

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>05/01/2017</u> and ending <u>04/30/2018</u>	
A This return/report is for:	☒ 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.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>05/01/1969</u>
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)	<u>TRUSTEES - PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT PENSION</u> <u>3 GREGORY DRIVE</u> <u>SO. BURLINGTON, VT 05403</u>	2b Employer Identification Number (EIN)	<u>03-6021153</u>
		2c Plan Sponsor's telephone number	<u>802-864-4042</u>
		2d Business code (see instructions)	<u>238220</u>

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.	02/12/2019	JEFFREY POTVIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/12/2019	JOHN LAWRENCE
	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

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Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☐ Same as Plan Sponsor TRUSTEES - PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT PENSION 3 GREGORY DRIVE SO. BURLINGTON, VT 05403	3b Administrator's EIN <div style="text-align: center;">03-6021153</div>
	3c Administrator's telephone number <div style="text-align: center;">802-864-4042</div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 403
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) 162
a(2) Total number of active participants at the end of the plan year	6a(2) 171
b Retired or separated participants receiving benefits	6b 105
c Other retired or separated participants entitled to future benefits	6c 118
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 394
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 24
f Total. Add lines 6d and 6e	6f 418
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 who 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 23
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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 05/01/2017 and ending 04/30/2018	
A Name of plan PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT PENSION	D Employer Identification Number (EIN) 03-6021153

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

(a) Name of insurance carrier THE UNION LABOR LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GR-958	0	05/01/2017	04/30/2018

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.		10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning 05/01/2017 and ending 04/30/2018

▶ **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 & PIPEFITTERS LOCAL 693 DEFINED BENEFIT 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 TRUSTEES - PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT PENSION	D Employer Identification Number (EIN) 03-6021153

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

1a Enter the valuation date: Month 05 Day 01 Year 2017

b Assets

(1) Current value of assets	1b(1)	27737501
(2) Actuarial value of assets for funding standard account.....	1b(2)	29581494
c (1) Accrued liability for plan using immediate gain methods	1c(1)	33125838
(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)	33125838
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)	64027668
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	1506951
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	1948642
(3) Expected plan disbursements for the plan year	1d(3)	2038642

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		02/06/2019
Signature of actuary		Date
HAL S. TEPFER		17-03918
Type or print name of actuary		Most recent enrollment number
CBIZ RETIREMENT PLAN SERVICES		617-454-1099
Firm name		Telephone number (including area code)
75 SECOND AVENUE, SUITE 605, NEEDHAM, MA 02494		
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 ☐

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Schedule MB (Form 5500) 2017
v. 170203

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	27737501
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	129	20432199
(2) For terminated vested participants	117	11964901
(3) For active participants:		
(a) Non-vested benefits		371312
(b) Vested benefits		31259256
(c) Total active	162	31630568
(4) Total	408	64027668
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	43.32%

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
10/31/2017	1327836	0			
05/01/2018	223896	0			
Totals ▶			3(b)	1551732	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	89.3%
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	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ 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	

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

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

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ 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		3.05%
	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)	7	7
(2) Females	6c(2)	7	7
d Valuation liability interest rate	6d	7.50%	7.50%
e Expense loading	6e	14.5% ☐ 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	2.8%	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.8%	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1784402	188046

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	

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

a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	712290
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)	15498416
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c	9d	199670
e Total charges. Add lines 9a through 9d.....	9e	2861933

Credits to funding standard account:

f Prior year credit balance, if any	9f	7294557
g Employer contributions. Total from column (b) of line 3	9g	1551732
Outstanding balance		
h Amortization credits as of valuation date	9h	4659515
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	653513

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	14240400
(2) "RPA '94" override (90% current liability FFL)	9j(2)	33619476
(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	10268655
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	7406722
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2017 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.	☒ Yes ☐ No	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 05/01/2017 and ending 04/30/2018		
A Name of plan PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT PENSION	D Employer Identification Number (EIN) 03-6021153	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

U.S. BANK

ONE US BANK PLAZA
505 N 7TH ST
ST. LOUIS, MI 63101

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	131377	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CBIZ RETIREMENT PLAN SERVICES

75 SECOND AVE.
SUITE 605
NEEDHAM, MA 02494

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	25000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CITIGROUP GLOBAL MARKETS, INC.

