Limited	Equity	N/A	N/A	9,800	204,169	209,523
Pfizer, Incorporated	Equity	N/A	N/A	333,380	8,247,348	9,894,718
PG&E Corporation	Equity	N/A	N/A	80,800	3,388,002	3,880,016
Philip Morris International	Equity	N/A	N/A	24,400	2,136,382	2,057,164
Pier 1 Imports, Incorporated	Equity	N/A	N/A	63,390	1,199,372	976,840
Pinnacle Financial	Equity	N/A	N/A	23,012	349,894	908,514
Pinnacle West Capital Corporation	Equity	N/A	N/A	62,700	2,404,288	3,626,568
Pioneer Natural Resources Company	Equity	N/A	N/A	41,865	5,912,526	9,620,996
Pitney Bowes, Incorporated	Equity	N/A	N/A	64,900	963,308	1,792,538
Plantronics, Incorporated	Equity	N/A	N/A	108,253	4,993,122	5,201,557
Plenus Company Limited	Equity	N/A	N/A	20,300	278,687	467,498
Plexus Corporation	Equity	N/A	N/A	225,430	6,649,988	9,758,865
Ply Gem Holdings, Incorporated	Equity	N/A	N/A	34,010	472,641	343,501
PNC Financial Services Group, Incorporated	Equity	N/A	N/A	57,431	4,464,120	5,114,231
Poly Property Group Company	Equity	N/A	N/A	537,000	320,160	223,795
Popeyes Louisiana Kitchen	Equity	N/A	N/A	17,145	228,880	749,408
Popular, Incorporated	Equity	N/A	N/A	23,337	791,501	797,659
Psotnl NV	Equity	N/A	N/A	98,300	432,176	464,377
Portland General Electric Company	Equity	N/A	N/A	23,500	496,251	814,745
Portola General Electric Company	Equity	N/A	N/A	25,900	612,905	755,762
Post Holdings, Incorporated	Equity	N/A	N/A	23,675	1,193,386	1,205,295
Potlatch Holdings, Incorporated	Equity	N/A	N/A	22,032	790,658	912,125
Power Assets Holdings Limited	Equity	N/A	N/A	29,500	258,664	257,874
Power Integrations, Incorporated	Equity	N/A	N/A	17,300	849,264	995,442
Precision Castparts Corporation	Equity	N/A	N/A	33,456	7,537,197	8,444,294
Premier Foods PLC	Equity	N/A	N/A	366,515	559,382	332,440

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a)		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			(d)		(e)	
(a)	(b)	Description	Maturity Date	Rate of Interest		(d) Cost	Current Value	
		<u>Common & Preferred Stocks (continued)</u>						
		Premier Oil PLC	Equity	N/A	N/A	274,831 \$	1,571,557 \$	1,580,278
		Premier Global Services, Incorporated	Equity	N/A	N/A	24,875	272,328	332,081
		Prestige Brands Holdings, Incorporated	Equity	N/A	N/A	21,665	736,022	734,227
		Priceline Group, Incorporated	Equity	N/A	N/A	8,384	8,598,141	10,085,952
		Pricesmart, Incorporated	Equity	N/A	N/A	5,547	318,801	482,811
		Primary Health Care Limited	Equity	N/A	N/A	45,700	194,108	195,642
		Primerica Incorporated	Equity	N/A	N/A	39,640	995,787	1,896,774
		Primoris Services Corporation	Equity	N/A	N/A	34,716	449,129	1,001,209
		Principal Financial Group	Equity	N/A	N/A	17,500	478,811	883,400
		Proassurance Corporation	Equity	N/A	N/A	19,475	542,686	864,690
		Proctor & Gamble Company	Equity	N/A	N/A	31,150	2,218,983	2,448,079
		Prologis, Incorporated	Equity	N/A	N/A	82,890	3,376,853	3,405,950
		Prosperity Bancshares, Incorporated	Equity	N/A	N/A	20,798	768,443	1,301,955
		Prosperity Real Estate Investment Trust	Equity	N/A	N/A	66,000	20,589	20,608
		Proto Labs, Incorporated	Equity	N/A	N/A	61,682	3,265,312	5,052,989
		Prudential PLC	Equity	N/A	N/A	75,779	798,527	1,739,109
		PS Business Pks Incorporated, California	Equity	N/A	N/A	24,020	1,603,353	2,005,430
		PTC Therapeutics, Incorporated	Equity	N/A	N/A	22,135	368,332	578,609
		Publicis Groupe	Equity	N/A	N/A	6,887	517,612	584,117
		Public Service Enterprise	Equity	N/A	N/A	121,100	4,144,116	4,939,669
		Puma Biotechnology, Incorporated	Equity	N/A	N/A	3,101	49,616	204,666
		QEP Resources Incorporated	Equity	N/A	N/A	110,566	3,254,438	3,814,527
		Qlogic Corporation	Equity	N/A	N/A	44,357	590,543	447,562
		Qlik technologies, Incorporated	Equity	N/A	N/A	118,700	2,619,022	2,684,994
		Qualys, Incorporated	Equity	N/A	N/A	29,560	572,304	758,805
		Questcor Pharmaceuticals, Incorporated	Equity	N/A	N/A	11,300	365,193	1,045,137
		Quidel Corporation	Equity	N/A	N/A	64,495	1,648,387	1,425,984
		Radian Group, Incorporated	Equity	N/A	N/A	12,100	175,450	179,201
		Radware Limited	Equity	N/A	N/A	77,220	1,331,361	1,302,701
		Radioshack Corporation	Equity	N/A	N/A	47,200	473,112	46,728
		Ralph Lauren Corporation	Equity	N/A	N/A	34,400	6,089,223	5,527,736
		Ramsay Health Care Limited	Equity	N/A	N/A	191	4,262	8,195
		Raven Industries, Incorporated	Equity	N/A	N/A	32,616	651,448	1,080,894
		Raytheon Company	Equity	N/A	N/A	11,700	615,653	1,079,325
		RBC Bearings, Incorporated	Equity	N/A	N/A	18,398	675,738	1,178,392
		Realpage, Incorporated	Equity	N/A	N/A	59,100	1,035,189	1,328,568
		Red Hat, Incorporated	Equity	N/A	N/A	70,994	3,769,781	3,923,838
		Red Robin Gourmet Burgers	Equity	N/A	N/A	9,505	706,940	676,756
		Regal Entertainment Group	Equity	N/A	N/A	122,965	1,592,418	2,594,562
		Regeneron Pharmaceuticals, Incorporated	Equity	N/A	N/A	9,700	3,275,512	2,739,959
		Regions Financial Corporation	Equity	N/A	N/A	298,965	3,433,789	3,175,008
		Reinsurance Group Of America	Equity	N/A	N/A	36,012	2,334,222	2,841,347
		Reliance Steel & Aluminum Company	Equity	N/A	N/A	7,900	433,204	582,309
		Relypsa, Incorporated	Equity	N/A	N/A	18,700	205,700	454,784
		Remy International, Incorporated	Equity	N/A	N/A	29,329	597,804	684,832
		Renaissance Holdings Limited	Equity	N/A	N/A	24,970	2,606,272	2,671,790
		Renault SA	Equity	N/A	N/A	21,554	1,515,558	1,948,803
		Rengo Company Limited	Equity	N/A	N/A	93,000	597,060	444,321
		Repsol SA	Equity	N/A	N/A	64,958	1,749,131	1,738,944
		Republic Services, Incorporated	Equity	N/A	N/A	33,800	1,173,448	1,283,386
		Resona Holdings, Incorporated	Equity	N/A	N/A	253,200	1,272,206	1,474,634
		Retail Opportunity Investment	Equity	N/A	N/A	87,329	1,292,845	1,373,685
		Rex Energy Corporation	Equity	N/A	N/A	43,635	500,146	772,776

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value		(d)		(e)	
(a)	(b)	(c)	(d)	(e)	(f)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>					
Rexnord Corporation	Equity	N/A	N/A	12,995 \$	334,621 \$
RHI AG	Equity	N/A	N/A	499,408	385,319
Rigel Pharmaceuticals, Incorporated	Equity	N/A	N/A	102,780	1,015,128
Rheinmetall AG	Equity	N/A	N/A	9,600	857,830
Rite Aid Corporation	Equity	N/A	N/A	68,490	515,096
RLJ Lodging Trust	Equity	N/A	N/A	99,360	2,408,484
Rio Tinto PLC	Equity	N/A	N/A	53,464	2,759,003
Roche Holding AG	Equity	N/A	N/A	20,482	3,522,797
Rock-Tenn Company Class A	Equity	N/A	N/A	8,500	620,129
Rogers Corporation	Equity	N/A	N/A	53,777	1,993,708
Rollins, Incorporated	Equity	N/A	N/A	25,982	257,463
Rolls Royce Holdings PLC	Equity	N/A	N/A	88,477	1,206,069
Rollys Royce Holdings Cents PLC	Equity	N/A	N/A	11,855,918	1
Rosetta Resources, Incorporated	Equity	N/A	N/A	18,410	489,473
Royal Bank of Scotland Group	Equity	N/A	N/A	21,095	1,231,752
Royal Caribbean Cruises Limited	Equity	N/A	N/A	108,900	3,805,990
Royal Dutch Shell PLC	Equity	N/A	N/A	232,013	6,902,600
RPX Corporation	Equity	N/A	N/A	32,441	533,143
RSA Insurance Group PLC	Equity	N/A	N/A	4,620	49,429
RSP Permian, Incorporated	Equity	N/A	N/A	46,585	1,044,620
Ruckus Wireless, Incorporated	Equity	N/A	N/A	132,835	1,563,218
Rush Enterprises Incorporated Class A	Equity	N/A	N/A	22,382	456,832
RWE AG	Equity	N/A	N/A	12,500	839,873
Ryder System, Incorporated	Equity	N/A	N/A	41,815	2,517,266
Ryosan Company Limited	Equity	N/A	N/A	2,800	61,156
Saab Ab-B	Equity	N/A	N/A	39,800	342,349
Sabana Shariah Comp Ind Reit	Equity	N/A	N/A	92,000	91,008
Safeguard Scientifics, Incorporated	Equity	N/A	N/A	19,352	311,783
Safeway, Incorporated	Equity	N/A	N/A	16,700	393,989
Safran SA	Equity	N/A	N/A	24,738	821,119
Sainsbury J PLC	Equity	N/A	N/A	98,500	450,361
Saizeriya Company Limited	Equity	N/A	N/A	27,100	379,144
Salesforce.Com	Equity	N/A	N/A	133,258	7,042,929
Sally Beauty Company	Equity	N/A	N/A	19,962	203,620
Salmar ASA	Equity	N/A	N/A	15,932	271,813
Sandisk Corporation	Equity	N/A	N/A	16,400	957,170
Sankyo Company Limited	Equity	N/A	N/A	1,700	68,328
Sankyu, Incorporated	Equity	N/A	N/A	97,000	465,489
Sanofi	Equity	N/A	N/A	32,256	2,769,708
Sap SE	Equity	N/A	N/A	27,949	2,208,359
Sapient Corporation	Equity	N/A	N/A	20,069	220,759
SBA Communications Corporation	Equity	N/A	N/A	40,700	3,624,947
Sberbank	Equity	N/A	N/A	52,107	698,405
Scana Corporation	Equity	N/A	N/A	21,100	990,885
Schneider Electric SA	Equity	N/A	N/A	25,313	1,629,045
Schlumberger Limited	Equity	N/A	N/A	31,408	3,363,169
Schloastic Corporation	Equity	N/A	N/A	600	21,325
Science Applications International	Equity	N/A	N/A	4,385	174,199
Scor	Equity	N/A	N/A	18,300	476,559
Seacor Holdings, Incorporated	Equity	N/A	N/A	29,800	2,310,530
Seagate Technology	Equity	N/A	N/A	233,000	9,747,789
Securitas AB-B	Equity	N/A	N/A	62,929	723,983
Seiko Epson Corporation	Equity	N/A	N/A	3,100	27,568

