Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/21/1971

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 131 PENSION PLAN

C/O ZENITH AMERICAN SOLUTIONS

P.O. BOX 5817
WALLINGFORD, CT 06492

2b Employer Identification Number (EIN)
51-6029575

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

2d Business code (see instructions)
238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/15/2018	DAVID PELLETIER
	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)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	588
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	211
a(2) Total number of active participants at the end of the plan year	**6a(2)**	224
b Retired or separated participants receiving benefits	**6b**	188
c Other retired or separated participants entitled to future benefits	**6c**	122
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	534
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	63
f Total. Add lines **6d** and **6e**.	**6f**	597
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	27

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

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)** [X] 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)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

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

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

A Name of plan
PLUMBERS AND STEAMFITTERS LOC 131 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
51-6029575

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

1a	Enter the valuation date: Month 11 Day 01 Year 2016		
b	Assets		
(1)	Current value of assets	**1b(1)**	19318477
(2)	Actuarial value of assets for funding standard account	**1b(2)**	21251193
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	42709713
(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)**	42709713
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)**	71049771
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	624122
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	3215372
(3)	Expected plan disbursements for the plan year	**1d(3)**	3395372

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

08/06/2018
Date

A. DONALD MORGAN, FSA, MAAA
Type or print name of actuary

17-05662
Most recent enrollment number

THE SEGAL COMPANY
Firm name

617-424-7300
Telephone number (including area code)

116 HUNTINGTON AVENUE, 8TH FLOOR, BOSTON, MA 02116-5712
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	19326477
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		255	37484590
(2) For terminated vested participants		122	11529224
(3) For active participants:			
(a) Non-vested benefits			232003
(b) Vested benefits			21803954
(c) Total active		211	22035957
(4) Total		588	71049771
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		27.20%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	c) Amount paid by employees
05/15/2017	2916514	0			
11/04/2016	8000	0			
			Totals ► **3(b)**	2924514	**3(c)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	49.8%
b 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	**4b**	C

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? [X] Yes [ ] No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? [ ] Yes [X] No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here [ ]	**4f**	2039

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

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

j If box h is checked, enter period of use of shortfall method	**5j**	76

k Has a change been made in funding method for this plan year? [ ] Yes [X] No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? [ ] Yes [ ] No

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.				**6a**	3.06%
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	A		A	
(2) Females	**6c(2)**	A		A	
d Valuation liability interest rate	**6d**	7.25%		7.25 %	
e Expense loading	**6e**	66.2%	☐ 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**	1.7%	
h Estimated investment return on current value of assets for year ending on the valuation date			**6h**	5.2%	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	1065464	0
2	582407	0
4	-567710	-59039

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(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a 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)**	
(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**	-2395225

9 Funding standard account statement for this plan year:

Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	7033663
b Employer's normal cost for plan year as of valuation date		**9b**	512172
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)**	20189384	3274643
(2) Funding waivers	**9c(2)**		
(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	784485
e Total charges. Add lines 9a through 9d		**9e**	11604963

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	0
g	Employer contributions. Total from column (b) of line 3		**9g**	2924514
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 5764527		1144082
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	180433
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 25571775		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 44275367		
	(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**	4249029
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	7355934

9o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2016 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)**	
	(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**	7355934
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.		[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

A Name of plan
PLUMBERS AND STEAMFITTERS LOC 131 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
51-6029575

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NEWTOWER TRUST COMPANY

30-0872552

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

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

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

DIMENSIONAL FUND ADVISORS, LP

30-0447847

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

SEI TRUST COMPANY

06-1271230

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

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

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

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

SEGAL COMPANY

13-1928058

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	67773	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INSURANCE PROGRAMMERS, INC.

06-0811449

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	53264	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	24750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

06-0931761

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	16515	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADV TRUST CO.

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 51 52 99	NONE	14768	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

SHUMAKER, LOOP & KENDRICK, LLP

34-4439491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	10686	Yes [ ] No [X]	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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: BUCKLEY, FRAME, BOUDREAU & CO., P.C

b EIN: 06-0931761

c Position: AUDITOR

d Address: 255 ROUTE 80
KILLINGWORTH, CT 06419

e Telephone: 860-663-1190

Explanation: BUCKLEY, FRAME, BOUDREAU & CO., P.C. MERGED INTO NOVAK FRANCELLA LLC.

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

A Name of plan
PLUMBERS AND STEAMFITTERS LOC 131 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
51-6029575

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

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-002	C	4192345

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-6218800-001	C	2888653

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-0834112-002	C	3766929

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-159	C	4578209

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

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

A Name of plan
PLUMBERS AND STEAMFITTERS LOC 131 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
51-6029575

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	389755	348825
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	331849	400906
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7829	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	13702526	15426136
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4934327	5534429
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	19366286	21710296
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	39809	50315
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	39809	50315
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	19326477	21659981

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)	2916513	
	(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)		2916513
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	23	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		23
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	214415	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		214415
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2215761
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		276687
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5623399
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3052844	
(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)		3052844
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)	96224	
(2) Contract administrator fees	2i(2)	53264	
(3) Investment advisory and management fees	2i(3)	39518	
(4) Other	2i(4)	48045	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		237051
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3289895
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2333504
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: NOVAK FRANCELLA LLC **(2)** EIN: 61-1436956

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4063197. (See instructions.)

Part V Trust Information

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

A Name of plan
PLUMBERS AND STEAMFITTERS LOC 131 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
51-6029575

Part I Distributions

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

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

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

EIN(s): _____ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer NORTHERN PEABODY, INC.

b EIN 02-0499949 **c** Dollar amount contributed by employer 574932

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2019

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) 7.44
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer RTH MECHANICAL CONTRACTORS, INC.

b EIN 26-4737668 **c** Dollar amount contributed by employer 439635

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2019

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) 7.44
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer DAY & ZIMMERMAN, NPS

b EIN 23-2449911 **c** Dollar amount contributed by employer 424733

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2019

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) 7.44
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer DYNAMIC SYSTEMS, INC.

b EIN 74-2519426 **c** Dollar amount contributed by employer 266232

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2019

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) 7.44
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer HONEYWELL, INC.

b EIN 22-2640650 **c** Dollar amount contributed by employer 166218

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2019

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) 7.44
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer ORBIS SIBRO, INC.

b EIN 57-1109339 **c** Dollar amount contributed by employer 154276

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2019

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) 7.44
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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 HVAC UNLIMITED

b EIN 68-0604684 **c** Dollar amount contributed by employer 139339

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 05 Day 31 Year 2019

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) 7.44
(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**	0
b The plan year immediately preceding the current plan year	**14b**	0
c The second preceding plan year	**14c**	0

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

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

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	0
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**	0

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: 0.0 % Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes	☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Current year" ADP test	☐ "Prior year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test	☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes	☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.

PLUMBERS AND STEAMFITTERS LOCAL NO. 131
PENSION FUND

FINANCIAL STATEMENTS

OCTOBER 31, 2017

PLUMBERS AND STEAMFITTERS LOCAL NO. 131
PENSION FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

OCTOBER 31, 2017 AND 2016

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Novak Francella LLC | CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying financial statements of the Plumbers and Steamfitters Local No. 131 Pension Fund, which comprise the statement of net assets available for benefits as of October 31, 2017, the related statement of changes in net assets available for benefits for the year then ended, the statement of accumulated plan benefits as of November 1, 2016, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit 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 financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plumbers and Steamfitters Local No. 131 Pension Fund's net assets available for benefits as of October 31, 2017, and the changes therein for the year then ended and its accumulated plan benefits as of November 1, 2016, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter – 2016 Financial Statements

The financial statements of the Plumbers and Steamfitters Local No. 131 Pension Fund as of and for the year ended October 31, 2016 were audited by other auditors whose report dated August 15, 2017, expressed an unmodified opinion on those statements.

Report on Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The 2017 supplemental Schedule of Administrative Expenses, Schedule of Employer Contributions and Schedule of Assets Held for Investment Purposes, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements. The Schedule of Assets Held for Investment Purposes is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended. Such supplemental information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole. The 2016 supplemental Schedule of Administrative Expenses was subject to auditing procedures applied to the 2016 audit of the basic financial statements by other auditors, whose report on such information stated it was fairly stated in all material respects in relations to the 2016 financial statements as a whole.