69 SWIFT STREET
SO. BURLINGTON, VT 05403

13-2919773

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	24796	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LOCAL 693 BUSINESS OFFICE

3 GREGORY DRIVE
SO. BURLINGTON, VT 05403

03-0210219

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	ACCOUNTING DEPARTMENT.	24066	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRAKOW & SOURIS, LLC

225 FRIEND ST.
BOSTON, MA 02114

04-3363718

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	14000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCSOLEY MCCOY & CO., CPA'S

118 TILLEY DRIVE, SUITE 202
SO. BURLINGTON, VT 05403

03-0327374

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	6650	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2017 or fiscal plan year beginning 05/01/2017 and ending 04/30/2018					
A Name of plan PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRUSTEES - PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT PENSION				D Employer Identification Number (EIN) 03-6021153	
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: SEPARATE ACCOUNT J					
b Name of sponsor of entity listed in (a): UNION LABOR LIFE INSURANCE COMPANY					
c EIN-PN 13-1423090-203		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
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)	
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)	
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			

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning 05/01/2017 and ending 04/30/2018		
A Name of plan PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT PENSION	D Employer Identification Number (EIN) 03-6021153	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	205420	223897
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	146230	175055
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	514902	2636270
	(2) U.S. Government securities.....	1c(2)	0	484880
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	765273
	(B) All other.....	1c(3)(B)	0	115840
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)	0	25200385
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)	585479	0
	(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)	24786416	0
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	1500547	0

		(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	27738994 29601600
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	1493 9236
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	1493 9236
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	27737501 29592364

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1551732
	(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)	1551732
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	225
	(B) U.S. Government securities	2b(1)(B)	1180
	(C) Corporate debt instruments	2b(1)(C)	9701
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	129
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	11235
(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)	356695
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	356695
(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)	2435135
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	2435135

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		14353
(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)		-399860
c Other income	2c		2373
d Total income. Add all income amounts in column (b) and enter total.....	2d		3971663

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1854202	
(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)		1854202
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)	51022	
(2) Contract administrator fees	2i(2)	24066	
(3) Investment advisory and management fees	2i(3)	156173	
(4) Other	2i(4)	31337	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		262598
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2116800

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1854863
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: MCSOLEY MCCOY & CO., CPA'S

(2) EIN: 03-0327374

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

5c 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 4114038. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under 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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 05/01/2017 and ending 04/30/2018		
A Name of plan PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES - PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT PENSION		D Employer Identification Number (EIN) 03-6021153
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): 03-6021153		
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 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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 A. COOPER MECHANICAL

b EIN 72-1589335

c Dollar amount contributed by employer 447576

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 04 Day 30 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) 4.82

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

a Name of contributing employer MOUNTAIN AIR SYSTEMS, INC.

b EIN 03-0296856

c Dollar amount contributed by employer 245713

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 04 Day 30 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) 4.82

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

a Name of contributing employer OUELLETTE PLUMBING & HEATING, INC.

b EIN 03-0217292

c Dollar amount contributed by employer 214486

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 04 Day 30 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) 4.82

(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	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

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

- 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	
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	

- 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): _____

United Association of Plumbers and Pipefitters Local 693
Defined Benefit Pension Plan

Financial Statements and Schedules
(With Independent Auditors' Report)

April 30, 2018 and 2017

**United Association of Plumbers and Pipefitters Local 693
Defined Benefit Pension Plan**

April 30, 2018 and 2017

TABLE OF CONTENTS

	<u>Page(s)</u>
Independent Auditors' Report	
Statements of Net Assets Available for Plan Benefits	3
Statements of Changes in Net Assets Available for Plan Benefits	4
Notes to Financial Statements	5 - 14
Supplemental Information:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	
Schedule H, Line 4j – Schedule of Reportable Transactions	

Independent Auditors' Report

To the Plan Administrator and Trustees of
United Association of Plumbers and Pipefitters Local 693 Defined Benefit Pension Plan
South Burlington, Vermont

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the United Association of Plumbers and Pipefitters Local 693 Defined Benefit Pension Plan (the "Plan"), which comprise the statement of net assets available for plan benefits as of April 30, 2018 and the related statement of changes in net assets available for 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 the 2018 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2018 financial statements.