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a)		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			(d)		(e)	
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost		Current Value	
<u>Common & Preferred Stocks (continued)</u>								
Sekisui Chemical Company Limited	Equity	N/A	N/A	132,000	\$ 1,028,622	\$	1,528,413	
Sekisui House Limited	Equity	N/A	N/A	111,800	1,510,128		1,532,898	
Select Comfort Corporation	Equity	N/A	N/A	210,200	4,573,500		4,342,732	
Semcorp Industries Limited	Equity	N/A	N/A	93,000	360,940		400,521	
Semgroup Corporation Class A	Equity	N/A	N/A	22,925	778,703		1,807,636	
Semtech Corporation	Equity	N/A	N/A	30,222	805,343		790,305	
Sempra Energy	Equity	N/A	N/A	41,525	3,578,196		4,348,083	
Senomyx, Incorporated	Equity	N/A	N/A	10,810	90,180		93,507	
Seven Group Holdings Limited	Equity	N/A	N/A	46,500	513,120		324,908	
Seven & I Holdings Company Limited	Equity	N/A	N/A	32,300	968,684		1,360,805	
Service Now, Incorporated	Equity	N/A	N/A	25,100	1,193,338		1,555,196	
Shimachu Company Limited	Equity	N/A	N/A	7,000	146,314		167,149	
Shinetsu Chemical Company Limited	Equity	N/A	N/A	600	33,874		36,472	
Shire PLC	Equity	N/A	N/A	38,856	1,590,167		3,055,986	
Shoe Carnival, Incorporated	Equity	N/A	N/A	24,174	633,179		499,193	
Shougang Fushan Resources	Equity	N/A	N/A	1,448,000	392,373		297,057	
Shoretel, Incorporated	Equity	N/A	N/A	85,825	506,452		559,579	
Sias SPA	Equity	N/A	N/A	56,700	512,813		728,257	
Siemens AG	Equity	N/A	N/A	10,609	1,358,585		1,403,146	
Sigma Pharmaceuticals Limited	Equity	N/A	N/A	60,185	40,007		41,428	
Signature Bank New York	Equity	N/A	N/A	13,521	390,285		1,706,080	
Signature Telecommunications	Equity	N/A	N/A	29,000	85,914		89,542	
Silicon Laboratories, Incorporated	Equity	N/A	N/A	29,620	1,231,671		1,458,785	
Simon Property Group, Incorporated	Equity	N/A	N/A	30,978	3,957,359		5,151,022	
Six Flags Entertainment Corporation	Equity	N/A	N/A	27,927	577,021		1,188,294	
Sky Networks Television Limited	Equity	N/A	N/A	97,200	489,151		584,660	
Skywest, Incorporated	Equity	N/A	N/A	7,800	115,443		95,316	
Skyworks Solutions, Incorporated	Equity	N/A	N/A	50,040	1,041,282		2,349,878	
SLM Corporation	Equity	N/A	N/A	35,100	140,718		291,681	
SM Energy Company	Equity	N/A	N/A	42,700	3,489,181		3,591,070	
SMC Corporation	Equity	N/A	N/A	7,400	1,298,765		1,988,158	
Smurfitt Kappa Group PLC	Equity	N/A	N/A	54,703	756,728		1,237,929	
Societe Generale	Equity	N/A	N/A	24,013	1,020,262		1,271,488	
Softbank Corporation	Equity	N/A	N/A	7,400	339,377		556,702	
Sojitz Corporation	Equity	N/A	N/A	56,600	100,392		99,984	
Solar Capital Limited	Equity	N/A	N/A	48,920	1,094,354		1,041,023	
Sonoco Products Company	Equity	N/A	N/A	60,128	1,998,835		2,641,423	
Sorin Spa Milano	Equity	N/A	N/A	28,700	85,795		84,257	
South Jersey Industries, Incorporated	Equity	N/A	N/A	15,100	805,663		912,191	
South State Corporation	Equity	N/A	N/A	7,100	410,680		430,757	
Southwest Airlines Company	Equity	N/A	N/A	60,200	1,021,157		1,616,972	
Southwest Gas Corporation	Equity	N/A	N/A	27,500	1,080,625		1,451,725	
Southwestern Energy Company	Equity	N/A	N/A	48,200	2,198,464		2,192,618	
Sovran Self Storage, Incorporated	Equity	N/A	N/A	17,966	705,193		1,387,874	
SP Ausnet	Equity	N/A	N/A	159,549	170,094		201,032	
Spartannash Company	Equity	N/A	N/A	43,575	781,678		915,511	
Spectrum Brands Holdings, Incorporated	Equity	N/A	N/A	15,450	852,227		1,329,164	
Spectranetics Corporation	Equity	N/A	N/A	53,984	1,007,902		1,235,154	
Spirit Airlines, Incorporated	Equity	N/A	N/A	32,949	822,215		2,083,695	
Splunk, Incorporated	Equity	N/A	N/A	39,761	2,009,084		2,199,976	
SS&C Technologies Holdings	Equity	N/A	N/A	23,276	429,411		1,029,265	
St Barbara Limited	Equity	N/A	N/A	176,700	387,288		19,160	
Staar Surgical Company	Equity	N/A	N/A	76,336	1,287,500		1,282,445	

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
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Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost	Current Value	
<u>Common & Preferred Stocks (continued)</u>							
Stade Arzneimittel AG	Equity	N/A	N/A	11,500 \$	550,897 \$	546,970	
Stag Industries, Incorporated	Equity	N/A	N/A	37,260	608,504	894,613	
Standard Pacific Corporation	Equity	N/A	N/A	213,805	1,594,372	1,838,723	
Starbucks Corporation	Equity	N/A	N/A	69,041	4,220,574	5,342,392	
Starhub Limited	Equity	N/A	N/A	20,000	57,360	66,886	
Starz Series A	Equity	N/A	N/A	32,900	981,259	980,091	
State Street Corporation	Equity	N/A	N/A	41,670	2,153,000	2,802,724	
Statoil ASA	Equity	N/A	N/A	81,003	2,316,205	2,491,895	
Steel Dynamics, Incorporated	Equity	N/A	N/A	101,420	1,883,440	1,820,489	
Steelcase, Incorporated	Equity	N/A	N/A	214,200	2,033,742	3,240,846	
Sterling Bancorp	Equity	N/A	N/A	103,303	1,158,535	1,239,636	
Sterling Construction, Incorporated	Equity	N/A	N/A	53,103	480,404	498,106	
Stewart Information	Equity	N/A	N/A	36,305	525,195	1,125,818	
Stifel Financial Corporation	Equity	N/A	N/A	24,877	531,310	1,177,926	
STX OSV Holding Limited	Equity	N/A	N/A	274,200	387,333	231,998	
Suez Environnement SA	Equity	N/A	N/A	60,784	1,093,589	1,161,582	
Sumitomo Chemical Company Limited	Equity	N/A	N/A	44,000	135,871	166,349	
Sumitomo Corporation	Equity	N/A	N/A	125,700	1,606,005	1,694,436	
Sumitomo Electric Industries	Equity	N/A	N/A	21,800	308,273	306,648	
Sumitomo Forestry Company Limited	Equity	N/A	N/A	15,300	174,046	186,672	
Sumitomo Metal Mining Company Limited	Equity	N/A	N/A	40,000	541,524	649,524	
Sumitomo Mitsui Financial GR	Equity	N/A	N/A	98,100	3,864,873	4,134,915	
Sumitomo Real Estate Sales Company	Equity	N/A	N/A	800	24,873	25,547	
Sumitomo Realty & Development	Equity	N/A	N/A	4,000	106,887	171,640	
Sumitomo Rubber	Equity	N/A	N/A	12,700	199,589	183,282	
Suncor Energy, Incorporated	Equity	N/A	N/A	47,802	657,038	1,027,743	
Suncor Energy, Incorporated	Equity	N/A	N/A	24,361	803,116	1,038,509	
Suncorp Group Limited	Equity	N/A	N/A	22,249	214,169	293,687	
Sunedison, Incorporated	Equity	N/A	N/A	17,150	121,887	387,590	
Sunopta, Incorporated	Equity	N/A	N/A	53,310	612,790	750,605	
Sunpower Corporation	Equity	N/A	N/A	4,970	86,267	203,671	
Sunstone Hotel Investments Incorporated	Equity	N/A	N/A	69,700	615,389	1,040,621	
Suntory Beverage & Food Limited	Equity	N/A	N/A	27,800	865,131	1,090,816	
Suntrust Banks, Incorporated	Equity	N/A	N/A	60,745	2,353,997	2,433,445	
Surmodics, Incorporated	Equity	N/A	N/A	18,696	328,782	400,468	
Suzuki Motor Corporation	Equity	N/A	N/A	41,100	1,028,050	1,287,303	
Svenska Cellulo SA	Equity	N/A	N/A	82,181	2,178,165	2,144,376	
Swatch Group AG	Equity	N/A	N/A	3,903	2,317,403	2,361,081	
Swedbank AB	Equity	N/A	N/A	28,700	461,204	761,813	
Swift Transportation Company	Equity	N/A	N/A	38,985	567,151	983,592	
Swire Pacific Limited	Equity	N/A	N/A	36,000	439,271	443,125	
Swiss Life Holding AG	Equity	N/A	N/A	6,836	799,393	1,621,122	
Swiss RE Limited	Equity	N/A	N/A	15,100	141,111	1,343,900	
Symantec Corporation	Equity	N/A	N/A	37,600	786,355	861,040	
Syngenta AG	Equity	N/A	N/A	4,317	1,603,312	1,607,219	
Symrise AG	Equity	N/A	N/A	17,602	472,362	958,794	
Synageva Biopharm Corporation	Equity	N/A	N/A	5,200	214,323	544,960	
Synchronoss Technologies, Incorporated	Equity	N/A	N/A	30,213	762,790	1,056,246	
Synaptics, Incorporated	Equity	N/A	N/A	21,622	1,387,888	1,959,818	
3I Group PLC	Equity	N/A	N/A	32,300	230,981	225,454	
Taiwan Semiconductor Mtg Company	Equity	N/A	N/A	45,040	811,052	963,406	
Takeda Chemical Industries	Equity	N/A	N/A	3,600	172,438	166,985	
Tal International	Equity	N/A	N/A	14,800	307,511	656,528	