Novak Francella LLC

Killingworth, Connecticut
August 15, 2018

Plumbers and Steamfitters Local No. 131
Pension Fund

Statements of Net Assets Available for Benefits

October 31, 2017 and 2016

	2017	2016
Assets		
Investments, at fair value		
Common/collective trust funds	15,426,136	$ 13,702,526
Registered investment companies	5,534,429	4,934,327
Cash equivalents	-	7,829
Total investments	20,960,565	18,644,682
Receivables		
Employer contributions	192,604	202,736
Reciprocal contributions	208,302	121,113
Withdrawal liability	-	8,000
Total receivables	400,906	331,849
Other assets		
Cash	348,825	389,755
Total other assets	348,825	389,755
Total assets	21,710,296	19,366,286
Liabilities and Net Assets		
Liabilities		
Accounts payable	16,443	8,083
Reciprocal payable	33,872	31,726
Total liabilities	50,315	39,809
Net assets available for benefits	$ 21,659,981	$ 19,326,477

See accompanying notes to financial statements.

Plumbers and Steamfitters Local No. 131
Pension Fund

Statements of Changes in Net Assets Available for Benefits

Years Ended October 31, 2017 and 2016

	2017	2016
Additions		
Investment income		
Net appreciation in fair value of investments	$ 2,492,448	$ 785,303
Interest and dividends	214,438	235,052
	2,706,886	1,020,355
Less investment fees	(39,518)	(41,696)
Net investment income	2,667,368	978,659
Contributions		
Employers	2,698,245	1,908,468
Reciprocal agreements (net)	218,268	165,457
	2,916,513	2,073,925
Total additions	5,583,881	3,052,584
Deductions		
Benefits paid directly to participants	3,052,844	3,036,408
Administrative expenses	197,533	176,803
Total deductions	3,250,377	3,213,211
Net increase (decrease)	2,333,504	(160,627)
Net assets available for benefits		
Beginning of year	19,326,477	19,487,104
End of year	$ 21,659,981	$ 19,326,477

See accompanying notes to financial statements.

Plumbers and Steamfitters Local 131
Pension Fund

Statements of Accumulated Plan Benefits and Statements of Changes in Accumulated Plan Benefits

October 31, 2016 and 2015

	2016	2015
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Active participants	$ 25,962,070	$ 25,931,542
Other vested participants	16,656,074	17,019,494
	42,618,144	42,951,036
Nonvested benefits	91,569	95,197
Total actuarial present value of accumulated plan benefits	$ 42,709,713	$ 43,046,233
Actuarial present value of accumulated plan benefits at beginning of year	$ 43,046,233	$ 42,273,940
Increase (decrease) during the year attributable to		
Benefits accumulated and actuarial experience	256,816	354,934
Interest	3,010,782	3,057,147
Benefits paid	(3,036,408)	(3,023,956)
Changes in actuarial assumptions	(567,710)	384,168
Net change	(336,520)	772,293
Actuarial present value of accumulated plan benefits at end of year	$ 42,709,713	$ 43,046,233

See accompanying notes to financial statements.

PLUMBERS AND STEAMFITTERS LOCAL NO. 131
PENSION FUND

NOTES TO FINANCIAL STATEMENTS

OCTOBER 31, 2017 AND 2016

NOTE 1. DESCRIPTION OF PLAN

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

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

Employers' Contributions - Contributions to the Plan are made by contributing employers at rates established by collective bargaining agreements. The collective bargaining agreement provides for employer contributions at an hourly rate of $7.03 ST/ $10.55 OT/ $14.06 DT through May 31, 2016; $7.23 ST/ $10.85/ $14.46 DT through May 31, 2017; and $7.44 ST/ $11.16 OT/ $14.88 DT effective June 1, 2017. Contributing employers primarily conduct business in the state of New Hampshire. Contributions from five employers comprise 69% of total contributions for 2017.

A Supplemental Pension Fund was established, effective June 1, 2014, as part of the Pension Fund. Regular hours worked on or after June 1, 2014 is credited to members and if applicable, reciprocated out. Any overtime and double time hours worked on or after June 1, 2014 are credited to the Supplemental Pension Fund.

Pension Benefits and Vesting - The following brief description of the Plan's pension benefits is provided for general information purposes only. Participants should refer to the plan document for more complete information.

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

NOTE 1. DESCRIPTION OF PLAN (continued)

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

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

On May 10, 2016, the Board of Trustees approved the second amendment to the Plan, effective November 1, 2014. The amendment states that the Plan will not pay any lump sum benefit with an actuarial present value of $5,000 or more except as otherwise permitted by the Internal Revenue Service.

On February 7, 2017, the Board of Trustees approved the third amendment to the Plan, effective September 1, 2017. The amendment pertains to the revocation of spousal beneficiaries upon divorce.

Subsequent to year end, on May 15, 2018, the Board of Trustees approved the fourth amendment to the Plan, effective April 1, 2018. The amendment modifies the special rules that apply to appeals of the Plan's denial of a disability application.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

See Note 14 for discussion of fair value measurements.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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

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

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

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

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting.

Reclassification - Certain reclassifications have been made to amounts previously reported to conform with classifications for the year ended October 31, 2017.

NOTE 3. FIDELITY BOND

The Plan is insured by a blanket group bond which provides $1,500,000 coverage in the aggregate against fraud or dishonesty. This blanket group bond policy covers the Plan as well as the Plumbers and Steamfitters Local No. 131 Health and Welfare and Annuity Funds.

NOTE 4. PLAN TERMINATION

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

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

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

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

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

To all other vested benefits under the Plan.

To all other benefits under the Plan.

NOTE 5. TAX STATUS

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

The Plan obtained its latest determination letter on October 20, 2015, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("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 (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6. ACTUARIAL INFORMATION

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

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

Significant assumptions underlying the actuarial computations are as follows:

Actuarial Cost Method:	Funding Standard Account: Unit Credit Actuarial Cost Method with Shortfall. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service. Scheduled Cost: Entry Age Normal Actuarial Cost Method. Entry Age is defined as attained age minus pension credits. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.
Net Investment Return:	7.25%
Mortality Rates:	Non-Retired: The unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Employee Mortality Table set forward two years projected generationally from 2006 with the MP-2016 projection scale (previously, projected generationally from 2006 with the MP-2015 projection scale). Healthy: The unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Healthy Annuitant Mortality Table set forward two years projected generationally from 2006 with the MP-2016 projection scale (previously, projected generationally from 2006 with the MP-2015 projection scale).

NOTE 6. ACTUARIAL INFORMATION (continued)

	Disabled: The unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Healthy Annuitant Mortality Table set forward 10 years projected generationally from 2006 with MP-2016 projection scale (previously, projected generationally from 2006 with the MP-2015 projection scale).
Weighted average retirement age:	63.6
Retirement age for inactive vested participants:	65
Administrative Expenses:	$180,000, payable at the beginning of the year, for the year beginning November 1, 2016 (previously $175,000).
Current Liability Assumptions:	
Interest:	3.06% (previously, 3.29%) within the permissible range prescribed under IRC Section 431 (c)(6)(E)
Mortality:	Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1: RP-2000 tables projected forward to the valuation year plus seven years for annuitants and 15 years for nonannuitants.
Actuarial Value of Assets:	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the actuarial value, and is recognized over a five-year period (10-year period for years that relief is elected). The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Future Benefit Accruals:	Each active participant is assumed to work the same number of hours in each future year as worked in the plan year prior to the valuation date.
Definition of Active Participants:	Those with at least one hour of service in the most recent plan year and who have accumulated at least one tenth pension credit for service after 1996, excluding those who have retired as of the valuation date.