Basis for Disclaimer of Opinion on the 2018 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in Note 3, which was certified by U.S. Bank, N.A, the custodian of the Plan, except for comparing the information with the related information included in the 2018 financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended April 30, 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2018 Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2018 Financial Statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2018 financial statements. Accordingly, we do not express an opinion on the 2018 financial statements.

Other Matters—Report on Supplemental Schedules and Report on 2017 Financial Statements

The supplemental schedules listed in the table of contents as of and for the year ended April 30, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2018 Financial Statements paragraph, we do not express an opinion on the supplemental schedules referred to above.

The supplemental Schedule H, Line 4j - Schedule of Reportable Transaction for the year ended April 30, 2018, that accompanies the Plan's financial statements does not disclose the historical cost of certain reportable transactions. Disclosure of this information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have audited the accompanying financial statements of the Plan as of April 30, 2017 and for the year then ended, and in our report dated February 5, 2018, we expressed our opinion that such financial statements presents fairly, in all material respects, the financial status of the Plan as of April 30, 2017, and changes in its financial status for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2018 Financial Statements

The form and content of the information included in the 2018 financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



South Burlington, Vermont
February 8, 2019

VT Reg. No. 92-349

United Association of Plumbers and Pipefitters Local 693
Defined Benefit Pension Plan
Statements of Net Assets Available for Plan Benefits
April 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Assets:		
Investments, at fair value	\$ 29,124,226	\$ 27,269,128
Receivables:		
Employers' contributions	169,515	144,549
Reciprocal contributions	54,381	60,871
Accrued income	<u>13,557</u>	<u>-</u>
Total receivables	<u>237,453</u>	<u>205,420</u>
Cash held at benefits processor	161,499	146,230
Cash	<u>78,422</u>	<u>118,217</u>
Total assets	<u>29,601,600</u>	<u>27,738,995</u>
Liabilities:		
Accounts payable	<u>9,236</u>	<u>1,494</u>
Net assets available for plan benefits	<u>\$ 29,592,364</u>	<u>\$ 27,737,501</u>

See accompanying notes to the financial statements.

United Association of Plumbers and Pipefitters Local 693
Defined Benefit Pension Plan
Statements of Changes in Net Assets Available for Plan Benefits
For the Years Ended April 30, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Additions:		
Investment activities:		
Net appreciation in fair value of investments	\$ 2,039,496	\$ 2,262,664
Net investment gain in investment contract	12,505	20,728
Dividend and interest income	<u>367,930</u>	<u>550,970</u>
Change in net assets derived from investment activities	2,419,931	2,834,362
Employers' contributions	<u>1,551,732</u>	<u>1,467,563</u>
Total additions	<u>3,971,663</u>	<u>4,301,925</u>
Deductions:		
Benefits paid to participants	1,854,202	1,730,631
Administrative expenses	106,425	101,373
Investment fees	<u>156,173</u>	<u>105,867</u>
Total deductions	<u>2,116,800</u>	<u>1,937,871</u>
Net increase for the year	1,854,863	2,364,054
Net assets available for plan benefits:		
Beginning of year	<u>27,737,501</u>	<u>25,373,447</u>
End of year	<u>\$ 29,592,364</u>	<u>\$ 27,737,501</u>

See accompanying notes to the financial statements.

United Association of Plumbers and Pipefitters Local 693

Defined Benefit Pension Plan

Notes to Financial Statements

April 30, 2018 and 2017

(1) Description of Plan

The following description of the Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

- (a) General – The Plan is a noncontributory defined benefit pension plan covering substantially all members of Local 693. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was established on May 1, 1969.
- (b) Eligibility – Each union member becomes a Plan participant on the first day of employment with a contributing employer.
- (c) Contributions – Contributing employers make contributions to the Plan at a rate of \$4.82 an hour for each hour worked by eligible union members effective May 1, 2017 and at a rate of \$4.91 effective May 1, 2018.
- (d) Years of credited service – Years of credited service is equal to total hours of service with a contributing employer divided by 1,600. Additional credited service may be granted for periods before May 1, 1969.
- (e) Accrued benefit – Accrued benefit is the monthly pension benefit equal to the applicable benefit level multiplied by the credited service earned as of a given date. There are special rules for those not covered by the Plan for a significant period.
- (f) Normal retirement – Normal retirement is considered to be at age 65 with 5 years of credited service required. The retirement benefit is equal to the accrued benefit.
- (g) Early retirement – Early retirement is considered to be at age 55 with 5 years of credited service required. The 5 years of credited service requirement is waived for disabled participants. The retirement benefit is equal to the full-accrued benefit if started at the normal retirement date, or a percentage of accrued benefit if started immediately (at age 55, 59.9%; at age 62 or more, 100%). However, if a participant has less than 10 years of credited service, benefits are actuarially reduced from normal retirement date.
- (h) Disability benefits – A participant with ten years of credited service who becomes disabled to the extent required by Social Security qualifications will be eligible for the full accrued benefit, starting immediately.
- (i) Vesting – Effective May 1, 2006, participants are 100% vested upon the earlier of (1) completion of 5 years of service with 1,000 or more hours per year, or (2) accumulating 1,600 hours of service after May 1, 2005 and 8,000 total hours of participation with the Plan. Participants are also 100% vested if they reach age 65 while employed. Participants are not vested if they do not meet the service requirements or age minimums.