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(a)		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			(d)		(e)
(a)	(b)	Description	Maturity Date	Rate of Interest	Cost	Current Value	
		<u>Common & Preferred Stocks (continued)</u>					
	Talmer Bancorp, Incorporated	Equity	N/A	N/A	38,157 \$	510,944 \$	526,185
	Targa Resources Corporation	Equity	N/A	N/A	5,495	258,318	766,937
	Tassal Group Limited	Equity	N/A	N/A	24,323	69,895	88,531
	Tate & Lyle PLC	Equity	N/A	N/A	40,100	432,290	468,368
	Tatts Group Limited	Equity	N/A	N/A	14,635	36,747	45,126
	TCF Financial Corporation	Equity	N/A	N/A	234,963	3,174,506	3,846,344
	TE Connectivity Limited	Equity	N/A	N/A	64,400	2,982,063	3,982,496
	Team Health Holdings, Incorporated	Equity	N/A	N/A	48,791	1,456,756	2,436,623
	Technicolor	Equity	N/A	N/A	132,248	796,482	1,069,500
	Telecom Italia SPA	Equity	N/A	N/A	500,170	451,228	717,504
	Teledyne Technologies, Incorporated	Equity	N/A	N/A	13,186	908,602	1,281,284
	Telefonica Deutschland Holdings	Equity	N/A	N/A	93,245	752,893	767,103
	Telefonica SA	Equity	N/A	N/A	35,200	563,076	603,456
	Teleflex, Incorporated	Equity	N/A	N/A	8,187	483,079	864,547
	Teleperformance	Equity	N/A	N/A	3,130	194,906	191,816
	Teliasonera AB	Equity	N/A	N/A	70,700	535,859	516,477
	Telstra Corporation Limited	Equity	N/A	N/A	69,673	231,149	342,094
	Tenneco, Incorporated	Equity	N/A	N/A	34,565	976,564	2,270,921
	Teradata Corporation	Equity	N/A	N/A	58,500	2,723,884	2,351,700
	Teradyne, Incorporated	Equity	N/A	N/A	65,294	690,320	1,279,762
	Terreno Realty Corporation	Equity	N/A	N/A	34,303	629,880	663,077
	Tesaro, Incorporated	Equity	N/A	N/A	22,409	321,392	697,144
	Tesco PLC	Equity	N/A	N/A	136,700	662,079	666,959
	Tesla Motors, Incorporated	Equity	N/A	N/A	8,428	1,914,167	2,023,226
	Tesoro Corporation	Equity	N/A	N/A	32,400	1,679,544	1,900,908
	Tetraphase Pharmaceuticals	Equity	N/A	N/A	45,885	570,365	618,989
	Texas Cap Bancshares, Incorporated	Equity	N/A	N/A	16,851	755,847	909,111
	Texas Roadhouse, Incorporated	Equity	N/A	N/A	21,000	303,702	546,000
	Textura Corporation	Equity	N/A	N/A	22,375	793,381	528,945
	Thales SA	Equity	N/A	N/A	18,874	867,070	1,141,666
	Thomas Cook Group PLC	Equity	N/A	N/A	158,339	481,651	361,757
	The Travelers Companies, Incorporated	Equity	N/A	N/A	45,000	3,233,353	4,233,150
	Tieto OYJ	Equity	N/A	N/A	26,300	610,121	778,232
	Time, Incorporated	Equity	N/A	N/A	23,066	541,473	558,659
	Time Warner, Incorporated	Equity	N/A	N/A	106,545	5,677,707	7,484,786
	Timken Company	Equity	N/A	N/A	9,300	262,253	630,912
	TJX Companies, Incorporated	Equity	N/A	N/A	268,632	13,813,136	14,277,791
	T-Mobile US, Incorporated	Equity	N/A	N/A	52,045	1,721,079	1,749,753
	Toagosei Company Limited	Equity	N/A	N/A	101,000	428,883	454,626
	Toho Holding Company Limited	Equity	N/A	N/A	20,200	364,676	406,971
	Tokai Rika Company Limited	Equity	N/A	N/A	4,000	66,912	80,312
	Tokai Tokyo Financial Holdings	Equity	N/A	N/A	15,400	111,701	119,789
	Tokio Marine Holdings, Incorporated	Equity	N/A	N/A	7,800	243,367	256,548
	Tokyo Gas Company Limited	Equity	N/A	N/A	14,000	70,720	81,812
	Tokyu Fudosan Holdings Corporation	Equity	N/A	N/A	6,500	55,634	51,266
	Toll Holdings Limited	Equity	N/A	N/A	106,600	483,644	512,838
	Tongda Group Holdings Limited	Equity	N/A	N/A	1,026,000	139,795	136,345
	Toppan Forms Company Limited	Equity	N/A	N/A	40,500	502,397	407,379
	Toppan Printing Company Limited	Equity	N/A	N/A	12,000	69,219	92,845
	Tornier NV	Equity	N/A	N/A	22,140	419,587	517,633
	Toronto-Dominion Bank	Equity	N/A	N/A	39,900	1,424,818	2,051,259
	Tosoh Corporation	Equity	N/A	N/A	46,000	139,418	222,951
	Total SA	Equity	N/A	N/A	61,538	3,876,143	4,459,905

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value			Plan No.	001
(a)	(b)				(e)	
	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	(d) Cost	Current Value
	<u>Common & Preferred Stocks (continued)</u>					
	Tower Group, Incorporated	Equity	N/A	N/A	46,792 \$	828,686 \$ 84,226
	Toyo Ink SC Holdings Company	Equity	N/A	N/A	31,000	136,638 153,003
	Toyo Tire & Rubber Company	Equity	N/A	N/A	115,000	488,803 1,955,925
	Toyoda Gosei Company	Equity	N/A	N/A	8,600	189,934 178,613
	Toyota Industries Corporation	Equity	N/A	N/A	4,200	112,008 215,754
	Toyota Motor Corporation	Equity	N/A	N/A	27,700	1,254,743 1,651,225
	Transdigm Group, Incorporated	Equity	N/A	N/A	20,920	1,695,295 3,499,079
	Trex Company, Incorporated	Equity	N/A	N/A	60,713	1,490,769 1,749,749
	Trevena, Incorporated	Equity	N/A	N/A	15,800	110,600 89,270
	Trico Bancshares	Equity	N/A	N/A	42,029	959,705 972,551
	Trimas Corporation	Equity	N/A	N/A	28,898	751,369 1,101,881
	Trimble Navigation Limited	Equity	N/A	N/A	245,100	6,789,610 9,056,445
	Trinet Group, Incorporated	Equity	N/A	N/A	15,770	252,320 379,584
	Trinity Industries, Incorporated	Equity	N/A	N/A	61,000	2,485,748 2,666,920
	Trinty Mirror PLC	Equity	N/A	N/A	76,300	731,141 198,480
	Tripadvisor, Incorproated	Equity	N/A	N/A	21,169	2,228,544 2,300,224
	Tristate Capital Holdings, Incorporated	Equity	N/A	N/A	44,233	544,565 625,012
	TRW Automotive Holdings Corporation	Equity	N/A	N/A	18,200	582,652 1,629,264
	Tronox Limited	Equity	N/A	N/A	27,905	570,160 750,645
	Truly International Holdings	Equity	N/A	N/A	288,000	175,045 175,392
	Tsumura & Company	Equity	N/A	N/A	15,300	430,784 360,808
	TTM Technologies	Equity	N/A	N/A	31,848	252,557 261,154
	TUI Travel PLC	Equity	N/A	N/A	62,018	253,114 426,994
	Tuesday Morning Corporation	Equity	N/A	N/A	123,060	1,688,630 2,192,929
	Tumi Holdings, Incorporated	Equity	N/A	N/A	143,380	3,058,791 2,886,239
	Tutor Perini Corporation	Equity	N/A	N/A	26,100	553,890 828,414
	TW Telecom, Incorporated	Equity	N/A	N/A	88,800	2,497,368 3,579,528
	Twenty First Century Class A	Equity	N/A	N/A	205,743	6,921,271 7,231,866
	Twin Disc, Incorporated	Equity	N/A	N/A	7,248	240,992 239,546
	Twitter, Incorporated	Equity	N/A	N/A	34,916	1,352,646 1,430,509
	Two Harbors Investment Corporation	Equity	N/A	N/A	95,900	1,059,838 1,005,032
	Tyson Foods, Incorporated	Equity	N/A	N/A	91,080	3,305,473 3,419,143
	Ubi Banca	Equity	N/A	N/A	20,356	206,633 176,160
	Ubiquiti Networks, Incorporated	Equity	N/A	N/A	98,094	2,399,674 4,432,868
	UCB SA	Equity	N/A	N/A	21,134	142,388 1,789,285
	UGI Holding Corporation	Equity	N/A	N/A	28,600	771,212 1,444,300
	UIL Holdings Corporation	Equity	N/A	N/A	31,155	848,587 1,206,010
	Ullico, Incorporated	Equity	N/A	N/A	1,087,698	25,004,712 11,583,984
	Ultra Petroleum Corporation	Equity	N/A	N/A	92,400	2,120,404 2,743,356
	Ultragenux Pharmaceutical, Incorporated	Equity	N/A	N/A	1,200	25,200 53,868
	Ultratech, Incorporated	Equity	N/A	N/A	25,110	739,629 556,940
	Unilever PLC	Equity	N/A	N/A	45,907	1,504,024 2,097,307
	Under Armour, Incorporated Class A	Equity	N/A	N/A	98,134	5,843,171 5,837,992
	Union Banckshares Corporation	Equity	N/A	N/A	43,650	1,092,212 1,119,623
	Union Financial Corporation	Equity	N/A	N/A	28,332	558,707 438,296
	Unipol Gruppo Finanzia	Equity	N/A	N/A	50,333	219,644 284,506
	United Community Banks	Equity	N/A	N/A	52,830	1,029,701 864,827
	United Laboratories Intl Holdings	Equity	N/A	N/A	24,000	15,153 16,412
	United Natural Foods, Incorporated	Equity	N/A	N/A	25,285	632,898 1,646,054
	United Overseas Bank Limited	Equity	N/A	N/A	16,640	278,429 300,532
	United Rentals, Incorporated	Equity	N/A	N/A	37,460	2,386,568 3,923,186
	United States Steel Corporation	Equity	N/A	N/A	56,800	1,403,855 1,479,072
	United Technologies Corporation	Equity	N/A	N/A	33,513	3,928,729 3,869,076

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b)					(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest			Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>							
United Therapeutics Corporation	Equity	N/A	N/A	50,500	\$	3,067,465	\$ 4,468,745
Unitedhealth Group, Incorporated	Equity	N/A	N/A	21,202		1,679,410	1,733,264
Universal Stainless & Alloy Products	Equity	N/A	N/A	21,665		763,030	703,679
Unum Group	Equity	N/A	N/A	68,900		1,829,021	2,394,964
UNY Company Limited	Equity	N/A	N/A	58,100		388,959	364,182
UPM Kymmene Corporation	Equity	N/A	N/A	31,557		539,542	539,125
URS Corporation	Equity	N/A	N/A	88,600		3,585,452	4,062,310
USANA Health Sciences, Incorporated	Equity	N/A	N/A	6,100		223,567	476,654
UTI Worldcom, Incorporated	Equity	N/A	N/A	8,220		83,299	84,995
Valeo	Equity	N/A	N/A	5,500		574,858	738,731
Valero Energy Corporation	Equity	N/A	N/A	161,700		6,497,299	8,101,170
Validus Holdings Limited	Equity	N/A	N/A	32,000		965,696	1,223,680
Vantiv, Incorporated Class A	Equity	N/A	N/A	84,200		2,260,879	2,830,804
Varian Medical Systems, Incorporated	Equity	N/A	N/A	64,900		4,370,154	5,395,786
Venture Corporation Limited	Equity	N/A	N/A	7,000		43,247	43,452
Vera Bradley Incorporated	Equity	N/A	N/A	23,900		527,043	522,693
Verint Systems, Incorporated	Equity	N/A	N/A	54,393		2,155,377	2,667,977
Verizon Communications, Incorporated	Equity	N/A	N/A	14,400		584,223	704,592
Versartis, Incorporated	Equity	N/A	N/A	1,200		25,200	33,648
Vertex Pharmaceuticals, Incorporated	Equity	N/A	N/A	32,890		2,140,481	3,114,025
Vesuvius PLC	Equity	N/A	N/A	45,400		247,255	356,319
Viad Corporation	Equity	N/A	N/A	25,304		628,208	603,247
Viacom, Incorporated Class B	Equity	N/A	N/A	20,255		1,743,559	1,756,716
Viasat, Incorporated	Equity	N/A	N/A	36,500		2,568,698	2,115,540
Vince Holding Corporation	Equity	N/A	N/A	17,520		473,340	641,582
Visa, Incorporated	Equity	N/A	N/A	53,351		8,618,914	11,241,589
Vishay Intertechnology, Incorporated	Equity	N/A	N/A	139,916		1,472,432	2,167,299
Virtus Inv Parnters, Incorporated	Equity	N/A	N/A	3,714		551,497	786,440
Vivendi SA	Equity	N/A	N/A	16,800		482,588	414,574
VMWare, Incorporated Class A	Equity	N/A	N/A	38,515		3,669,709	3,728,637
Vodafone Group PLC	Equity	N/A	N/A	868,034		4,062,770	2,896,812
Voestal Pine AG	Equity	N/A	N/A	11,200		274,089	533,008
Volkswagen AG	Equity	N/A	N/A	6,800		1,028,077	1,753,847
Vonage Holdings Corporation	Equity	N/A	N/A	21,700		51,372	81,375
Wabash National Corporation	Equity	N/A	N/A	16,570		232,828	236,123
Wabtec Corporation	Equity	N/A	N/A	14,604		472,896	1,206,144
Wacoal Holdings Corporation	Equity	N/A	N/A	6,000		60,630	65,150
Waddell & Reed Financial, Incorporated	Equity	N/A	N/A	43,260		2,549,974	2,707,643
Wageworks, Incorporated	Equity	N/A	N/A	67,122		1,981,057	3,235,952
Waste Connections, Incorporated	Equity	N/A	N/A	17,512		291,509	850,208
Watsco, Incorporated	Equity	N/A	N/A	9,300		501,968	955,668
Watts Water Technologies, Incorporated	Equity	N/A	N/A	24,600		796,507	1,518,558
Web.Com Group, Incorporated	Equity	N/A	N/A	15,780		551,123	455,569
Weir Group PLC	Equity	N/A	N/A	29,625		1,060,135	1,327,832
Wellcare Health Plans, Incorporated	Equity	N/A	N/A	41,255		1,312,037	3,080,098
Wellpoint, Incorporated	Equity	N/A	N/A	26,600		2,270,242	2,862,426
Wells Fargo & Company	Equity	N/A	N/A	269,499		8,056,375	14,164,867
Werner Enterprises, Incorporated	Equity	N/A	N/A	148,800		3,094,451	3,944,688
Wesfarmers Limited	Equity	N/A	N/A	902		34,359	35,719
West Corporation	Equity	N/A	N/A	17,981		373,325	481,891
West Australian Newspapers	Equity	N/A	N/A	5,781		11,569	10,248
West Japan Railway Company	Equity	N/A	N/A	20,500		884,736	902,522
Western Areas Limited	Equity	N/A	N/A	8,344		36,396	36,350

PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND
ALEXANDRIA, VIRGINIA

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		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value				
(a)	(b)				(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest		Cost	Current Value
<u>Common & Preferred Stocks (continued)</u>						
Western Digital Corporation	Equity	N/A	N/A	84,180	\$ 4,943,551	\$ 7,769,814
Western Refining, Incorporated	Equity	N/A	N/A	13,400	453,220	503,170
Westfield Retail Trust	Equity	N/A	N/A	26,595	71,091	7,447
Westpac Banking Corporation	Equity	N/A	N/A	34,323	741,803	1,096,523
Westport Innovations Incorporated	Equity	N/A	N/A	8,625	250,705	155,423
Wex, Incorporated	Equity	N/A	N/A	43,725	2,554,151	4,589,813
Wheelock & Company Limited	Equity	N/A	N/A	78,900	351,157	329,326
Whirlpool Corporation	Equity	N/A	N/A	25,100	2,110,062	3,494,422
Whole Foods Market, Incorporated	Equity	N/A	N/A	66,385	2,776,221	2,564,453
Wiley John A Sons, Incorporated	Equity	N/A	N/A	17,497	575,301	1,060,143
William Lyon Homes Class A	Equity	N/A	N/A	3,365	68,273	102,431
Wintrust Financial Corporation	Equity	N/A	N/A	41,114	1,540,928	1,891,244
Wisdomtree Investments Incorporated	Equity	N/A	N/A	59,703	364,333	737,929
Woodside Petroleum Limited	Equity	N/A	N/A	13,091	456,918	506,975
Woolworths Limited	Equity	N/A	N/A	19,026	518,818	635,468
Workday, Incorporated Class A	Equity	N/A	N/A	29,892	2,607,778	2,686,095
Worthington Industries, Incorporated	Equity	N/A	N/A	13,020	280,850	560,381
WPP PLC	Equity	N/A	N/A	47,497	574,820	1,035,583
Wuxi Pharmatech, Incorporated	Equity	N/A	N/A	81,929	1,288,109	2,692,187
Wyndham Worldwide Corporation	Equity	N/A	N/A	53,800	1,769,084	4,073,736
Xenoport, Incorporated	Equity	N/A	N/A	102,029	882,205	492,800
Xerox Corporation	Equity	N/A	N/A	121,300	1,616,255	1,508,972
XL Group PLC	Equity	N/A	N/A	18,300	856,164	598,959
Xoom Corporation	Equity	N/A	N/A	13,210	238,343	348,216
XPO Logistics, Incorporated	Equity	N/A	N/A	8,435	202,192	241,410
Yahoo, Incorporated	Equity	N/A	N/A	204,400	5,401,822	7,180,572
Yangzijiang Shipbuilding	Equity	N/A	N/A	263,000	228,634	227,850
Yara International ASA	Equity	N/A	N/A	14,500	695,301	722,970
Yokohama Rubber Company Limited	Equity	N/A	N/A	68,400	521,684	591,465
Yue Yuen Industrial Holdings	Equity	N/A	N/A	196,500	710,974	657,923
Zep, Incorporated	Equity	N/A	N/A	13,539	220,856	239,099
Zimmer Holdings, Incorporated	Equity	N/A	N/A	13,100	731,076	1,360,566
Zurich Financial Services	Equity	N/A	N/A	9,283	1,589,077	2,798,090
Total Common & Preferred Stocks					\$ 2,006,083,942	\$ 2,480,989,789
<u>Mutual and Other Funds</u>						
Aetos Capital Distressed Inv Strategies Fund	Mutual Fund	N/A	N/A	373,337	\$ 14,987,922	\$ 15,095,650
Aetos Capital Multi Strategy Arbitrage Fund	Mutual Fund	N/A	N/A	124,090	44,987,950	50,118,109
AFL-CIO Equity Index Fund	Mutual Fund	N/A	N/A	5,776,213	90,043,648	91,134,775
AQR Global Risk Premium Offshore Fund	Mutual Fund	N/A	N/A	323	50,000,000	58,388,333
Bell Australia Trust	Mutual Fund	N/A	N/A	2,232,605	33,657,920	169,488,974
Bell Global Trust	Mutual Fund	N/A	N/A	955,632	9,553,484	16,565,309
Boston Company Emerging Markets Equity Fd	Mutual Fund	N/A	N/A	1,702,954	112,262,259	109,874,601
Ishares Tr Russell 2000 Index Fund	Mutual Fund	N/A	N/A	60,770	6,791,878	7,220,084
JP Morgan Emerging Markets Equity Fund	Mutual Fund	N/A	N/A	9,271,508	161,731,721	171,615,613
Loomis Sayles Bond Nhit	Mutual Fund	N/A	N/A	7,212,581	85,014,775	101,625,273
NIS Preferred Stock Fund II	Mutual Fund	N/A	N/A	5,799,482	20,000,000	23,038,801
Northern Trust S&P 500 Index Fund	Mutual Fund	N/A	N/A	331,693	41,259,316	42,788,438
Vanguard REIT Index Fund	Mutual Fund	N/A	N/A	2,974,405	44,874,146	48,839,724
Total Mutual and Other Funds					\$ 715,165,019	\$ 905,793,684

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF JUNE 30, 2014

EIN: 52-6152779
Plan No. 001

- 63 -

Exhibit 4

Schedule MB, Line 8 - Schedule of Active Participant Data

AGE/SERVICE DISTRIBUTION OF ACTIVE PARTICIPANTS

PARTICIPANTS AS OF JULY 1, 2013

AGE	COMPLETED YEARS OF CREDITED SERVICE										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	1,260	615	1	0	0	0	0	0	0	1,876
25 to 29	0	1,589	4,212	402	0	0	0	0	0	0	6,203
30 to 34	0	1,238	4,395	2,782	274	0	0	0	0	0	8,689
35 to 39	0	829	3,282	2,962	1,896	145	0	0	0	0	9,114
40 to 44	0	670	2,490	2,543	2,476	1,241	189	0	0	0	9,609
45 to 49	0	482	1,900	2,059	2,055	1,621	1,126	151	1	0	9,395
50 to 54	0	370	1,545	1,842	1,859	1,449	1,734	1,108	295	0	10,202
55 to 59	0	234	997	1,172	1,210	1,074	1,290	1,238	1,146	2	8,363
60 to 64	0	130	435	520	486	416	436	390	572	4	3,389
65 to 69	0	21	96	114	66	45	67	50	72	1	532
70 & up	0	7	13	7	5	3	6	0	2	0	43
Total	0	6,830	19,980	14,404	10,327	5,994	4,848	2,937	2,088	7	67,415
	Average Age =			43.9	Average Service =			12.63			

Exhibit 1

Schedule MB, Line 4a – Illustration Supporting Actuarial Certification of Status

The ratio of assets to liabilities was less than 80% on the first day of the Plan year. Further support can be found on the attached actuarial certification.

Schedule MB, Line 4c – Documentation Regarding Progress under Funding Improvement Plan or Rehabilitation Plan

The Plan's Funding Improvement Plan (FIP) began on July 1, 2012. The funded ratio was 76.8% as of this date. In the year in which the FIP was adopted, the Plan was certified as Seriously Endangered. Based on the Plan's reasonably anticipated experience and actuarial assumptions, the Plan is projected to have a funded ratio greater than 81.4% by December 31, 2026 and no funding deficiency is expected. Therefore, the Funding Improvement Plan is making the scheduled progress as required by the Pension Protection Act.

Exhibit 5

Schedule MB, Line 9c and 9h - Schedule of Funding Standard Account Basis

Table IV-5 Schedule of Amortizations Required for Minimum Required Contribution as of July 1, 2013				
Type of Base	Date Established	7/1/2013 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES				
1. Change Assumptions	7/1/2001	\$ 7,377,643	23	\$ 635,062
2. Experience Loss	7/1/2001	89,328,779	8	14,186,825
3. Plan Amendment	7/1/2001	228,832,038	23	19,697,708
4. Combined Base	7/1/2001	1,098,222,197	7	192,878,789
5. Plan Amendment	7/1/2002	115,577,684	24	9,789,169
6. Experience Loss	7/1/2002	292,387,385	9	42,638,827
7. Plan Amendment	7/1/2003	118,014,927	25	9,848,557
8. Experience Loss	7/1/2003	231,945,592	10	31,433,683
9. Benefit Level Increase	7/1/2004	95,186,236	26	7,836,228
10. Experience Loss	7/1/2004	162,766,105	11	20,697,409
11. Experience Loss	7/1/2005	44,744,525	12	5,380,907
12. Benefit Change	7/1/2006	27,735,850	28	2,229,322
13. Plan Amendment	7/1/2007	17,277,280	29	1,374,116
14. Change Assumptions	7/1/2007	69,568,864	29	5,533,029
15. Plan Merger	7/1/2008	5,361,700	15	565,034
16. Experience Loss	7/1/2008	19,807,892	15	2,087,425
17. Plan Merger	7/1/2009	17,821,394	16	1,813,491
18. Recognized Eligible Net Investment Loss	7/1/2009	852,360,803	25	71,131,032
19. Bifurcation Base	7/1/2009	41,806,774	16	4,254,225
20. Recognized Eligible Net Investment Loss	7/1/2010	52,492,337	25	4,380,579
21. Recognized Eligible Net Investment Loss	7/1/2012	74,930,552	25	6,253,088
22. Bifurcation Base	7/1/2012	55,166,701	14	6,045,109
23. Recognized Eligible Net Investment Loss	7/1/2013	253,350,670	25	21,142,566
TOTAL CHARGES		\$3,972,063,928		\$ 481,832,180

Exhibit 5

Schedule MB, Line 9c and 9h - Schedule of Funding Standard Account Basis

Table IV-6				
Schedule of Amortizations Required for Minimum Required Contribution				
as of July 1, 2013				
Type of Base	Date Established	7/1/2013 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CREDITS				
1. Combined Credit*	7/1/2013	\$ 675,398,459	6.50	\$ 125,565,136
TOTAL CREDITS		<u>\$ 675,398,459</u>		<u>\$ 125,565,136</u>
NET CHARGE		\$3,296,665,469		\$ 356,267,044

*The amortization credits were combined effective July 1, 2013.