NOTE 6. ACTUARIAL INFORMATION (continued)

Justification for Change in Actuarial Assumptions – For purposes of determining current liability, the current liability interest rate was changed from 3.29% to 3.06% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future exceptions, the following actuarial assumption were changed as of November 1, 2016:

- The pre-retirement mortality assumption was updated from the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Employee Mortality Table set forward two years projected generationally from 2006 with the MP-2015 projection scale to the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Employee Mortality Table set forward two years projected generationally from 2006 with the MP-2016 projection scale.
- The mortality assumption for healthy annuitants was updated from the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Healthy Annuitant Mortality Table set forward two years projected generationally from 2006 with the MP-2015 projection scale to the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Healthy Annuitant Mortality Table set forward two years projected generationally from 2006 with the MP-2016 projection scale.
- The mortality assumption for disable retirees was updated from the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Healthy Annuitant Mortality Table set forward 10 years projected generationally from 2006 with the MP-2015 projection scale to the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Healthy Annuitant Mortality Table set forward 10 years projected generationally from 2006 with the MP-2016 projection scale.
- The actuarial assumptions for inactive vested participants who retire after Normal Retirement Age were refined to better reflect the actuarial increases they receive.
- The administrative expense assumption was increased from $175,000 to $180,000.

The November 1, 2016 assumption changes are reflected in the October 31, 2016 unfunded vested liability for withdrawal liability purposes.

The Pension Protection Act of 2006 requires that a plan in the red "critical" zone adopt a Rehabilitation Plan that will enable the Plan to improve its funded position to meet statutory funding requirements over time. To comply with the Act, the Pension Plan adopted a Rehabilitation Plan on July 22, 2009, most recently revised and adopted August 13, 2012. The Plan is now expected to emerge from critical status in 2039.

On January 27, 2017, the Fund actuary certified that the Fund continued to be in critical status for the plan year beginning November 1, 2016. The Trustees previously adopted an election permitted by the Worker, Retiree and Employer Recovery Act of 2008 to extend the ten-year rehabilitation period by three years.

Subsequent to year end, on January 29, 2018, the Fund's actuary certified that the Pension Plan remained in critical status (the red zone) for the Plan Year beginning November 1, 2017.

NOTE 7. FUNDING POLICY

Contributions to the Fund are made by contributing employers at rates established by the collective bargaining agreements. The Fund's actuary has represented that contributions for the years ended October 31, 2017 and 2016 have met the minimum funding requirements of ERISA.

NOTE 8. PENSION BENEFIT GUARANTY CORPORATION

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

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

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

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

NOTE 9. EMPLOYER CONTRIBUTIONS RECEIVABLE

Employer contributions receivable represents uncollected contributions for covered employment prior to the Fund's year end and are as follows:

	October 31	
	2017	2016
Collections subsequent to year end	$ 192,604	$ 202,736
Withdrawal liability	-	8,000
Less allowance for doubtful accounts	-	-
	$ 192,604	$ 210,736

The allowance for doubtful accounts represents the estimated losses that may be incurred in the collection of specific employer contributions receivable. The allowance account was established based on an assessment of the collectability of contributions receivable. There were no uncollectible accounts written off during the years ended October 31, 2017 and 2016.

NOTE 9. EMPLOYER CONTRIBUTIONS RECEIVABLE (continued)

On January 13, 2015 the Board of Trustees approved a settlement with Amari Company, Inc. in the amount of $41,147. As of October 31, 2017, this amount has been recovered.

NOTE 10. RELATED PARTIES

The Plumbers and Steamfitters Local No. 131 Annuity and Health and Welfare Funds are related to the Plan through common trustees. The Funds equally share the cost of meeting expenses, fidelity bond coverage, and certain legal fees. The Fund's portion of shared expenses totaled $30,356.

NOTE 11. CONTRACT ADMINISTRATION

The Fund has a contract with Insurance Programmers, Inc. ("IPI"), a third party administrator, to administer the Fund. The contract provided for a monthly fee of $4,402 through May 31, 2017. Effective June 1, 2017, the monthly fee increased to $4,490. The agreement shall be automatically extended for additional 12 month periods without further action of either party, unless terminated.

In October 2017, IPI was purchased by Zenith American Solutions.

NOTE 12. RECIPROCAL AGREEMENTS

The collective bargaining agreement requires employers to contribute for all employees regardless of whether the employee is a member of Local No. 131 or another affiliated local. The Plan's trustees have signed reciprocity agreements with plan trustees for a number of affiliated local unions. According to these agreements, contributions received on behalf of employees working outside the jurisdiction of their home local union are forwarded to the appropriate plan of the employee's home local union at an agreed upon rate.

NOTE 13. RISK AND UNCERTAINTIES

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

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

NOTE 14. 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:

Basis of Fair Value Measurement:

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The level in the fair value hierarchy, within which the fair value measurement is classified, is determined based on the lowest level input that is significant to the fair value measure in its entirety.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy. There have been no changes in the methodologies used at October 31, 2017 and 2016.

Registered Investment Companies:

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

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

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

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

Common Collective Trust Funds:

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

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

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

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

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

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

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

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

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

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

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

The following table presents assets and liabilities measured at fair value on a recurring basis at October 31, 2017:

	Fair Value Measurements at October 31, 2017			
	Total	Level 1	Level 2	Level 3
Registered investment companies	$ 5,534,429	$ 5,534,429	$ -	$ -
Total assets in the fair value hierarchy	5,534,429	$ 5,534,429	$ -	$ -
Investments measured at net asset value	15,426,136			
Total investments at fair value	$ 20,960,565			

NOTE 14. FAIR VALUE MEASUREMENTS (continued)

The following table presents assets and liabilities measured at fair value on a recurring basis at October 31, 2016:

	Fair Value Measurements at October 31, 2016			
	Total	Level 1	Level 2	Level 3
Cash equivalents	$ 7,829	$ 7,829	$ -	$ -
Registered investment companies	4,934,327	4,934,327	-	-
Total assets in the fair value hierarchy	4,942,156	$ 4,942,156	$ -	$ -
Investments measured at net asset value	13,702,526			
Total investments at fair value	$ 18,644,682			

In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

Transfers between Levels

For years ended October 31, 2017 and 2016, there were no significant transfers between Levels 1 and 2 and no transfers in our out of Level 3.

Fair Value of Investments in Entities that are NAV

The following table summarized investments measured at fair value based on NAV per share as of October 31, 2017 and 2016.

Investment	Fair Value at October 31, 2017	Fair Value at October 31,2016	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Multi-Employer Property Trust	$ 2,888,653	$ 3,216,324	N/A	Quarterly	Quarterly
SSgA S&P Flaghip SL Fund	4,192,345	3,389,741	N/A	Daily	Daily
SSgA MSCI ACWI Ex USA NL Fund	4,578,209	3,692,180	N/A	Monthly	Monthly
PIMCO All Asset Collective Trust	3,766,929	3,404,281	N/A	Daily	Daily

NOTE 15. PARTY IN INTEREST TRANSACTIONS

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

NOTE 16. SUBSEQUENT EVENTS

Subsequent events have been evaluated through August 15, 2018 which is the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

Plumbers and Steamfitters Local No. 131
Pension Fund

Schedules of Administrative Expenses

Years Ended October 31, 2017 and 2016

	2017	2016
Actuarial and consulting services	$ 67,773	$ 50,414
Administration fees	53,264	52,824
Fiduciary and fidelity bond insurance	28,089	26,079
Pension Benefit Guaranty Corporation premium	15,876	15,756
Audit	12,650	12,650
Legal	11,936	13,787
Accounting - employer audits	3,865	2,695
Printing and postage	2,312	940
Meetings and conferences	645	492
Technology services	485	468
Dues	402	383
Trustees expenses	236	315
Total administrative expenses	$ 197,533	$ 176,803