United Association of Plumbers and Pipefitters Local 693

Defined Benefit Pension Plan

Notes to Financial Statements

April 30, 2018 and 2017

Description of Plan (continued)

- (j) Pre-retirement death benefit – The pre-retirement death benefit is equal to the value of the vested accrued benefit and is payable to a designated beneficiary. The spouse is the automatic beneficiary, but a non-spouse can be elected with spousal consent.
- (k) Normal form of benefit – The normal form of the retirement benefit is payment for life with a five-year guarantee. Other options are available including a Social Security leveling feature.

(2) Summary of Significant Accounting Policies

- (a) Basis of accounting – The Plan maintains its accounting records on the accrual basis of accounting.
- (b) Cash and cash equivalents – The Plan considers all highly liquid investments with an original maturity of three months or less to be cash equivalents.
- (c) Investments and investment income – The Plan's investments are maintained by U.S. Bank, N.A, as of April 30, 2018 and by the Union Labor Life Insurance Company (ULLICO) and Morgan Stanley Smith Barney as of April 30, 2017. The Plan's pooled separate account that was held with ULLICO was valued at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less funds used to purchase annuities, pay annuity benefits and pay administrative expenses. The contract value approximates fair value. The investments maintained by U.S. Bank, N.A and Morgan Stanley Smith Barney are measured by quoted prices in an active market.

Investment income is recorded as earned.

- (d) Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.
- (e) Expenses of the Plan – Accounting, actuarial, administrative, and other fees are paid directly by the Plan.
- (f) Payment of benefits – Benefits are recorded when paid.
- (g) Risks and uncertainties – The Plan utilizes various instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

United Association of Plumbers and Pipefitters Local 693

Defined Benefit Pension Plan

Notes to Financial Statements

April 30, 2018 and 2017

Summary of Significant Accounting Policies (continued)

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

- (h) Recently issued accounting standards – In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*, which modifies the disclosure requirements for fair value measurements in FASB ASC 820. For nonpublic entities, the changes in unrealized gains or losses for the period included in earnings for recurring Level 3 fair value measurements held at the end of the reporting period were removed. For nonpublic entities, in lieu of disclosing a reconciliation from the opening to closing balances for recurring Level 3 fair value measurements, separate disclosure is required of transfers into or out of Level 3 of the fair value hierarchy and the reasons for the transfers, as well as the purchases and issues of Level 3 assets and liabilities.

ASU 2018-13 is effective for all entities for fiscal years beginning after December 15, 2019, with early adoption permitted. The Plan adopted the standard upon issuance of the ASU.

- (i) Subsequent events – The Plan evaluated subsequent events through February 8, 2019, the date the Plan's financial statements were available to be used and no events or transactions occurred.

(3) Information Certified by the Custodian

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, U.S. Bank N.A, custodian, certified to the plan administrator the fair value and physical custody of the investments as of April 30, 2018 and the investment transactions for the year ended April 30, 2018. Of the total net appreciation in fair value of investments and other investment income reported in the financial statements, \$348,259 and \$83,545 respectively were covered by the limited scope certification. The remaining balance of net appreciation in fair value of investments and investment income were subject to audit procedures.

(4) Summary of Actuarial Information

- (a) Actuarial cost methods – The actuarial cost method used for this valuation, for purposes of minimum funding standards and maximum deductions, is the Unit Credit Funding Method. Under this method, the benefits expected to be paid to each participant are projected with the actuarial assumptions. The projected benefits are then allocated to various years according to the year of service such benefits were earned.