Exhibit 7

Schedule MB, Line 11 - Justification for Changes in Actuarial Assumptions

The interest assumption for the measurement of the current liabilities for minimum funding was decreased from 4.02% to 3.61%. The mortality table was also changed pursuant to regulation.

Exhibit 3
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

A. Actuarial Assumptions

1. Rate of Investment Return

Funding and disclosure purposes: 7.50% compounded annually

Current Liability under RPA 1994: Minimum funding 3.61%

All investment returns are net of investment expenses.

2. Rate of Mortality

(a) Funding:

Healthy Lives – RP-2000 Combined Mortality (Blue Collar)

Disabled Lives – RP-2000 Disabled Mortality

Past experience has shown mortality assumptions to be slightly more conservative than actual experience in five of the last six years. This assumption is being closely monitored.

(b) RPA '94 Current Liability:

2013 Current Liability Mortality Table pursuant to Internal Revenue Service

3. Rate of Retirement

Annual retirements for eligible members (male and female) are based on the following table:

Age	Retirement Probability	Age	Retirement Probability
55	10.0%	63	25.0%
56	10.0	64	25.0
57	10.0	65	35.0
58	10.0	66	35.0
59	15.0	67	35.0
60	20.0	68	35.0
61	25.0	69	35.0
62	40.0	70	100.0

4. Rate of Turnover

Illustrative rates of terminations are shown below:

Age	Rate (%)
25	9.38
30	8.75
35	8.13
40	7.60
45	7.10
50	6.60
55	6.10
60	5.60
63	0.00

Exhibit 3
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

5. Disability

Disability incidence rates are assumed to be 60.45% of the rates used under the Old Age Survivors and Disability Insurance Program. Illustrative rates are shown below:

Age	Rate (%)
25	0.05
30	0.07
35	0.09
40	0.13
45	0.22
50	0.37
55	0.61
60	0.98
62	1.18
65	0.00

6. Percent Married

Social Security awards during 1972. Sample rates as follows:

Age	Percent Married	
	Males	Females
40-44	71.4 %	63.1 %
45-49	73.3	61.0
50-54	75.7	64.0
55-59	77.0	57.6
60-64	74.0	49.5
65-69	69.6	22.7

7. Spouse's Age

It is assumed that husbands are three years older than their spouses.

8. Administrative Expenses

\$19,500,000 as of the beginning of the Plan year is added to the normal cost.

9. Average Annual Service Credits

It was assumed actives will earn 1.00 years of service per year based on the average annual hours of service.

10. Future Benefit Accruals

The benefit accrual rate is calculated based on the contribution rate and benefit accrual schedule in effect as of January 1, 2013. We were provided information on those employers adopting the higher contribution rate for their members to be eligible for accrual under Schedule D of the Plan. Employers who did not adopt the higher contribution rate for their members would be eligible for accrual under Schedule G of the Plan, which is a 75% reduction of the accrual under Schedule D. We assumed that this rate remained the same for benefit accrual on future service

Exhibit 3

Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

11. Changes in Assumptions Since Last Valuation

The interest assumption for the measurement of the current liabilities for minimum funding was decreased from 4.02% to 3.61%. Pursuant to regulation, the mortality table for RPA '94 current liability calculations was also changed.

Exhibit 3
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

B. Actuarial Methods

1. Asset Valuation Method

Actuarial asset value is based on the market value of assets less a portion of the actual market value returns that are more or less than expected returns. The gain or loss for the year equals the actual market value net investment income less the expected return on an actuarial value based on the net investment return assumption. 25% of the gain or loss is recognized each year for four years. However, the 2009 investment loss is recognized at a rate of 10% per Plan year due to funding relief. The actuarial value is further adjusted to be within 20% of market value. If such a further adjustment is necessary, the gain or loss in the following year is adjusted by an amount equal to the adjustment, but of the opposite sign.

2. Funding Method: Unit Credit Cost Method

The cost method for valuation of liabilities used for this valuation is the Unit Credit method. This is one of a family of valuation methods known as accrued benefit methods. The chief characteristic of accrued benefit methods is that the funding pattern follows the pattern of benefit accrual. The normal cost is determined as that portion of each participant's benefit attributable to service expected to be earned in the upcoming plan year. The actuarial liability, which is determined for each participant as of each valuation date, represents the actuarial present value of the portion of each participant's benefit attributable to service earned prior to the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the Unit Credit method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost would increase over time.

3. Active Participants

- (a) Active Data Collection Date: January 1, 2013
- (b) Active participants include all employees who had at least one year of earned future service credit as of the data collection date.
- (c) For purposes of the valuation, the active data was rolled forwarded by six months to the valuation date.

4. PRA 2010 Funding Relief

The Fund's Board of Trustees elected funding relief under § 431(b)(8) of the Code and § 304(b)(8) of ERISA, specifically:

- The "special amortization rule," which allows the Plan's investment losses for the plan year ended June 30, 2009 to be separately amortized over 29 years, whereas they were previously required to be amortized over 15 years.
- The "special asset valuation rule" in determining the actuarial value of plan assets which allows the Plan to recognize the 2009 loss over 10 years, at 10% per year. Prior to the relief, this investment

Exhibit 3
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

loss would be recognized over four years, or 25%
per year.

5. Changes in Methods Since Last Valuation

None.

Exhibit 1

Schedule MB, Line 4a – Illustration Supporting Actuarial Certification of Status

The ratio of assets to liabilities was less than 80% on the first day of the Plan year. Further support can be found on the attached actuarial certification.

Schedule MB, Line 4c – Documentation Regarding Progress under Funding Improvement Plan or Rehabilitation Plan

The Plan's Funding Improvement Plan (FIP) began on July 1, 2012. The funded ratio was 76.8% as of this date. In the year in which the FIP was adopted, the Plan was certified as Seriously Endangered. Based on the Plan's reasonably anticipated experience and actuarial assumptions, the Plan is projected to have a funded ratio greater than 81.4% by December 31, 2026 and no funding deficiency is expected. Therefore, the Funding Improvement Plan is making the scheduled progress as required by the Pension Protection Act.

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 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**2013****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2013 or fiscal plan year beginning **07/01/2013** and ending **06/30/2014**

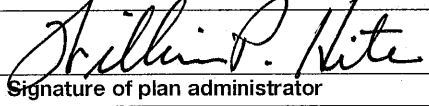
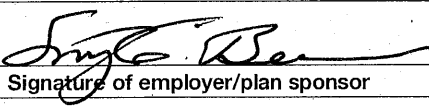
- A** This return/report is for: ☒ a multiemployer plan; ☐ a multiple-employer plan; or
☐ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☒
- D** Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description) _____

Part II Basic Plan Information - enter all requested information

1a Name of plan PLUMBERS AND PIPEFITTERS NATIONAL PENSION FD	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 07/23/1968
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND 103 ORONOCO STREET ALEXANDRIA VA 22314 103 ORONOCO STREET ALEXANDRIA VA 22314	2b Employer Identification Number (EIN) 52-6152779 2c Sponsor's telephone number 703-739-9020 2d Business code (see instructions) 525100

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 	2/19/15	W Hite Trustee
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	2/19/15	S Belcher Trustee
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) JEROME J. ROBERTSON, CPA SALTER & COMPANY, LLC 4600 EAST-WEST HIGHWAY, SUITE 300 BETHESDA MD 20814-3415		Preparer's telephone number (optional) 3018307400

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2013)
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3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☒ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number
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	5 146,863	
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 b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a, 6b, and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6a 71,066 6b 39,114 6c 35,095 6d 145,275 6e 6,428 6f 151,703 6g 6h 1,954
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 4,595	

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

1A

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) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2013**This Form is Open to Public
Inspection**

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

► **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.

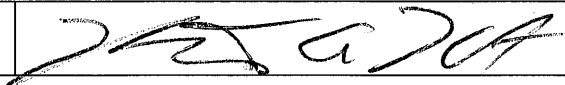
A Name of plan Plumbers and Pipefitters National Pension Plan	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF B/O/T Plumbers & Pipefitters National Pension Plan	D Employer Identification Number (EIN) 52-6152779

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 7 Day 1 Year 2013**b** Assets

(1) Current value of assets	1b(1)	4,993,233,092
(2) Actuarial value of assets for funding standard account.....	1b(2)	5,709,077,316
c (1) Accrued liability for plan using immediate gain methods	1c(1)	7,388,429,965
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	0
(b) Accrued liability under entry age normal method.....	1c(2)(b)	0
(c) Normal cost under entry age normal method	1c(2)(c)	0
(3) Accrued liability under unit credit cost method	1c(3)	7,388,429,965
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)	12,867,341,089
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	285,218,453
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	0
(3) Expected plan disbursements for the plan year.....	1d(3)	500,719,743

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

Kenneth A. Kent, FSA, FCA

Type or print name of actuary

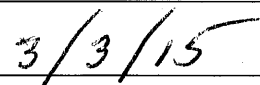
Cheiron, Inc.

1750 Tysons Boulevard, Suite 1100

McLean

VA 22102

Address of the firm



Date

14-03776

Most recent enrollment number

(703) 893-1456

Telephone number (including area code)

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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or Form 5500-SF.

Schedule MB (Form 5500) 2013
v. 130118

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	4,993,233,092
b "RPA '94" current liability/participant count breakdown:		
(1) For retired participants and beneficiaries receiving payment	(1) Number of participants	(2) Current liability
(2) For terminated vested participants	45,021	6,063,309,240
(3) For active participants:		
(a) Non-vested benefits		186,129,812
(b) Vested benefits		4,912,091,020
(c) Total active	67,415	5,098,220,832
(4) Total	137,457	12,867,341,089
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	38.81 %

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
01/01/2014	367,144,926				
Totals ▶			3(b)	367,144,926	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	E
b Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4b	77.3 %
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☒ Yes ☐ No
d If the plan is in critical status, were any adjustable benefits reduced?		☐ Yes ☐ 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 ☒ Accrued benefit (unit credit) | d ☐ Aggregate |
| e ☐ Frozen initial liability | f ☐ Individual level premium | g ☐ Individual aggregate | h ☐ Shortfall |
| i ☐ Reorganization | j ☐ Other (specify): | | |

k If box h is checked, enter period of use of shortfall method	5k	
l Has a change been made in funding method for this plan year?		☐ Yes ☒ 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	3.61 %
b Rates specified in insurance or annuity contracts		
	Pre-retirement	Post-retirement
	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.50 %
e Expense loading	6e	16.6 % ☐ 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	6.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.9 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
8	253,350,670	21,142,566
1	(157,559,613)	(16,604,180)

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 8d(1) is "Yes," enter the number of years by which the amortization period was extended: **8d(2)** 5

(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** 165,164,429

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any: **9a** 0

b Employer's normal cost for plan year as of valuation date: **9b** 137,259,653

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)	3,972,063,928	481,832,180
(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** 46,431,887

e Total charges. Add lines 9a through 9d: **9e** 665,523,720

Credits to funding standard account:

f Prior year credit balance, if any: **9f** 1,617,312,820

g Employer contributions. Total from column (b) of line 3: **9g** 367,144,926

h Amortization credits as of valuation date: **9h** 675,398,459

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h: **9i** 144,234,882

j Full funding limitation (FFL) and credits:

	Outstanding balance	
(1) ERISA FFL (accrued liability FFL): 9j(1)	4,461,002,047	
(2) "RPA '94" override (90% current liability FFL): 9j(2)	6,208,782,067	
(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** 2,254,257,764

m Credit balance: If line 9l is greater than line 9e, enter the difference: **9m** 1,588,734,044

n Funding deficiency: If line 9e is greater than line 9l, enter the difference: **9n**

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2013 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	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.		☒ Yes ☐ No

Attachments to Schedule MB (Form 5500)
Actuarial Information

Plan: Plumbers and Pipefitters National Pension Fund
PN: 001
EIN: 52-6152779

1. Schedule MB, Line 4a – Illustration Supporting Actuarial Certification of Status
2. Schedule MB, Line 4c – Documentation Regarding Progress under Funding Improvement Plan or Rehabilitation Plan
3. Schedule MB, Line 6 – Summary of Plan Provisions
4. Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods
5. Schedule MB, Line 8b - Schedule of Active Participant Data
6. Schedule MB, Line 9c and 9h – Schedule of Funding Standard Account Basis
7. Schedule MB, Line 11 – Justification for Changes in Actuarial Assumptions

Exhibit 1

Schedule MB, Line 4a – Illustration Supporting Actuarial Certification of Status

The ratio of assets to liabilities was less than 80% on the first day of the Plan year. Further support can be found on the attached actuarial certification.