Plumbers and Steamfitters Local No. 131
Pension Fund

Schedule of Employer Contributions

Year ended October 31, 2017

	2017
Northern Peabody, Inc. Manchester	$ 574,932
RTH Mechanical Contractors, Inc.	439,635
Day & Zimmerman, NPS	424,733
Dynamic Systems, Inc.	266,232
Honeywell, Inc.	166,218
Orbis, Inc.	154,276
HVAC Unlimited	139,339
Johnson Controls, Inc.	60,832
RTH Mechanical Services, Inc.	60,252
John W. Danforth Company	57,632
Siemens Industry, Inc.	52,067
Welding Services Inc.	51,425
O'Connor Corporation	40,086
Plumbers & Steamfitters Local 131	28,089
Federal Piping Company, Inc.	25,514
American Refrigeration Company	22,183
J.C. Higgins Corp.	20,443
B.H.I. Energy	19,912
New England High Purity, Inc.	15,621
Thomas G. Gallagher Inc.	15,337
Capital Engineering Co.	12,859
Yandle Tubes, Inc.	12,787
Anania Plumbing & Heating	11,689
Sullivan & Merritt, Inc.	8,860
Global Mechanical Services	8,151
CCB Inc.	4,531
N.B. Kenney Co., Inc.	1,670
Blue Matrix, LLC	1,606
Industrial Air Conditioning	1,334
Total	$ 2,698,245

PLUMBERS AND STEAMFITTERS LOCAL NO. 131
PENSION FUND

SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA
FORM 5500, SCHEDULE H, PART IV ITEM 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN 51-6029575; PLAN NO. 001

OCTOBER 31, 2017

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description if Investments Including Maturity Date, Rate of Interest, Collateral, Par and Maturity Value				Cost	Current Value
		Type	Shares Principal	Interest Rate	Maturity Date		
		Common/Collective Trust Funds					
	Multi-Employer Property Trust					$ 966,190	$ 2,888,653
*	SSgA S&P 500 Flagship SL Fund					1,569,496	4,192,345
*	SSgA MSCI ACWI Ex USA NL Fund					3,200,000	4,578,209
	PIMCO All Asset Collective Trust					2,739,540	3,766,929
		Total common/collective trust funds				8,475,226	15,426,136
		Registered Investment Companies					
	Dimensional US Small Cap Portfolio		40,675			453,198	1,483,818
	Western Asset Core Plus Bond		342,112			3,733,605	4,050,611
		Total registered investment companies				4,186,803	5,534,429
				Total investments		$ 12,662,029	$ 20,960,565

* represents a party-in-interest.

EXHIBIT 6 - SCHEDULE OF ACTIVE PARTICIPANT DATA

(SCHEDULE MB, LINE 8b(2))

The participant data is for the year ended October 31, 2016.

	Pension Credits								
Age	Total	0-4	5-9	10-14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39
Under 25	8	8	–	–	–	–	–	–	–
25 - 29	12	10	2	–	–	–	–	–	–
30 - 34	14	10	4	–	–	–	–	–	–
35 - 39	24	9	6	7	2	–	–	–	–
40 - 44	18	7	3	5	3	–	–	–	–
45 - 49	29	3	3	14	6	2	1	–	–
50 - 54	37	5	7	4	5	7	4	3	2
55 - 59	35	5	1	7	4	7	3	3	5
60 - 64	26	1	4	8	1	–	5	5	2
65 - 69	8	2	1	2	–	1	2	–	–
Total	**211**	**60**	**31**	**47**	**21**	**17**	**15**	**11**	**9**

EXHIBIT 8 - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

(SCHEDULE MB, LINE 6)

Mortality Rates

Non-Retired Participant: The unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Employee Mortality Table set forward two years projected generationally from 2006 with the MP-2016 projection scale (previously, projected generationally from 2006 with the MP-2015 projection scale).

Healthy Annuitant: The unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Healthy Annuitant Mortality Table set forward two years projected generationally from 2006 with the MP-2016 projection scale (previously, projected generationally from 2006 with the MP-2015 projection scale).

Disabled Annuitant: The unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Healthy Annuitant Mortality Table set forward 10 years projected generationally from 2006 with the MP-2016 projection scale (previously, projected generationally from 2006 with the MP-2015 projection scale).

The underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. As part of the analysis, a comparison was made between the actual number of retiree deaths and the projected number based on the prior years' assumption.

These mortality tables were then adjusted to future years using the generational projection to reflect future mortality improvement between the measurement date and those years.

Annuitant Mortality Rates[1]

	Rate (%)			
	Healthy		Disabled	
Age	Male	Female	Male	Female
55	0.72	0.50	1.45	1.06
60	1.07	0.80	2.38	1.70
65	1.77	1.28	3.89	2.75
70	2.90	2.06	6.38	4.54
75	4.74	3.34	10.51	7.80
80	7.78	5.62	17.31	13.38
85	12.84	9.72	25.65	21.01
90	20.71	16.30	34.44	30.22

[1] Mortality rates shown for base table.

Termination Rates before Retirement

Age	Mortality[1] Male	Mortality[1] Female	Disability	Withdrawal[2]
20	0.08	0.02	0.13	5.33
25	0.06	0.02	0.14	3.98
30	0.06	0.03	0.14	2.93
35	0.08	0.04	0.15	2.13
40	0.12	0.06	0.16	1.56
45	0.19	0.10	0.21	1.11
50	0.30	0.15	0.29	0.72
55	0.46	0.23	0.43	0.00
60	0.83	0.38	0.68	0.00

The termination rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior years' assumption over the past several years.

1 Mortality rates shown for base table.

2 Withdrawal rates shown are multiplied by the following table:

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

Retirement Rates	<table><tr><th>Age</th><th>Annual Retirement Rates</th></tr><tr><td>60 - 61</td><td>10%</td></tr><tr><td>62</td><td>20</td></tr><tr><td>63 – 64</td><td>10</td></tr><tr><td>65</td><td>100</td></tr></table> The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements and the projected number based on the prior years' assumption over the most recent five years.
Description of Weighted Average Retirement Age	Age 63.6, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the November 1, 2016 actuarial valuation.
Retirement Age for Inactive Vested Participants	65 The retirement age for inactive vested participants was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements and the projected number based on the prior years' assumption over the most recent five years.
Future Benefit Accruals	Each active participant is assumed to work the same number of hours in each future year as worked in the plan year prior to the valuation date. The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male
Definition of Active Participants	Active participants are defined as those with at least one hour in the most recent plan year and who have accumulated at least one tenth pension credit for service after 1996, excluding those who have retired as of the valuation date.
Percent Married	80%
Age of Spouse	Females 5 years younger than males.

Benefit Election	All participants are assumed to elect the Life Annuity form of payment. All forms of payment are actuarially equivalent. The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent five years.
Delayed Retirement Factors	Active participants assumed to work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases, with increases up to current age.
Net Investment Return	7.25% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.
Annual Administrative Expenses	$180,000 payable at the beginning of the year for the year beginning November 1, 2016 (previously, $175,000) The annual administrative expenses were based on the prior year's experience, adjusted for inflation and rounded to the nearest $5,000.
Actuarial Value of Assets	The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the actuarial value, and is recognized over a five – year period (10-year period for years that relief is elected). The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	*Funding Standard Account:* Unit Credit Actuarial Cost Method with Shortfall. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service. *Scheduled Cost:* Entry Age Normal Actuarial Cost Method. Entry Age is defined as attained age minus pension credits. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in *Exhibit 9*.
Current Liability Assumptions	*Interest: 3.06%, within the permissible range prescribed under IRC Section 431(c)(6)(E) (previously, 3.29%)* *Mortality: Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1: RP-2000 tables projected forward to the valuation year plus seven years for annuitants and 15 years for nonannuitants*
Estimated Rate of Investment Return	*On actuarial value of assets (Schedule MB, line 6g):* 1.7%, for the Plan Year ending October 31, 2016 *On current (market) value of assets (Schedule MB, line 6h):* 5.2%, for the Plan Year ending October 31, 2016
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a May 15 contribution date.