United Association of Plumbers and Pipefitters Local 693
Defined Benefit Pension Plan
Notes to Financial Statements
April 30, 2018 and 2017

Summary of Actuarial Information (continued)

The normal cost for the year is equal to the present value of the benefits allocated to the coming year in accordance with the above.

The accrued liability is equal to the actuarial present value of all benefits allocated to years prior to the valuation date. The unfunded accrued liability is equal to the excess of the actuarial accrued liability over the actuarial asset value.

Each year the unfunded accrued liability is expected to be equal to the sum of the unfunded accrued liability and normal cost from the prior year, plus interest at the assumed rate, less the contributions made to the fund, plus interest, if made prior to the end of the plan year. The extent to which the actual value of the unfunded accrued liability differs from the "expected" unfunded accrued liability reflects the actuarial experience for the Plan during the year. A positive difference results in an experience loss for the year, a negative difference results in a gain for the year. The unfunded accrued liability is further modified for changes in plan provisions or actuarial assumptions.

- (b) Method for determining level of contribution – The contribution, under this method, is determined by subtracting the assets on hand from the present value of all future expected benefits. The remainder is divided by the present value of future hours assumed worked for each active participant, resulting in the contribution per hour worked. The final contribution is then equal to the contribution per hour worked, times the expected number of hours during the plan year.
- (c) Actuarial assumptions – Mortality, turnover and disability: Mortality is based on the 1983 Group Annuity Mortality Table.

Interest: 7.5%

Retirement age: Active members are assumed to retire in accordance with the following rates of retirement:

Age	Rate of Retirement	Age	Rate of Retirement
55	10.00%	61	25.00%
56	10.00%	62	50.00%
57	10.00%	63	50.00%
58	15.00%	64	50.00%
59	5.00%	65+	100.00%
60	5.00%		

United Association of Plumbers and Pipefitters Local 693
Defined Benefit Pension Plan
Notes to Financial Statements
April 30, 2018 and 2017

Summary of Actuarial Information (continued)

(d) Actuarial asset value – The actuarial asset value is equal to market value.

Actuarial present value of accumulated Plan benefits as of April 30:

	<u>2018</u>	<u>2017</u>
Vested benefits:		
Participants currently receiving payments	\$15,021,240	\$13,570,604
Other vested accumulated benefits	19,614,380	19,452,209
Nonvested benefits	<u>88,622</u>	<u>103,025</u>
Total actuarial present value of accumulated Plan benefits	<u>\$34,724,242</u>	<u>\$33,125,838</u>

The changes in accumulated Plan benefits are as follows:

	<u>2018</u>	<u>2017</u>
Actuarial present value of accumulated Plan benefits at beginning of year	\$33,125,838	\$31,458,951
Increase (decrease) during the year attributable to:		
Interest	2,414,905	2,294,523
Benefit payments and purchase of annuities	(1,854,202)	(1,730,631)
Accrual of benefits	<u>1,037,701</u>	<u>1,102,995</u>
Actuarial present value of accumulated Plan benefits at end of year	<u>\$34,724,242</u>	<u>\$33,125,838</u>

Funded percentage on April 30:

	<u>2018</u>	<u>2017</u>
Net assets available for plan benefits	\$29,592,364	\$27,737,501
Present value of total accumulated benefits	\$34,724,242	\$33,125,838
Funded percentage	85%	84%

(5) Fair Value Measurements

FASB ASC 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework provides a 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;

United Association of Plumbers and Pipefitters Local 693
Defined Benefit Pension Plan
Notes to Financial Statements
April 30, 2018 and 2017

Fair Value Measurements (continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2018 and 2017.

Cash equivalents, mutual funds and exchange traded funds: Valued at the closing price reported on the active market on which the individual securities are traded.

Investment contract: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer.

Corporate, government, and municipal issues: Valued based on a matrix pricing system. The variables in the matrix system includes interest rate, maturity date, bond rating, and call feature.

Foreign issues: Valued at closing price reported on the active market on which the individual securities are traded.