Schedule MB, Line 4c – Documentation Regarding Progress under Funding Improvement Plan or Rehabilitation Plan

The Plan's Funding Improvement Plan (FIP) began on July 1, 2012. The funded ratio was 76.8% as of this date. In the year in which the FIP was adopted, the Plan was certified as Seriously Endangered. Based on the Plan's reasonably anticipated experience and actuarial assumptions, the Plan is projected to have a funded ratio greater than 81.4% by December 31, 2026 and no funding deficiency is expected. Therefore, the Funding Improvement Plan is making the scheduled progress as required by the Pension Protection Act.

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

1. Normal Pension

Age Requirement	65 or, if later, the fifth anniversary of participation.
Commencement of Credited Service	A participant receives one full year of Pension Credit, for each year of 1,500 which is prorated for each 150 hours less than 1,500 for service following the Contribution Date.
Benefit	The monthly Normal Pension amount is equal to the benefit accrued under the Plan in effect December 31, 2004 under Schedule A plus accrual of benefits under Schedule B for service in 2005 plus benefits accrual under Schedule B or C, depending on whether a 25% increase in the current contribution rate was adopted as of July 1, 2006 for 2006, plus Schedule D thereafter, based on the contribution rate and prorated for less than 35 years of credited service as follows:

Schedule A – benefit rates prior to January 1, 2005

Hourly Contribution Rate	Monthly Normal Pension	Hourly Contribution Rate	Monthly Normal Pension
\$0.10	\$140	\$2.10	\$2,333
0.20	281	2.20	2,418
0.30	420	2.30	2,495
0.40	559	2.40	2,570
0.50	699	2.50	2,647
0.60	825	2.60	2,722
0.70	937	2.70	2,800
0.80	1,054	2.80	2,876
0.90	1,167	2.90	2,951
1.00	1,280	3.00	3,027
1.10	1,394	3.10	3,104
1.20	1,494	3.20	3,181
1.30	1,593	3.30	3,256
1.40	1,692	3.40	3,325
1.50	1,793	3.50	3,396
1.60	1,893	3.60	3,460
1.70	1,987	3.70	3,536
1.80	2,071	3.80	3,606
1.90	2,158	3.90	3,676
2.00	2,245	4.00	3,746

For contribution rates over \$4.00 per hour, 2.25% of the additional contribution is added to the monthly normal pension, or if greater, the pension determined from the \$1.10 contribution rate plus 2.25% of the contribution rate in excess of \$1.10.

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

Schedule B – for benefits earned in 2005 and for 2006 and later under agreements if the 25% contribution increase is not adopted as of July 1, 2006.

Hourly Contribution Rate	Monthly Normal Pension	Hourly Contribution Rate	Monthly Normal Pension
\$ 0.10	\$ 35	\$ 2.10	\$ 583
0.20	70	2.20	604
0.30	105	2.30	624
0.40	140	2.40	643
0.50	175	2.50	662
0.60	206	2.60	680
0.70	234	2.70	700
0.80	264	2.80	719
0.90	292	2.90	738
1.00	320	3.00	757
1.10	349	3.10	776
1.20	373	3.20	795
1.30	398	3.30	814
1.40	423	3.40	831
1.50	448	3.50	849
1.60	473	3.60	867
1.70	497	3.70	884
1.80	518	3.80	902
1.90	540	3.90	919
2.00	561	4.00	937

On and after January 1, 2005, contribution rates at \$4.01 and above provide additional monthly benefits of 0.375% of all contributions above \$4.00 per hour under Schedule B.

Schedule C – for benefits earned in 2006 under agreements if the 25% increase in contributions is adopted as of July 1, 2006.

Hourly Contribution Rate	Monthly Normal Pension	Hourly Contribution Rate	Monthly Normal Pension
\$0.10	\$73	\$2.60	\$1,157
0.20	112	2.70	1,191
0.30	169	2.80	1,225
0.40	224	2.90	1,255
0.50	280	3.00	1,285
0.60	336	3.10	1,316
0.70	386	3.20	1,345
0.80	431	3.30	1,376
0.90	476	3.40	1,407
1.00	527	3.50	1,438
1.10	572	3.60	1,468
1.20	617	3.70	1,498
1.30	664	3.80	1,528
1.40	706	3.90	1,559
1.50	747	4.00	1,590
1.60	786	4.10	1,621
1.70	826	4.20	1,649
1.80	867	4.30	1,676
1.90	907	4.40	1,705
2.00	946	4.50	1,733
2.10	985	4.60	1,761
2.20	1,019	4.70	1,789
2.30	1,054	4.80	1,817
2.40	1,088	4.90	1,845
2.50	1,122	5.00	1,873

On and after January 1, 2006, contribution rates at \$5.01 and above provide additional monthly benefits of 0.75% of all contributions above \$5.00 per hour under Schedule C.

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

Schedule D – for benefits earned in 2007 and later under agreements if the 25% increase in contributions is adopted as of January 1, 2007.

Hourly Contribution Rate	Monthly Normal Pension	Hourly Contribution Rate	Monthly Normal Pension
\$0.10	\$109	\$2.60	\$1,736
0.20	169	2.70	1,787
0.30	254	2.80	1,837
0.40	337	2.90	1,882
0.50	420	3.00	1,927
0.60	504	3.10	1,974
0.70	579	3.20	2,018
0.80	647	3.30	2,064
0.90	714	3.40	2,111
1.00	791	3.50	2,157
1.10	859	3.60	2,202
1.20	926	3.70	2,247
1.30	995	3.80	2,293
1.40	1,059	3.90	2,339
1.50	1,120	4.00	2,386
1.60	1,180	4.10	2,431
1.70	1,240	4.20	2,473
1.80	1,301	4.30	2,514
1.90	1,360	4.40	2,557
2.00	1,420	4.50	2,599
2.10	1,477	4.60	2,641
2.20	1,528	4.70	2,683
2.30	1,581	4.80	2,725
2.40	1,632	4.90	2,767
2.50	1,684	5.00	2,809

On and after January 1, 2007, contribution rates at \$5.01 and above provide additional monthly benefits of 1.125% of all contributions above \$5.00 per hour under Schedule D.

The benefits valued in this report do not reflect any other benefits structure adopted that may be contingent on accrual rates based on the adoption of higher contributions subsequent to July 1, 2007.

For contracts bargained in accordance with Option 2 of the Funding Improvement Plan (Reduction in Future Accruals), the accrual schedules above are reduced by 75% for benefits earned on or after July 1, 2012 (referred to as Schedule G).

2. Reduced Pension

Age Requirement	65
Credited Service Requirement	Pension Credit, including 1,500 hours after the Contribution Date.
Benefit	Normal Pension proportionately reduced for service less than 35 years. Reduction does not apply to the portion of the benefit, if any, based on 2.25% of contributions.

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

3. Early Pension

Age Requirement	55
Credited Service Requirement	Five years of Pension Credit, including 1,500 hours after the Contribution Date.
Benefit	<p>Normal or Reduced Pension (based on number of Pension Credits at retirement) reduced by 1.5% for each year of age less than 62 (to age 60) and by 6% for each year less than age 60.</p> <p>For certain groups making supplemental contributions, unreduced early retirement benefits are payable at ages 55 – 61, if age plus years of service totals at least 85.</p>

4. Disability Pension

Age Requirement	None
Credited Service Requirement	Five years of Pension Credit, including 1,500 hours after the Contribution Date, 500 hours in the 24 month period preceding disability and a Social Security Disability Award.
Benefit	Normal or Reduced Pension based on number of Pension Credits at disability.

5. Deferred Pension

Age Requirement	40
Credited Service Requirement	15 years of Pension Credit, including five years of Future Service Credit.
Benefit	Normal or Reduced Pension (based on Pension Credits at termination). Payable on or after age 55, reduced by 1.5% for each year of age less than 62 (to age 60) and by 6% for each year less than age 60.

6. Vesting

Age Requirement	None
Credited Service Requirement	Five years of Vesting Credit
Benefit	Normal or Reduced Pension based on Future Service only payable at Normal Retirement Age.
Normal Retirement Age	Later of age 65 or age on fifth anniversary of participation.

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

7. Severance Benefit

Age Requirement	None
Credited Service Requirement	Five years of Future Service Credit as of June 30, 1982, but before eligibility for vesting.
Benefit	50% of contributions made on the employee's behalf through June 30, 1982.

8. Disability Severance Benefit

Credited Service Requirement	Less than five years of Pension Credit by 1,500 hours after the Contribution Date, 500 hours in the 24 month period preceding disability and a Social Security Disability Award.
Benefit	100% of contributions made on the employee's behalf. If vested, the greater of 100% of contributions or the present value of the accrued benefit.

9. Spouse's Pre-Retirement Death Benefit

Age Requirement	None
Credited Service Requirement	Eligible for an immediate or deferred pension.
Benefit	100% of the benefit the employee would have received had he retired the day before he died and elected the Husband and Wife option. If the employee dies before age 55, then the benefit is computed as if he died on his 55 th birthday and payments will be made commencing on the first of the month following the date he would have attained age 55.

10. Pre-Retirement Lump Sum Death Benefit

Age Requirement	None
Credited Service Requirement	None. Not eligible for a Pre-retirement Spouse Pension.
Benefit	100% of contributions made on the employee's behalf.

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

11. Post-Retirement Death Benefit(s)

Five Year Certain Guarantee if Husband and Wife coverage is rejected.

Husband and Wife – If married, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. In the event that the spouse predeceases the pensioner, the benefit shall be increased by the percentage reduction previously applied. If rejected or not married, benefits are payable for the life of the employee with five years of payment guaranteed to all pensioners without reduction or in any other available option form elected by the employee in an actuarially equivalent amount.

12. Past Service Credit

Years of Service after the Contribution Date:

Contribution Date	Maximum Years of Past Service Credit
Prior to January 1, 1980	24
January 1, 1980 through December 31, 1982	20
January 1, 1983 through December 31, 1985	15
January 1, 1986 through December 31, 1999	10
On or after January 1, 2000	5

13. Future Service Credit

Years of Service after the Contribution Date:

Hours Worked in the Calendar Year	Future Service Credit
2,100 or more	1-2/10
1,800 – 2,099	1-1/10
1,500 – 1,799	1
1,350 – 1,499	9/10
1,200 – 1,349	8/10
1,050 – 1,199	7/10
900 – 1,049	6/10
750 – 899	5/10
600 – 749	4/10
450 – 599	3/10
300 – 449	2/10
150 – 299	1/10
Less than 150	0

14. Pension Credit

Sum of Past Service Credit and Future Service Credit.

Participation	Effective upon working in Covered Employment for at least 870 hours in a period of 12 consecutive months.
Vesting Service	870 hours = 1 year

Exhibit 2
Schedule MB, Line 6 – Summary of Plan Provisions

15. Contribution Date

First date a contributing employer makes contributions to the Plan under a Collective Bargaining Agreement.

16. Changes in Benefits Since Last Year

None.

Exhibit 3
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

A. Actuarial Assumptions

1. Rate of Investment Return

Funding and disclosure purposes: 7.50% compounded annually

Current Liability under RPA 1994: Minimum funding 3.61%

All investment returns are net of investment expenses.

2. Rate of Mortality

(a) Funding:

Healthy Lives – RP-2000 Combined Mortality (Blue Collar)

Disabled Lives – RP-2000 Disabled Mortality

Past experience has shown mortality assumptions to be slightly more conservative than actual experience in five of the last six years. This assumption is being closely monitored.