Justification for Change in Actuarial Assumptions **(Schedule MB, line 11)**	For purposes of determining current liability, the current liability interest rate was changed from 3.29% to 3.06% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumption were changed as of November 1, 2016: • The pre-retirement mortality assumption was updated from the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Employee Mortality Table set forward two years projected generationally from 2006 with the MP-2015 projection scale to the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Employee Mortality Table set forward two years projected generationally from 2006 with the MP-2016 projection scale. • The mortality assumption for healthy annuitants was updated from the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Healthy Annuitant Mortality Table set forward two years projected generationally from 2006 with the MP-2015 projection scale to the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Healthy Annuitant Mortality Table set forward two years projected generationally from 2006 with the MP-2016 projection scale. • The mortality assumption for disabled retirees was updated from the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Healthy Annuitant Mortality Table set forward 10 years projected generationally from 2006 with the MP-2015 projection scale to the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Healthy Annuitant Mortality Table set forward 10 years projected generationally from 2006 with the MP-2016 projection scale. • The actuarial assumptions for inactive vested participants who retire after Normal Retirement Age were refined to better reflect the actuarial increases they receive. • The administrative expense assumption was increased from $175,000 to $180,000. The November 1, 2016 assumption changes are reflected in the October 31, 2016 unfunded vested liability for withdrawal liability purposes.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/21/1971

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES PLUMBERS AND STEAMFITTERS LOCAL 131 PENSION PLAN

C/O Zenith American Solutions
P.O. BOX 5817

WALLINGFORD CT 06492

2b Employer Identification Number (EIN)
51-6029575

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

2d Business code (see instructions)
238220

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

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

SIGN HERE	Signature of plan administrator	Date: 8/15/18	Enter name of individual signing as plan administrator: David Pelletier
SIGN HERE	Signature of employer/plan sponsor	Date: 8/15/18	Enter name of individual signing as employer or plan sponsor: John Doherty
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	588
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	211
a(2) Total number of active participants at the end of the plan year	**6a(2)**	224
b Retired or separated participants receiving benefits	**6b**	188
c Other retired or separated participants entitled to future benefits	**6c**	122
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	534
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	63
f Total. Add lines **6d** and **6e**	**6f**	597
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	27

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

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

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

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [X] **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) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 11/01/2016 and ending 10/31/2017

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

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

A Name of plan
PLUMBERS AND STEAMFITTERS LOC 131 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
51-6029575

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

1a Enter the valuation date: Month 11 Day 01 Year 2016

b	Assets		
(1)	Current value of assets	1b(1)	19,318,477
(2)	Actuarial value of assets for funding standard account	1b(2)	21,251,193
c (1)	Accrued liability for plan using immediate gain methods	1c(1)	42,709,713
(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)	42,709,713
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)	71,049,771
(b)	Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	624,122
(c)	Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	3,215,372
(3)	Expected plan disbursements for the plan year	1d(3)	3,395,372

Statement by Enrolled Actuary

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

SIGN HERE A. DONALD MORGAN

Signature of actuary

08/06/2018
Date

A. DONALD MORGAN, FSA, MAAA
Type or print name of actuary

1705662
Most recent enrollment number

THE SEGAL COMPANY
Firm name

617-424-7300
Telephone number (including area code)

116 HUNTINGTON AVENUE, 8TH FLOOR
BOSTON MA 02116-5712
Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	19,326,477
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		255	37,484,590
(2) For terminated vested participants		122	11,529,224
(3) For active participants:			
(a) Non-vested benefits			232,003
(b) Vested benefits			21,803,954
(c) Total active		211	22,035,957
(4) Total		588	71,049,771
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	27.20%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/15/2017	2,916,514	0			
11/04/2016	8,000	0			
			Totals ► 3(b)	2,924,514	3(c) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	49.8 %
b 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	**4b**	C

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? [X] Yes [ ] No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? [ ] Yes [X] No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here [ ]	**4f**	2039

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

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

LINE 3(B): CONTRIBUTIONS DATED 05/15/2017 RECEIVED CONTINUOUSLY THROUGHOUT THE YEAR
LINE 4(C): SEE ATTACHMENT

i [ ] Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.06 %			
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		[ ] Yes [ ] No [X] N/A		[ ] Yes [ ] No [X] N/A	
c Mortality table code for valuation purposes:					
(1) Males	6c(1)	A		A	
(2) Females	6c(2)	A		A	
d Valuation liability interest rate	6d	7.25%		7.25 %	
e Expense loading	6e	66.2 %	[ ] N/A	%	[X] N/A
f Salary scale	6f	%	[X] N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	1.7%			
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.2%			

7 New amortization bases established in the current plan year:

	(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1		1,065,464	0
2		582,407	0
4		-567,710	-59,039

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(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule		[X] Yes [ ] No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule		[X] Yes [ ] No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		[ ] Yes [X] No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		[ ] Yes [ ] No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		[ ] Yes [ ] No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		[ ] Yes [ ] No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	-2,395,225

9 Funding standard account statement for this plan year:

Charges to funding standard account:		
a Prior year funding deficiency, if any	9a	7,033,663
b Employer's normal cost for plan year as of valuation date	9b	512,172

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)	20,189,384		3,274,643
(2) Funding waivers	9c(2)			
(3) Certain bases for which the amortization period has been extended	9c(3)			
d Interest as applicable on lines 9a, 9b, and 9c			9d	784,485
e Total charges. Add lines 9a through 9d			9e	11,604,963
Credits to funding standard account:				
f Prior year credit balance, if any			9f	0
g Employer contributions. Total from column (b) of line 3			9g	2,924,514
		Outstanding balance		
h Amortization credits as of valuation date	9h	5,764,527		1,144,082
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			9i	180,433
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	9j(1)	25,571,775		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	44,275,367		
(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	4,249,029
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			9n	7,355,934
9o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the 2016 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)	
(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	7,355,934
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				[X] Yes [ ] No

2016 Form 5500 Schedule MB Line 4c
Documentation Regarding Progress Under
Funding Improvement or Rehabilitation Plan

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

The rehabilitation period began November 1, 2009. Please see attachment indicating that the Plan is making scheduled progress as of November 1, 2017.

8754786v1/05233.001

Segal Consulting

January 29, 2018

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

To Whom It May Concern:

As required by ERISA Section 305 and the Internal Revenue Code (IRC) Section 432, we have completed the actuarial status certification as of November 1, 2017 for the following plan:

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

As of November 1, 2017, the Plan is in critical status but not declining status.

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

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

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

Sincerely,

A. Donald Morgan

A. Donald Morgan, FSA, MAAA, EA
Senior Vice President & Actuary
Enrolled Actuary No. 17-5662

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

Shortfall Method for Plan Year Ending October 31, 2017

A. Ratio of actual to estimated base units

1. Estimated base units	316,500
2. Actual base units	358,704
3. Ratio of actual to estimated base units: (2) / (1)	1.13334597

B. Funding standard account statement

1. Charges to funding standard account

Item (1)	Anticipated Charge (2)	Net Charge (3)
a. Prior year funding deficiency	$7,033,663	$7,033,663
b. Employer's normal cost	451,911	512,172
c. Amortization charges	2,889,359	3,274,643
d. Interest on (a), (b) and (c)	752,183	784,485
e. Total charges	$11,127,116	$11,604,963

2. Credits to funding standard account

Item (1)	Anticipated Charge (2)	Net Credit (3)
a. Prior year credit balance	$0	$0
b. Employer contributions	2,924,514	2,924,514
c. Amortization credits	1,009,473	1,144,082
d. Interest on (a), (b) and (c)	170,674	180,433
e. Total credits	$4,104,661	$4,249,029

3. Credit balance (funding deficiency): 2(e) (Column 3) – 1(e) (Column 3)	($7,355,934)
4. Shortfall gain (loss): 1(e) (Column 3) – 1(e) (Column 2) + 2(e) (Column 2) – 2(e) (Column 3)	$333,479

EXHIBIT 5 - SCHEDULE OF PROJECTION OF EXPECTED BENEFIT PAYMENTS

(SCHEDULE MB, LINE 8b(1))

Plan Year	Expected Annual Benefit Payments[1]
2016	$3,228,020
2017	3,270,571
2018	3,358,173
2019	3,381,693
2020	3,473,745
2021	3,525,542
2022	3,627,635
2023	3,644,739
2024	3,713,348
2025	3,649,247

[1] Assuming as of the valuation date:

- no additional accruals,
- experience is in line with valuation assumptions, and
- no new entrants are covered by the plan.