Limited partnerships: Valued based on the capital position reported on the most recent K-1 schedule received by the trustee.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

United Association of Plumbers and Pipefitters Local 693

Defined Benefit Pension Plan

Notes to Financial Statements

April 30, 2018 and 2017

Fair Value Measurements (continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2018 and 2017:

<u>Assets at Fair Value as of April 30, 2018</u>				
	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Total</u>
Cash equivalents	\$ 2,557,848	\$ -	\$ -	\$ 2,557,848
U.S. Government issues	484,879	-	-	484,879
Corporate issues	765,274	-	-	765,274
Foreign issues	66,674	-	-	66,674
Municipal issues	49,166	-	-	49,166
Limited partnerships	-	-	23,591,017	23,591,017
Total investments at fair value	3,923,841	-	23,591,017	27,514,858
Multi asset class funds measured at net asset value	-	-	-	1,609,368 *
Total investments	<u>\$ 3,923,841</u>	<u>\$ -</u>	<u>\$ 23,591,017</u>	<u>\$ 29,124,226</u>

<u>Assets at Fair Value as of April 30, 2017</u>				
	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>	<u>Total</u>
Cash equivalents	\$ 278,468	\$ -	\$ -	\$ 278,468
Mutual funds	705,118	-	-	705,118
Exchange traded funds	24,199,528	-	-	24,199,528
Investment contract	-	-	585,479	585,479
Total investments at fair value	25,183,114	-	585,479	25,768,593
Multi asset class funds measured at net asset value	-	-	-	1,500,535 *
Total investments at fair value	<u>\$ 25,183,114</u>	<u>\$ -</u>	<u>\$ 585,479</u>	<u>\$ 27,269,128</u>

* Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized 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 amounts presented in the Statements of Net Assets Available for Plan Benefits.

United Association of Plumbers and Pipefitters Local 693
Defined Benefit Pension Plan
Notes to Financial Statements
April 30, 2018 and 2017

Fair Value Measurements (continued)

For the year ended April 30, 2018, the investment contract had \$0 purchases and \$597,984 in proceeds. For the year ended April 30, 2017, the investment contract had \$0 purchases and \$3,882 in proceeds.

For the year ended April 30, 2018, the limited partnerships had \$22,485,116 in purchases and \$10,883 in proceeds. For the year ended April 30, 2017, the limited partnerships had \$0 purchases and \$0 in proceeds.

(6) Funding Policy

Employers make contributions to the Plan at rates determined by the collective bargaining agreements. The amount of employer contribution is determined from work-hours during the period and the contractual employer contribution rate in effect. Employer contributions are included in income for the period in which work is performed. The contributions for 2018 and 2017 exceeded the minimum funding requirements of ERISA.

(7) Plan Termination

Local 693 expects to maintain the Plan indefinitely but reserves the right to amend or terminate the Plan at any time. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years.

The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

- (b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- (c) All other vested benefits (that is, vested benefits not insured by the PBGC).
- (d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

United Association of Plumbers and Pipefitters Local 693
Defined Benefit Pension Plan
Notes to Financial Statements
April 30, 2018 and 2017

Plan Termination (continued)

However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2018 and 2017 that ceiling was \$5,420 and \$5,369 per month, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Should the Plan terminate at some future time, the participants' benefits would depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and on the level of benefits guaranteed by the PBGC.

(8) Income Taxes

The Plan obtained its latest determination letter on September 9, 2015, stating that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of April 30, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to the year ended April 30, 2015.

(9) Parties-In-Interest

The Plan leases office space on a month-to-month basis from the United Realty Corporation, a Vermont corporation, of which Local 693 is a sixty-five percent owner. The total expenses for 2018 and 2017 were \$2,466 for both respective years.

Employees of United Association of Plumbers and Pipefitters Local 693 perform certain administrative functions of the Plan. The Plan reimburses United Association of Plumbers and Pipefitters Local 693 at rates approved by the Board of Trustees of the Plan for direct expenses incurred. During the years ended April 30, 2018 and 2017, the Plan reimbursed direct expenses for salary and benefits in the amount of \$24,066 and \$14,610, respectively.

United Association of Plumbers and Pipefitters Local 693
Defined Benefit Pension Plan
Notes to Financial Statements
April 30, 2018 and 2017

Parties-In-Interest (continued)

The Board of Trustees includes representatives of the Union as well as representatives of the contributing employers.

The Plan has several service providers who are also considered parties-in-interest under ERISA.