(b) RPA '94 Current Liability:

2013 Current Liability Mortality Table pursuant to Internal Revenue Service

3. Rate of Retirement

Annual retirements for eligible members (male and female) are based on the following table:

Age	Retirement Probability	Age	Retirement Probability
55	10.0%	63	25.0%
56	10.0	64	25.0
57	10.0	65	35.0
58	10.0	66	35.0
59	15.0	67	35.0
60	20.0	68	35.0
61	25.0	69	35.0
62	40.0	70	100.0

4. Rate of Turnover

Illustrative rates of terminations are shown below:

Age	Rate (%)
25	9.38
30	8.75
35	8.13
40	7.60
45	7.10
50	6.60
55	6.10
60	5.60
63	0.00

Exhibit 3
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

5. Disability

Disability incidence rates are assumed to be 60.45% of the rates used under the Old Age Survivors and Disability Insurance Program. Illustrative rates are shown below:

Age	Rate (%)
25	0.05
30	0.07
35	0.09
40	0.13
45	0.22
50	0.37
55	0.61
60	0.98
62	1.18
65	0.00

6. Percent Married

Social Security awards during 1972. Sample rates as follows:

Age	Percent Married	
	Males	Females
40-44	71.4%	63.1%
45-49	73.3	61.0
50-54	75.7	64.0
55-59	77.0	57.6
60-64	74.0	49.5
65-69	69.6	22.7

7. Spouse's Age

It is assumed that husbands are three years older than their spouses.

8. Administrative Expenses

\$19,500,000 as of the beginning of the Plan year is added to the normal cost.

9. Average Annual Service Credits

It was assumed actives will earn 1.00 years of service per year based on the average annual hours of service.

10. Future Benefit Accruals

The benefit accrual rate is calculated based on the contribution rate and benefit accrual schedule in effect as of January 1, 2013. We were provided information on those employers adopting the higher contribution rate for their members to be eligible for accrual under Schedule D of the Plan. Employers who did not adopt the higher contribution rate for their members would be eligible for accrual under Schedule G of the Plan, which is a 75% reduction of the accrual under Schedule D. We assumed that this rate remained the same for benefit accrual on future service

Exhibit 3

Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

11. Changes in Assumptions Since Last Valuation

The interest assumption for the measurement of the current liabilities for minimum funding was decreased from 4.02% to 3.61%. Pursuant to regulation, the mortality table for RPA '94 current liability calculations was also changed.

Exhibit 3
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

B. Actuarial Methods

1. Asset Valuation Method

Actuarial asset value is based on the market value of assets less a portion of the actual market value returns that are more or less than expected returns. The gain or loss for the year equals the actual market value net investment income less the expected return on an actuarial value based on the net investment return assumption. 25% of the gain or loss is recognized each year for four years. However, the 2009 investment loss is recognized at a rate of 10% per Plan year due to funding relief. The actuarial value is further adjusted to be within 20% of market value. If such a further adjustment is necessary, the gain or loss in the following year is adjusted by an amount equal to the adjustment, but of the opposite sign.

2. Funding Method: Unit Credit Cost Method

The cost method for valuation of liabilities used for this valuation is the Unit Credit method. This is one of a family of valuation methods known as accrued benefit methods. The chief characteristic of accrued benefit methods is that the funding pattern follows the pattern of benefit accrual. The normal cost is determined as that portion of each participant's benefit attributable to service expected to be earned in the upcoming plan year. The actuarial liability, which is determined for each participant as of each valuation date, represents the actuarial present value of the portion of each participant's benefit attributable to service earned prior to the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the Unit Credit method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost would increase over time.

3. Active Participants

- (a) Active Data Collection Date: January 1, 2013
- (b) Active participants include all employees who had at least one year of earned future service credit as of the data collection date.
- (c) For purposes of the valuation, the active data was rolled forward by six months to the valuation date.

4. PRA 2010 Funding Relief

The Fund's Board of Trustees elected funding relief under § 431(b)(8) of the Code and § 304(b)(8) of ERISA, specifically:

- The "special amortization rule," which allows the Plan's investment losses for the plan year ended June 30, 2009 to be separately amortized over 29 years, whereas they were previously required to be amortized over 15 years.
- The "special asset valuation rule" in determining the actuarial value of plan assets which allows the Plan to recognize the 2009 loss over 10 years, at 10% per year. Prior to the relief, this investment

Exhibit 3

Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

loss would be recognized over four years, or 25%
per year.

5. Changes in Methods Since Last Valuation

None.

Exhibit 4

Schedule MB, Line 8 - Schedule of Active Participant Data

AGE/SERVICE DISTRIBUTION OF ACTIVE PARTICIPANTS

PARTICIPANTS AS OF JULY 1, 2013

AGE	COMPLETED YEARS OF CREDITED SERVICE										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	1,260	615	1	0	0	0	0	0	0	1,876
25 to 29	0	1,589	4,212	402	0	0	0	0	0	0	6,203
30 to 34	0	1,238	4,395	2,782	274	0	0	0	0	0	8,689
35 to 39	0	829	3,282	2,962	1,896	145	0	0	0	0	9,114
40 to 44	0	670	2,490	2,543	2,476	1,241	189	0	0	0	9,609
45 to 49	0	482	1,900	2,059	2,055	1,621	1,126	151	1	0	9,395
50 to 54	0	370	1,545	1,842	1,859	1,449	1,734	1,108	295	0	10,202
55 to 59	0	234	997	1,172	1,210	1,074	1,290	1,238	1,146	2	8,363
60 to 64	0	130	435	520	486	416	436	390	572	4	3,389
65 to 69	0	21	96	114	66	45	67	50	72	1	532
70 & up	0	7	13	7	5	3	6	0	2	0	43
Total	0	6,830	19,980	14,404	10,327	5,994	4,848	2,937	2,088	7	67,415
	Average Age =			43.9	Average Service =			12.63			

Exhibit 5

Schedule MB, Line 9c and 9h - Schedule of Funding Standard Account Basis

Table IV-5 Schedule of Amortizations Required for Minimum Required Contribution as of July 1, 2013				
Type of Base	Date Established	7/1/2013 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES				
1. Change Assumptions	7/1/2001	\$ 7,377,643	23	\$ 635,062
2. Experience Loss	7/1/2001	89,328,779	8	14,186,825
3. Plan Amendment	7/1/2001	228,832,038	23	19,697,708
4. Combined Base	7/1/2001	1,098,222,197	7	192,878,789
5. Plan Amendment	7/1/2002	115,577,684	24	9,789,169
6. Experience Loss	7/1/2002	292,387,385	9	42,638,827
7. Plan Amendment	7/1/2003	118,014,927	25	9,848,557
8. Experience Loss	7/1/2003	231,945,592	10	31,433,683
9. Benefit Level Increase	7/1/2004	95,186,236	26	7,836,228
10. Experience Loss	7/1/2004	162,766,105	11	20,697,409
11. Experience Loss	7/1/2005	44,744,525	12	5,380,907
12. Benefit Change	7/1/2006	27,735,850	28	2,229,322
13. Plan Amendment	7/1/2007	17,277,280	29	1,374,116
14. Change Assumptions	7/1/2007	69,568,864	29	5,533,029
15. Plan Merger	7/1/2008	5,361,700	15	565,034
16. Experience Loss	7/1/2008	19,807,892	15	2,087,425
17. Plan Merger	7/1/2009	17,821,394	16	1,813,491
18. Recognized Eligible Net Investment Loss	7/1/2009	852,360,803	25	71,131,032
19. Bifurcation Base	7/1/2009	41,806,774	16	4,254,225
20. Recognized Eligible Net Investment Loss	7/1/2010	52,492,337	25	4,380,579
21. Recognized Eligible Net Investment Loss	7/1/2012	74,930,552	25	6,253,088
22. Bifurcation Base	7/1/2012	55,166,701	14	6,045,109
23. Recognized Eligible Net Investment Loss	7/1/2013	253,350,670	25	21,142,566
TOTAL CHARGES		\$3,972,063,928		\$ 481,832,180

Exhibit 5

Schedule MB, Line 9c and 9h - Schedule of Funding Standard Account Basis

Table IV-6				
Schedule of Amortizations Required for Minimum Required Contribution				
as of July 1, 2013				
Type of Base	Date Established	7/1/2013 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CREDITS				
1. Combined Credit*	7/1/2013	\$ 675,398,459	6.50	\$ 125,565,136
TOTAL CREDITS		<u>\$ 675,398,459</u>		<u>\$ 125,565,136</u>
NET CHARGE		\$3,296,665,469		\$ 356,267,044

*The amortization credits were combined effective July 1, 2013.

Exhibit 7

Schedule MB, Line 11 - Justification for Changes in Actuarial Assumptions

The interest assumption for the measurement of the current liabilities for minimum funding was decreased from 4.02% to 3.61%. The mortality table was also changed pursuant to regulation.

FOR PLAN YEAR COMMENCING JULY 1, 2013

**ANNUAL CERTIFICATION OF PLAN STATUS UNDER SECTION 432(b) OF THE
INTERNAL REVENUE CODE, (SEC. 305(b) OF THE EMPLOYEE RETIREMENT
INCOME SECURITY ACT OF 1974)**

FOR

PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND

EIN: 52-6152779

PN: 001

Plan Year 7/1/2013

Fund Contact

William T. Sweeney, Jr.

Administrator

(703) 739-9020

September 27, 2013



Board of Trustees
Plumbers & Pipefitters National Pension Fund
103 Oronoco Street
Alexandria, Virginia 22314

September 27, 2013
EIN: 52-6152779
PN: 001
Phone: 703.739.9020

Re: *Annual Certification of Plan Status under Internal Revenue Code §432(b) and Employee Retirement Income Security Act of 1974 §305(b)*

Dear Board of Trustees:

CERTIFICATION

As required by Section 432(b)(3) of the Internal Revenue Code ("Code") and Section 305(b)(3) of the Employee Retirement Income Security Act of 1974 ("ERISA"), we certify for the plan year beginning July 1, 2013, that the Plan is classified as being in Endangered status defined in the above Sections.

The Plan was first certified to be Seriously Endangered for the plan year beginning July 1, 2009. Later that plan year, the trustees adopted a Funding Improvement Plan which commenced on July 1, 2012. The Plan was 76.8% funded as July 1, 2012. Based on the Plan's reasonably anticipated experience and actuarial assumptions, the Plan's funded status at July 1, 2027 (the end of the Funding Improvement Period) is projected to be approximately 87.0%. Legislation requires that the funded status be at least 81.4% and the Plan not be projected to incur a minimum funding deficiency during this period. Based on these criteria, the current Funding Improvement Plan is meeting scheduled progress.

To the best of our knowledge, this report has been prepared in accordance with the requirements of Section 432 of the Code, Section 305 of ERISA, and generally recognized and accepted actuarial principles and practices which are consistent with the Code of Professional Conduct, applicable Actuarial Standards of Practice, and that as Members of the American Academy of Actuaries, we meet the Qualification Standards to render the opinions contained herein.

This report only certifies the condition of the Plan under Code Section 432 and ERISA Section 305 and should be used only for that purpose. In preparing this report, we have relied without audit, on information supplied by the Fund Office. This information includes, but is not limited to, Plan provisions, employee data, financial information, and expectations of future industry activity.

This report was prepared exclusively for the Board of Trustees of the Plumbers and Pipefitters National Pension Fund for a specific and limited purpose. It is not for the use or benefit of any third party for any purpose. Any third party recipient of Cheiron's work product who desires professional guidance should not rely upon Cheiron's work product, but should engage qualified professionals for advice appropriate to its own specific needs.

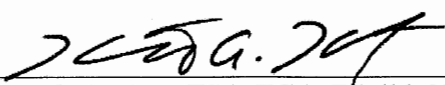


Board of Trustees
Plumbers and Pipefitters National Pension Fund
September 27, 2013
Page 2

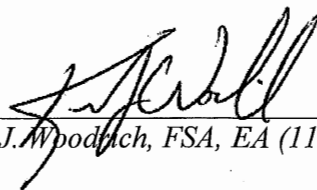
The attached appendices show the results for the statutory tests used in determining our funded status certification and describe the methodologies and assumptions used to perform the tests. Please contact the undersigned with any questions.