EXHIBIT 9 - SUMMARY OF PLAN PROVISIONS

(SCHEDULE MB, LINE 6)

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

Plan Year	November 1 through October 31
Pension Credit Year	November 1 through October 31
Plan Status	Ongoing plan
Collective Bargaining Agreement Ends	May 31, 2019
Regular Pension	• *Age Requirement:* 65 • *Service Requirement:* None • *Other Requirement*: Be a participant as of the date of retirement. • *Amount:* $10 per year of Credited Past Service plus $70 per year of credited future service up to February 1, 1996, plus $90 per year of Credited Future Service from February 1, 1996 through November 1, 2006, plus $45 per year of Credited Future Service after November 1, 2006.
Early Retirement	• *Age Requirement:* 55 • *Service Requirement:* 5 years of Credited Future Service • *Amount:* Regular pension accrued reduced by 6% for each year of age less than 65.
Disability	• *Age Requirement:* None • *Service Requirement:* 5 years of Credited Future Service • *Amount:* Younger than 55, 40% of Regular pension. Age 55 or older, reduced by 6% for each year of age less than 65.
Vesting	• *Age Requirement:* None • *Service Requirement:* 5 years of Credited Future Service • *Amount:* Regular pension accrued based on plan in effect when last active • *Normal Retirement Age:* 65

Spouse's Pre-Retirement Death Benefit	• *Age Requirement:* None • *Service Requirement:* 5 years of Credited Future Service • *Amount:* The benefit is calculated as if the employee retired at his or her date of death, using his or her age on that date but not less than 55, and elected the 100% Joint and Survivor Annuity form. Monthly payments to the spouse begin immediately and are payable for the spouse's lifetime.
Pre-Retirement Lump-sum Death Benefit (if not eligible for spouse's benefit)	• *Age Requirement:* None • *Service Requirement:* None • *Amount:* 100% of contributions
Post-Retirement Death Benefit	*Lump – sum Benefit for Pensioners:* $2,500 *Husband and Wife:* If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the employee. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, or if not married, benefits are payable for the life of the employee, or in any other available optional form elected by the employee in an actuarially equivalent amount.
Automatic Benefit Forms	*Not Married:* The accrued pension is paid as a Single Life Annuity. *Married:* Lifetime monthly annuity to the retiree with 50% of such annuity continuing to the retiree's spouse following the retirees' death. The accrued benefit is adjusted to be actuarially equivalent to the Single Life Annuity.
Optional Forms of Benefits	*Single Life Annuity:* Retirees may elect the Single Life Annuity. *Ten-Year Certain and Life:* Retirees may elect the Ten-Year Certain and Life Pension. The accrued pension is adjusted to be actuarially equivalent to the Single Life Annuity. *Joint and Survivor Forms:* Retirees may elect a joint and survivor annuity with a 50%, 66 2/3%, 75% or 100% survivor benefit continued to the spouse of the retiree. The benefit under any such election will be adjusted based on actuarial equivalence to the Single Life Annuity.
Participation	Immediately on the first day in which an individual completes an hour of service in covered employment.
Credited Past Service	Length of membership prior to January 12, 1972, to a maximum of 25 years.
Credited Future Service	This is the credit an employee receives for service under a prior plan on or after the effective date of such plan, plus service on or after February 1, 1971. Effective February 1, 2001, the sum of (A) plus (B): (A) Future hours of service earned prior to February 1, 2001, divided by 2,000 (B) Future hours of service earned after February 1, 2001, divided by 1,900
Vesting Credit	One credit is granted for each plan year in which at least 1,000 hours were worked in covered employment.

Contribution Rate	The contribution rate increases are scheduled as follows:

June 1,	Rate per Hour
2016	$7.23
2017	7.44
2018	7.68

Changes in Plan Provisions	There were no changes in plan provisions reflected in this actuarial valuation

PLUMBERS AND STEAMFITTERS LOCAL NO. 131
PENSION FUND

SUPPLEMENTAL SCHEDULE REQUIRED BY ERISA
FORM 5500, SCHEDULE H, PART IV ITEM 4i
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
EIN 51-6029575; PLAN NO. 001

OCTOBER 31, 2017

(a)	(b)	(c)				(d)	(e)
	Issuer, Borrower	Description if Investments Including Maturity Date, Rate of Interest, Collateral, Par and Maturity Value				Cost	Current Value
		Type	Shares Principal	Interest Rate	Maturity Date		
		Common/Collective Trust Funds					
	Multi-Employer Property Trust					$ 966,190	$ 2,888,653
*	SSgA S&P 500 Flagship SL Fund					1,569,496	4,192,345
*	SSgA MSCI ACWI Ex USA NL Fund					3,200,000	4,578,209
	PIMCO All Asset Collective Trust					2,739,540	3,766,929
		Total common/collective trust funds				8,475,226	15,426,136
		Registered Investment Companies					
	Dimensional US Small Cap Portfolio		40,675			453,198	1,483,818
	Western Asset Core Plus Bond		342,112			3,733,605	4,050,611
		Total registered investment companies				4,186,803	5,534,429
				Total investments		$ 12,662,029	$ 20,960,565

* represents a party-in-interest.

Segal Consulting

January 27, 2017

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

To Whom It May Concern:

As required by ERISA Section 305 and the Internal Revenue Code (IRC) Section 432, we have completed the actuarial status certification as of November 1, 2016 for the following plan:

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

As of November 1, 2016, the Plan is in critical status but not declining status.

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

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

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

Sincerely,

A. Donald Morgan, FSA, MAAA, EA
Senior Vice President & Actuary
Enrolled Actuary No. 14-5662

EIN 51-6029575 / PN 001

January 27, 2017
Illustration Supporting Actuarial Certification of Status (Schedule MB, line 4b)
ACTUARIAL STATUS CERTIFICATION AS OF NOVEMBER 1, 2016 UNDER IRC SECTION 432

This is to certify that Segal Consulting, a Member of The Segal Group, Inc. ("Segal") has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Plumbers and Steamfitters Local No. 131 Pension Plan as of November 1, 2016 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

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

This certification is based on the November 1, 2015 actuarial valuation, dated May 10, 2016. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA). Additional assumptions required for the projections (including those under MPRA), and sources of financial information used are summarized in Exhibit VI.

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

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

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

A. Donald Morgan, FSA, MAAA, EA
Senior Vice President & Actuary
Enrolled Actuary No. 14-5662

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EXHIBIT I

Status Determination as of November 1, 2016

Status	Condition	Test Component Result	Final Result
Critical Status:			
	Determination of critical status:		
C1.	A funding deficiency is projected in four years?	Yes	Yes
C2. (a)	A funding deficiency is projected in five years,	Yes	
(b)	AND the present value of vested benefits for non-actives is more than the present value of vested benefits for actives,	Yes	
(c)	AND the normal cost plus interest on the unfunded actuarial accrued liability (unit credit basis) is greater than the contributions for the current year?	No	No
C3. (a)	A funding deficiency is projected in five years,	Yes	
(b)	AND the funded percentage is less than 65%?	Yes	Yes
C4. (a)	The funded percentage is less than 65%,	Yes	
(b)	AND the sum of assets plus the present value of contributions is less than the present value of benefit payments and administrative expenses over seven years?	No	No
C5.	The sum of assets plus the present value of contributions is less than the present value of benefit payments and administrative expenses over five years?	No	No
	Test regular emergence rules for failure:		
C6. (a)	Was in critical status for the immediately preceding plan year,	Yes	
(b)	AND EITHER a funding deficiency is projected for the plan year or any of the next nine plan years, without regard to the use of the shortfall method but taking into account any extension of amortization periods under IRC Section 431(d)(2) or IRC Section 412(e) as in effect prior to PPA'06,	Yes	
(c)	OR is projected to become insolvent for the current year or any of the 30 succeeding plan years?	No	Yes
In Critical Status? (If any of (C1) through (C6) is Yes then Yes)			**Yes**

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Determination of critical and declining status:

C7.	(a)	Is in critical status because one of tests C1-C5 is YES,	Yes	
	(b)	AND insolvency is projected within 15 years using assumptions described in Exhibit VI.B?	No	No
C8.	(a)	Is in critical status because one of tests C1-C5 is YES,	Yes	
	(b)	AND the ratio of inactives to actives is at least 2 to 1,	No	
	(c)	AND insolvency is projected within 20 years using assumptions described in Exhibit VI.B?	No	No
C9.	(a)	Is in critical status because one of tests C1-C5 is YES,	Yes	
	(b)	AND the funded percentage is less than 80%,	Yes	
	(c)	AND insolvency is projected within 20 years using assumptions described in Exhibit VI.B?	No	No
In Critical and Declining Status? (If any of (C7) through (C9) is Yes, then Yes)				**No**

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Status	Condition	Test Component Result	Final Result
Endangered Status:			
E1. (a)	Is not in critical status,	No	
(b)	AND the funded percentage is less than 80%?	N/A	No
E2. (a)	Is not in critical status,	No	
(b)	AND a funding deficiency is projected in seven years?	N/A	No
In Endangered Status? (Yes when either (E1) or (E2) is Yes)			**No**
In Seriously Endangered Status? (Yes when BOTH (E1) and (E2) are Yes)			**No**
Neither Critical Status Nor Endangered Status:			
Neither Critical nor Endangered Status?			**No**

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

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EXHIBIT II

Summary of Actuarial Valuation Projections

The actuarial factors as of November 1, 2016 (based on projections from the November 1, 2015 valuation certificate):

I.	**Financial Information**			
1.	Market value of assets			$19,303,548
2.	Actuarial value of assets			21,225,711
3.	Reasonably anticipated contributions			
a.	Upcoming year			2,196,000
b.	Present value for the next five years			9,554,003
c.	Present value for the next seven years			12,576,686
4.	Projected benefit payments			3,207,379
5.	Projected administrative expenses (beginning of year)			180,912
II.	**Liabilities**			
1.	Present value of vested benefits for active participants			11,521,586
2.	Present value of vested benefits for non-active participants			31,763,601
3.	Total unit credit accrued liability			43,380,624
4.	Present value of payments	**Benefit Payments**	**Administrative Expenses**	**Total**
a.	Next five years	$14,206,199	$835,654	$15,041,853
b.	Next seven years	19,027,996	1,125,393	20,153,389
5.	Unit credit normal cost plus expenses			520,454
6.	Ratio of inactive participants to active participants			1.5812
III.	**Funded Percentage** (I.2)/(II.3)			48.9%
IV.	**Funding Standard Account**			
1.	Credit Balance as of the end of prior year			($7,632,762)
2.	Years to projected funding deficiency			0
V.	**Projected Year of Emergence**			Plan Year 2037 - 2038
VI.	**Years to Projected Insolvency**			N/A

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EXHIBIT III

Funding Standard Account Projections

The table below presents the Funding Standard Account Projections for the Plan Years beginning November 1.

	Year Beginning November 1,				
	2015	**2016**	**2017**	**2018**	**2019**
1. Credit balance (BOY)	($6,052,719)	($7,632,762)	($8,554,852)	($9,118,549)	($9,990,187)
2. Interest on (1)	(438,822)	(553,375)	(620,227)	(661,095)	(724,289)
3. Normal cost	335,682	339,542	343,447	347,397	351,392
4. Administrative expenses	175,000	180,912	186,339	191,929	197,687
5. Net amortization charges	2,557,076	1,938,927	1,596,680	1,876,621	2,390,825
6. Interest on (3), (4) and (5)	222,412	178,305	154,170	175,156	213,143
7. Expected contributions	2,079,838	2,196,000	2,262,000	2,304,000	2,304,000
8. Interest on (7)	69,111	72,971	75,164	76,560	76,560
9. Credit balance (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	($7,632,762)	($8,554,852)	($9,118,549)	($9,990,187)	($11,486,963)
	2020	**2021**	**2022**	**2023**	**2024**
1. Credit balance (BOY)	($11,486,963)	($12,875,369)	($14,201,362)	($15,604,482)	($16,793,970)
2. Interest on (1)	(832,805)	(933,464)	(1,029,599)	(1,131,325)	(1,217,563)
3. Normal cost	355,433	359,520	363,654	367,836	372,066
4. Administrative expenses	203,618	209,727	216,019	222,500	229,175
5. Net amortization charges	2,178,628	2,016,384	1,988,235	1,683,532	1,579,803
6. Interest on (3), (4) and (5)	198,482	187,458	186,173	164,855	158,126
7. Expected contributions	2,304,000	2,304,000	2,304,000	2,304,000	2,304,000
8. Interest on (7)	76,560	76,560	76,560	76,560	76,560
9. Credit balance (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	($12,875,369)	($14,201,362)	($15,604,482)	($16,793,970)	($17,970,143)

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EXHIBIT IV

Funding Standard Account – Projected Bases Assumed Established After November 1, 2015

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment	Shortfall Deferral Date
Actuarial experience loss	11/01/2016	$1,177,456	15	$172,798	2019
Actuarial experience loss	11/01/2017	1,187,322	15	154,530	2019
Actuarial experience loss	11/01/2018	530,458	15	61,568	2019
Actuarial experience loss	11/01/2019	360,978	15	68,788	2024
Actuarial experience loss	11/01/2020	81,142	15	13,516	2024

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EXHIBIT V
Solvency Projection

The table below presents the projected Market Value of Assets for the Plan Years beginning November 1, 2015 through 2045.

	Year Beginning November 1,							
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**
1. Market Value at beginning of year	$19,457,104	$19,303,548	$19,454,352	$19,586,682	$19,654,621	$19,762,929	$19,826,223	$19,904,098
2. Contributions	2,079,838	2,196,000	2,262,000	2,304,000	2,373,117	2,444,308	2,517,634	2,593,161
3. Withdrawal liability payments	0	0	0	0	0	0	0	0
4. Benefit payments	3,036,410	3,207,379	3,295,948	3,403,437	3,432,190	3,548,051	3,605,198	3,728,385
5. Administrative expenses	175,643	180,912	186,339	191,929	197,687	203,618	209,727	216,019
6. Interest earnings	978,659	1,343,095	1,352,617	1,359,305	1,365,068	1,370,655	1,375,166	1,378,400
7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	$19,303,548	$19,454,352	$19,586,682	$19,654,621	$19,762,929	$19,826,223	$19,904,098	$19,931,255
8. Available resources: (1)+(2)+(3)-(5)+(6)	$22,339,958	$22,661,731	$22,882,630	$23,058,058	$23,195,119	$23,374,274	$23,509,296	$23,659,640
	2023	**2024**	**2025**	**2026**	**2027**	**2028**	**2029**	**2030**
1. Market Value at beginning of year	$19,931,255	$19,998,550	$20,045,795	$20,217,139	$20,417,233	$20,709,543	$21,094,676	$21,586,763
2. Contributions	2,670,953	2,751,078	2,833,608	2,918,614	3,006,169	3,096,351	3,189,239	3,284,914
3. Withdrawal liability payments	0	0	0	0	0	0	0	0
4. Benefit payments	3,762,409	3,859,449	3,818,170	3,879,842	3,884,602	3,897,621	3,905,962	3,893,563
5. Administrative expenses	222,500	229,175	236,050	243,132	250,426	257,939	265,677	273,647
6. Interest earnings	1,381,251	1,384,791	1,391,956	1,404,454	1,421,169	1,444,342	1,474,487	1,513,214
7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	$19,998,550	$20,045,795	$20,217,139	$20,417,233	$20,709,543	$21,094,676	$21,586,763	$22,217,681
8. Available resources: (1)+(2)+(3)-(5)+(6)	$23,760,959	$23,905,244	$24,035,309	$24,297,075	$24,594,145	$24,992,297	$25,492,725	$26,111,244

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EXHIBIT V (continued)

Solvency Projection

	Year Beginning November 1,				
	2031	**2032**	**2033**	**2034**	**2035**
1. Market Value at beginning of year	$22,217,681	$23,078,085	$24,176,255	$25,502,955	$27,129,877
2. Contributions	3,383,458	3,484,959	3,589,505	3,697,188	3,808,101
3. Withdrawal liability payments	0	0	0	0	0
4. Benefit payments	3,806,007	3,729,209	3,680,733	3,581,919	3,464,108
5. Administrative expenses	281,856	290,312	299,021	307,992	317,232
6. Interest earnings	1,564,809	1,632,732	1,716,949	1,819,645	1,944,883
7. Market Value at end of year: (1)+(2)+(3)-(4)-(5)+(6)	$23,078,085	$24,176,255	$25,502,955	$27,129,877	$29,101,521
8. Available resources: (1)+(2)+(3)-(5)+(6)	$26,884,092	$27,905,464	$29,183,688	$30,711,796	$32,565,629

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EXHIBIT VI

Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the November 1, 2015 actuarial valuation certificate, dated May 10, 2016, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

A. Actuarial Assumptions and Plan Provisions Except as Modified by Section B

Plan of Benefits: Unchanged from the valuation.