United Association of Plumbers and Pipefitters Local 693
Defined Benefit Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
April 30, 2018

Plan Sponsor: United Association of Plumbers and Pipefitters Local 693

EIN: 03-6021153

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	First Am Govt Ob Fd Cl Y	Cash and cash equivalent	2,557,848 shares	\$ 2,557,848
				<u>\$ 2,557,848</u>
			Total cash and cash equivalent	<u>2,557,848</u>
	F H L M C Gd	US government issues	13,087 shares	12,991
	F H L M C Gd	US government issues	10,382 shares	10,305
	F H L M C Gd	US government issues	21,848 shares	22,139
	F N M A	US government issues	35,000 shares	32,613
	F N M A	US government issues	20,000 shares	18,156
	F N M A	US government issues	10,000 shares	9,724
	F N M A Deb	US government issues	35,000 shares	34,267
	F H L M C	US government issues	25,000 shares	25,330
	F H L M C	US government issues	30,000 shares	29,503
	F N M A	US government issues	15,942 shares	15,135
	F N M A	US government issues	21,853 shares	21,691
	U S Treasury	US government issues	15,000 shares	14,935
	U S Treasury	US government issues	25,000 shares	24,280
	U S Treasury	US government issues	25,000 shares	23,620
	U S Treasury	US government issues	35,000 shares	33,422
	U S Treasury	US government issues	30,000 shares	29,541
	U S Treasury	US government issues	20,000 shares	19,303
	U S Treasury	US government issues	40,000 shares	37,186
	U S Treasury	US government issues	20,000 shares	19,920
	U S Treasury	US government issues	35,000 shares	31,324
	U S Treasury	US government issues	10,000 shares	9,651
	U S Treasury	US government issues	10,000 shares	<u>9,843</u>
			Total US governmental issues	<u>484,879</u>
	At T Inc	Corporate issues	10,000 shares	9,764
	At &T Broadband	Corporate issues	10,000 shares	12,515
	Ace Ina Holdings	Corporate issues	10,000 shares	9,873
	Agilent Tech Inc.	Corporate issues	12,000 shares	12,477
	Amer AirLn 15	Corporate issues	8,787 shares	8,454
	American Express	Corporate issues	15,000 shares	14,810
	American Tower Corp	Corporate issues	10,000 shares	9,917
	American Water	Corporate issues	10,000 shares	9,907
	Amphenol Corp	Corporate issues	5,000 shares	4,994
	Arizona Public Serv	Corporate issues	10,000 shares	9,930
	Automatic Data	Corporate issues	10,000 shares	9,890
	Bank of America	Corporate issues	15,000 shares	14,767
	Baxter Intl Inc.	Corporate issues	10,000 shares	9,545
	Burlington North	Corporate issues	15,000 shares	15,292
	Cbs Corp	Corporate issues	15,000 shares	14,854
	Capital One	Corporate issues	15,000 shares	14,694
	Caterpillar Finl Mtn	Corporate issues	10,000 shares	10,357

United Association of Plumbers and Pipefitters Local 693
Defined Benefit Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
April 30, 2018