Thank you.

Sincerely,



Kenneth A. Kent, FSA, FCA, EA (11-3776)



Kevin J. Wlodarczyk, FSA, EA (11-7086)

cc: Secretary of the Treasury

Attachments

- Appendix I: Tests of Plan Status
- Appendix II: Detail for Actuarial Certification
- Appendix III: Methodology and Assumptions

APPENDIX I
TESTS of PLAN STATUS

The Pension Protection Act of 2006 ("PPA") added special rules and requirements for plans that are certified to be Endangered, Seriously Endangered, or Critical.

Critical Status – The Plan will be certified as Critical if it meets any one of the five following tests; **Condition Met?**

- | | |
|---|----|
| 1 The Plan has a funded ratio of less than 65%, and the value of Plan assets plus projected contributions is less than the value of projected Plan benefits and expenses to be paid for the current and six succeeding plan years. | NO |
| 2 The Plan has a funded ratio of less than 65% and is projected to have an accumulated funding deficiency for the current year or in any of the four succeeding plan years. | NO |
| 3 The Plan is projected to have an accumulated funding deficiency for the current plan year or in any of the three succeeding plan years. | NO |
| 4 Normal cost plus interest on the unfunded liabilities exceeds contributions, the present value of the vested benefits of inactive employees exceeds the present value of vested benefits of active employees, and the Plan is projected to have an accumulated funded deficiency for the current plan year or in any of the four succeeding plan years. | NO |
| 5 The value of Plan assets plus projected contributions is less than the value of projected benefits and expenses to be paid for the current and four succeeding plan years. | NO |

Endangered Status – The Plan will be certified as Endangered if it is not in Critical status and it meets either test 6 or test 7 below;

- | | |
|---|-----|
| 6 The ratio of assets to liabilities is less than 80% on the first day of the Plan year. | YES |
| 7 The Plan is projected to have an accumulated funding deficiency for the current plan year or in any of the six succeeding plan years. | NO |

Seriously Endangered Status – The Plan will be certified as Seriously Endangered if it is not in Critical status and meets both test 6 and test 7 above.

The Plan is certified to be in endangered status for the Plan year beginning July 1, 2013.

APPENDIX II - DETAIL FOR ACTUARIAL CERTIFICATION

A. DETERMINATION OF FUNDED PERCENTAGE

as of July 1, 2013 (used in Tests 1, 2, and 6)

Assets at Market Value as of June 30, 2013:

1. Most recent reported market value of plan assets ¹	\$ 4,984,806,778
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Assets at Actuarial Value:

1. Market value of plan assets	\$ 4,984,806,778
2. 75% of 2012-13 preliminary (gain)/loss	(120,633,767)
3. 50% of 2011-12 (gain)/loss	189,568,329
4. 25% of 2010-11 (gain)/loss	(148,539,366)
5. 50% of 2008-9 gain/(loss) ²	744,668,522
6. Preliminary actuarial assets (1+2+3+4+5)	\$ 5,649,870,496
7. Corridor for actuarial assets	
a. 80% of market value of plan assets	\$ 3,987,845,422
b. 120% of market value of plan assets	\$ 5,981,768,134
8. Actuarial Assets (greater of 6 and 7a, but not greater than 7b)	\$ 5,649,870,496

Unit Credit Liabilities:

1. Liabilities from Actuarial Valuation as of 7/1/2012	
a. Active liability	\$ 2,491,066,241
b. Inactive liability	4,726,361,959
2. Adjustments ³	
a. To active liability	46,531,863
b. To inactive liability	88,286,061
3. TOTAL	\$ 7,352,246,123

FUNDED PERCENTAGE = Actuarial Value of Assets/Liabilities =	76.85%
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¹ The market value of assets is based on the market value of Plan assets as estimated at time of certification based on reports provided by the Fund office and investment consultant.

² Reflects the Trustees election of the 10-year smoothing of the 2008-9 net investment loss as provided by PRA 2010.

³ The unit credit liabilities have been adjusted for the following:
 Accrual of benefits
 Accrual of interest
 Benefit payments

B. PROJECTIONS

1a. Funding Standard Account Credit Balance without Extension (used in Tests 2, 3 and 4)

<u>Date</u>	<u>Credit</u>	adjusted with interest to end of year		
	<u>Balance</u>	<u>Charges</u>	<u>Credits</u>	<u>Contributions</u>
7/1/2013	\$ 866,954,412	\$ 829,240,266	\$ 133,687,403	\$ 360,844,538
7/1/2014	597,267,667	853,582,312	90,402,579	367,904,430
7/1/2015	246,787,439	555,769,621	90,402,579	369,617,768
7/1/2016	169,547,223	548,461,724	90,402,579	371,394,730
7/1/2017	95,598,850	503,345,296	90,402,579	372,951,547
7/1/2018	62,777,595	475,851,131	90,402,579	374,762,615
7/1/2019	56,799,978	448,143,172	90,402,579	376,575,782
7/1/2020	79,895,166			

1b. Funding Standard Account Credit Balance with Extension (used in Test 7)

<u>Date</u>	<u>Credit</u>	adjusted with interest to end of year		
	<u>Balance</u>	<u>Charges</u>	<u>Credits</u>	<u>Contributions</u>
7/1/2013	\$ 1,605,722,001	\$ 664,075,837	\$ 133,687,403	\$ 360,844,538
7/1/2014	1,556,607,254	688,417,883	90,402,579	367,904,430
7/1/2015	1,443,241,924	713,754,753	90,402,579	369,617,768
7/1/2016	1,297,750,662	728,719,529	90,402,579	371,394,730
7/1/2017	1,128,159,742	747,192,433	90,402,579	372,951,547
7/1/2018	928,933,417	764,668,302	90,402,579	374,762,615
7/1/2019	699,100,315	765,573,191	90,402,579	376,575,782
7/1/2020	452,938,010			

The projected funding standard account is based on the methods and assumptions set out in Appendix III. In addition, the projection of future contributions is based on the Trustees' estimate of future industry activity multiplied by the contribution rates contained in the collective bargaining agreements under which the Plan is maintained.

2. Assets (used in Tests 1 and 5)

Date	Market Value Assets	Projected Contributions	Projected Benefits and Expenses	Projected Investment Earnings
7/1/2013	\$ 4,984,806,778	\$ 348,029,376	\$ 539,194,151	\$ 366,821,426
7/1/2014	5,160,463,429	354,838,541	560,230,482	379,471,801
7/1/2015	5,334,543,289	356,491,031	581,266,833	391,814,037
7/1/2016	5,501,581,524	358,204,886	601,293,034	403,667,606
7/1/2017	5,662,160,982	359,706,413	620,130,233	415,072,730
7/1/2018	5,816,809,892	361,453,162	637,338,387	426,102,078
7/1/2019	5,967,026,745	363,201,936	653,651,207	436,832,063
7/1/2020	6,113,409,538			

Projected benefit payments reflect both projected changes in industry activity provided by the Trustees. Expenses include a 3.5% growth for inflation. Contribution projections include the assumption that total hours worked will improve by 3% for the Plan year beginning July 1, 2013. The projections also reflect the Trustees' estimated annual wage growth assumption of 0.5%. The projections use the assumptions set out in Appendix III.

C. UNIT CREDIT NORMAL COST, INTEREST, ASSETS AND CONTRIBUTIONS
(used in Test 4)

		<u>July 1, 2013</u>
1. Normal Cost (Unit Credit Method) plus Expenses	\$	135,912,782
2. Interest on Unfunded Benefit Liabilities	\$	127,678,172
3. Present Value of Anticipated Contributions for 2013-14	\$	335,669,337
4. Present Value of Vested Benefits		
a. Active Members ⁴	\$	2,398,381,650
b. Inactive Members ⁵	\$	4,814,648,020

⁴ Developed as the ratio of vested active liability to total active liability as of 7/1/2012 multiplied by the sum of line items 1.a. and 2.a. on page 2 of this exhibit.

⁵ Equal to the sum of line items 1.b. and 2.b. on page 2 of this exhibit.

EXTRACT FROM 7/1/2012 VALUATION

APPENDIX III – METHODOLOGY AND ASSUMPTIONS

A. Actuarial Assumptions

1. Rate of Investment Return

Funding and disclosure purposes: 7.50% compounded annually
All investment returns are net of investment expenses.

2. Rate of Mortality

Healthy Lives – RP-2000 Combined Mortality (Blue Collar)

Disabled Lives – RP-2000 Disabled Mortality

Past experience has shown mortality assumptions to be more conservative than actual experience. Therefore, it is not currently necessary to project mortality improvement at this time.

3. Rate of Retirement

Annual retirements for eligible members (male and female) are based on the following table:

Age	Retirement Probability	Age	Retirement Probability
55	10.0%	63	25.0%
56	10.0	64	25.0
57	10.0	65	35.0
58	10.0	66	35.0
59	15.0	67	35.0
60	20.0	68	35.0
61	25.0	69	35.0
62	40.0	70	100.0

4. Rate of Turnover

Illustrative rates of terminations are shown below:

Age	Rate (%)
25	9.38
30	8.75
35	8.13
40	7.60
45	7.10
50	6.60
55	6.10
60	5.60
63	0.00

5. Disability

Disability incidence rates are assumed to be 60.45% of the rates used under the Old Age Survivors and Disability Insurance Program. Illustrative rates are shown below:

Age	Rate (%)
25	0.05
30	0.07
35	0.09
40	0.13
45	0.22
50	0.37
55	0.61
60	0.98
62	1.18
65	0.00

6. Percent Married

Social Security awards during 1972. Sample rates as follows:

Age	Percent Married	
	Males	Females
40-44	71.4%	63.1%
45-49	73.3	61.0
50-54	75.7	64.0
55-59	77.0	57.6
60-64	74.0	49.5
65-69	69.6	22.7

7. Spouse's Age

It was assumed that husbands are three years older than their spouses.

8. Administrative Expenses

\$19,500,000 for the year added to the normal cost.

9. Average Annual Service Credits

It was assumed actives will earn 1.00 years of service per year based on the average annual hours of service.

B. Actuarial Methods

1. Asset Valuation Method

Actuarial asset value is based on the market value of assets less a portion of the actual market value returns that are more or less than expected returns. The gain or loss for the year equals the actual market value net investment income less the expected return on an actuarial value based on the net investment return assumption. 25% of the gain or loss is recognized each year for four years. However, the 2009 investment loss is recognized at a rate of 10% per plan year due to funding relief). The actuarial value is further adjusted to be within 20% of market value. If such a further adjustment is necessary, the gain or loss in the following year is adjusted by an amount equal to the adjustment, but of the opposite sign.

2. Funding Method for Funding:

The cost method for valuation of liabilities used for this valuation is the Unit Credit method. This is one of a family of valuation methods known as accrued benefit methods. The chief characteristic of accrued benefit methods is that the funding pattern follows the pattern of benefit accrual. The normal cost is determined as that portion of each participant's benefit attributable to service expected to be earned in the upcoming plan year. The actuarial liability, which is determined for each participant as of each valuation date, represents the actuarial present value of the portion of each participant's benefit attributable to service earned prior to the valuation date.

3. Funding Method for Accrued Benefits:

Same as for funding.

4. PRA 2010 Funding Relief

The Fund's Board of Trustees elected funding relief under § 431(b)(8) of the Code and § 304(b)(8) of ERISA, specifically:

- The "special amortization rule," which allows the Plan's investment losses for the plan year ended June 30, 2009 to be separately amortized over 29 years, whereas they were previously required to be amortized over 15 years.
- The "special asset valuation rule" in determining the actuarial value of plan assets which allows the Plan to recognize the 2009 loss over 10 years, at 10% per year. Prior to the relief, this investment loss would be recognized over four years, or 25% per year.