Contribution Rates: Unchanged from the valuation. The following contribution rates are reflected in the collective bargaining agreement through May 31, 2019.

Effective Date	Rate per Hour
June 1, 2016	$7.23
June 1, 2017	7.44
June 1, 2018	7.68

Asset Information: The financial information as of October 31, 2016 was based on an unaudited financial statement provided by the Fund Auditor.

For projections after that date, the actual 2015 - 2016 administrative expenses were increased by 3.0% per year and the benefit payments were projected based on the November 1, 2015 actuarial valuation. The projected net interest and dividends were assumed to be 7.25% of the average market value of assets for the 2016 - 2036 Plan Years. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.

Projected Industry Activity: As required by Internal Revenue Code Section 432, assumptions with respect to projected industry activity are based on information provided by the plan sponsor. Based on this information, the total number of hours worked is assumed to be 300,000 hours each year.

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

B. Assumptions for Emergence and Insolvency Projections

Assumptions for this purpose are the same as shown in Section A with the following exceptions:

- Contributions for years beyond the length of the current collective bargaining agreement are assumed to increase by 3% each year in accordance with the Rehabilitation Plan.

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

EXHIBIT 7 - FUNDING STANDARD ACCOUNT (*CONTINUED*)

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Plan amendment	11/01/1977	$26,334	1	$26,334
Plan amendment	11/01/1996	15,596	10	116,134
Plan amendment	11/01/1997	52,677	11	418,424
Plan amendment	11/01/1999	43,633	13	385,629
Plan amendment	11/01/2000	74,454	14	687,996
Change in assumptions	11/01/2001	10,042	15	96,560
Plan amendment	11/01/2001	31,842	15	306,188
Experience loss	11/01/2002	362,463	1	362,463
Shortfall loss	11/01/2003	34,544	2	66,752
Plan amendment	11/01/2003	9,588	17	98,683
Shortfall loss	11/01/2004	105,059	3	294,351
Experience loss	11/01/2004	115,056	3	322,362
Shortfall loss	11/01/2005	94,922	4	342,893
Experience loss	11/01/2005	221,343	4	799,573
Change in assumptions	11/01/2005	259,541	19	2,823,828
Shortfall loss	11/01/2006	41,179	5	179,878
Experience loss	11/01/2006	121,072	5	528,866
Shortfall loss	11/01/2007	66,876	6	339,257
Change in assumptions	11/01/2007	66,106	21	753,034
Shortfall loss	11/01/2008	18,274	7	104,708
Experience loss	11/01/2008	371,558	7	2,129,017
Shortfall loss	11/01/2009	14,257	8	90,427

Experience loss	11/01/2009	171,777	8	1,089,518
Experience loss	11/01/2010	107,992	9	746,642
Shortfall loss	11/01/2010	118,236	9	817,469
Change in assumptions	11/01/2010	233,368	9	1,613,480
Experience loss	11/01/2011	51,752	10	385,373
Shortfall loss	11/01/2013	9,866	12	82,939
Shortfall loss	11/01/2014	Deferred to 2019	13	225,349
Experience loss	11/01/2014	Deferred to 2019	13	584,107
Shortfall loss	11/01/2015	Deferred to 2019	14	121,603
Change in assumptions	11/01/2015	39,952	14	369,172
Experience loss	11/01/2015	Deferred to 2019	14	1,232,504
Shortfall loss	11/01/2016	Deferred to 2019	15	582,407
Experience loss	11/01/2016	Deferred to 2019	15	1,065,464
Total		**$2,889,359**		**$20,189,384**

EXHIBIT 7 - FUNDING STANDARD ACCOUNT (*CONTINUED*)

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Amortization Amount	Years Remaining	Outstanding Balance
Shortfall gain	11/01/1997	$20,871	1	$20,871
Shortfall gain	11/01/1998	2,893	2	5,591
Shortfall gain	11/01/1999	1,020	3	2,858
Experience gain	11/01/2002	25,681	1	25,681
Shortfall gain	11/01/2003	65,022	2	125,648
Plan amendment	11/01/2006	186,901	20	2,082,934
Experience gain	11/01/2007	38,730	6	196,472
Change in asset method	11/01/2008	246,565	2	476,462
Plan amendment	11/01/2008	85,134	7	487,813
Change in funding method	11/01/2010	104,070	4	375,941
Shortfall gain	11/01/2011	18,351	10	136,652
Experience gain	11/01/2012	4,629	11	36,772
Shortfall gain	11/01/2012	91,936	11	730,258
Experience gain	11/01/2013	58,631	12	492,864
Change in assumptions	11/01/2016	59,039	15	567,710
Total		**$1,009,473**		**$5,764,527**

Justification for Change in Actuarial Assumptions **(Schedule MB, line 11)**	For purposes of determining current liability, the current liability interest rate was changed from 3.29% to 3.06% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1. Based on past experience and future expectations, the following actuarial assumption were changed as of November 1, 2016: • The pre-retirement mortality assumption was updated from the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Employee Mortality Table set forward two years projected generationally from 2006 with the MP-2015 projection scale to the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Employee Mortality Table set forward two years projected generationally from 2006 with the MP-2016 projection scale. • The mortality assumption for healthy annuitants was updated from the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Healthy Annuitant Mortality Table set forward two years projected generationally from 2006 with the MP-2015 projection scale to the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Healthy Annuitant Mortality Table set forward two years projected generationally from 2006 with the MP-2016 projection scale. • The mortality assumption for disabled retirees was updated from the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Healthy Annuitant Mortality Table set forward 10 years projected generationally from 2006 with the MP-2015 projection scale to the unprojected experience rates (as of 2006) for the RP-2014 Blue Collar Healthy Annuitant Mortality Table set forward 10 years projected generationally from 2006 with the MP-2016 projection scale. • The actuarial assumptions for inactive vested participants who retire after Normal Retirement Age were refined to better reflect the actuarial increases they receive. • The administrative expense assumption was increased from $175,000 to $180,000. The November 1, 2016 assumption changes are reflected in the October 31, 2016 unfunded vested liability for withdrawal liability purposes.

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

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Plumbers and Steamfitters Local No. 131 Pension Plan
Rehabilitation Plan

Update For Plan Year Beginning November 1, 2011

Introduction

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

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

This Rehabilitation Plan:

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

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

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

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

Rehabilitation Period and Expected Emergence Date

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

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

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

Deliberations by Trustees

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

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

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

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

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

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

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

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

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

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

Rehabilitation Plan Remedies and Schedules

Default Schedule

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

Implementation of Remedies and Schedules

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

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

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

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

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

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

Special Rules for Application of Benefit Reductions

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

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

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

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

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

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

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

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

Automatic Implementation of Default Schedule

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

Employer Contribution Surcharges

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

Annual Standards for Meeting the Rehabilitation Requirements

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

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

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

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

Annual Updating of Rehab Plan

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

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

Other Issues

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

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

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

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

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

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

Union Trustee

9/13/12
Date

Employer Trustee

8/13/12
Date

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Plumbers and Steamfitters Local No. 131 Pension Plan
Rehabilitation Plan

Update For Plan Year Beginning November 1, 2011

DEFAULT SCHEDULE

The default schedule consists of the following:

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

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

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

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

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

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