Plan Sponsor: United Association of Plumbers and Pipefitters Local 693

EIN: 03-6021153

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Chevron Corp	Corporate issues 10,000 shares	10,273	10,198
	Church Dwight	Corporate issues 15,000 shares	14,979	14,405
	Coca Cola Co.	Corporate issues 10,000 shares	10,088	9,560
	Commonwealth Edison	Corporate issues 10,000 shares	10,350	10,060
	Conn Light Pwr	Corporate issues 10,000 shares	10,017	9,627
	Connecticut Light	Corporate issues 5,000 shares	5,092	4,830
	Contl Airlines	Corporate issues 8,654 shares	9,013	8,903
	Contl Airlines	Corporate issues 7,726 shares	8,072	7,767
	Delmarva Pwr Light	Corporate issues 5,000 shares	5,212	4,991
	Detroit Edison Co.	Corporate issues 10,000 shares	10,094	9,687
	Dow Chemical Co.	Corporate issues 10,000 shares	10,676	10,589
	Dr. Pepper Snapple	Corporate issues 10,000 shares	10,236	9,932
	Eastman Chemical Co.	Corporate issues 15,000 shares	15,115	14,911
	Eaton Corp.	Corporate issues 5,000 shares	5,040	4,844
	Emerson Electric	Corporate issues 15,000 shares	15,634	15,431
	Enterprise Products	Corporate issues 10,000 shares	9,963	9,879
	Estee Lauder Co.	Corporate issues 15,000 shares	14,824	14,428
	Exxon Mobil	Corporate issues 15,000 shares	15,102	14,758
	FedEx Corp	Corporate issues 10,000 shares	10,199	9,652
	Florida Power Light	Corporate issues 10,000 shares	10,355	9,937
	Ford Motor Co.	Corporate issues 10,000 shares	10,119	10,091
	Georgia Power Co.	Corporate issues 10,000 shares	9,987	9,758
	Illinois Tool Work	Corporate issues 10,000 shares	9,791	9,245
	John Deere Owner	Corporate issues 13,553 shares	13,518	13,456
	Johnson Johnson	Corporate issues 15,000 shares	15,081	14,600
	Kimberly Clark Corp	Corporate issues 15,000 shares	15,034	14,725
	Magellan Midstre	Corporate issues 15,000 shares	15,607	15,294
	Merck co. Inc	Corporate issues 10,000 shares	10,243	9,768
	Microsoft Corp.	Corporate issues 5,000 shares	4,916	4,904
	Norfolk	Corporate issues 20,000 shares	20,635	19,970
	Oncor Elec Delivery	Corporate issues 10,000 shares	11,766	11,400
	Packaging Corp	Corporate issues 10,000 shares	10,002	9,799
	Portland Gen Ele	Corporate issues 10,000 shares	10,324	10,313
	Procter Gamble Co.	Corporate issues 10,000 shares	10,417	9,992
	Prog Energy Carolina	Corporate issues 15,000 shares	15,080	14,748
	Public Service	Corporate issues 5,000 shares	4,953	4,776
	Public Service Mtn	Corporate issues 10,000 shares	10,138	9,652
	Public Storage	Corporate issues 10,000 shares	9,636	9,578
	Quest Diagnostic Inc.	Corporate issues 5,000 shares	5,195	5,140
	Republic Svcs	Corporate issues 15,000 shares	16,390	15,721
	Starbucks Corp	Corporate issues 15,000 shares	15,056	14,649
	Texas Instruments	Corporate issues 15,000 shares	15,312	14,934
	Travelers Cos Inc	Corporate issues 10,000 shares	10,427	10,296
	Union Pacific	Corporate issues 13,452 shares	13,657	13,097
	United Parcel	Corporate issues 15,000 shares	15,112	14,529
	Valero Energy	Corporate issues 13,000 shares	13,855	13,655
	Virginia Elec	Corporate issues 10,000 shares	10,354	9,927

United Association of Plumbers and Pipefitters Local 693
Defined Benefit Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
April 30, 2018

Plan Sponsor: United Association of Plumbers and Pipefitters Local 693

EIN: 03-6021153

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Walt Disney Co.	Corporate issues 15,000 shares	15,029	14,742
	Waste Management Inc	Corporate issues 15,000 shares	15,420	14,879
	Williams Partner	Corporate issues 15,000 shares	15,808	15,533
	Wisconsin Electric	Corporate issues 10,000 shares	10,138	9,674
		Total corporate issues		<u>765,274</u>
	Canadian Natl Rail	Foreign issues 15,000 shares	15,165	14,880
	Canadian Pac	Foreign issues 10,000 shares	10,543	10,455
	Carnival Corp	Foreign issues 11,000 shares	11,479	11,222
	Royal Caribbean	Foreign issues 15,000 shares	15,019	14,683
	Shell Intl Fin	Foreign issues 15,000 shares	15,692	15,434
		Total foreign issues		<u>66,674</u>
	California ST High	Municipal issues 5,000 shares	5,075	4,968
	California ST Dept	Municipal issues 14,767 shares	14,606	14,336
	Florida ST Dept	Municipal issues 10,000 shares	10,336	10,332
	New York ST Urban	Municipal issues 5,000 shares	4,893	4,844
	Port Auth of NY	Municipal issues 5,000 shares	5,000	4,961
	Texas ST AM Univ	Municipal issues 10,000 shares	9,973	9,725
		Total municipal issues		<u>49,166</u>
	Fred Alger	Partnership/joint ventures 276,195 shares	4,239,600	4,750,562
	Rothschild	Partnership/joint ventures 4,239,600 shares	4,239,600	4,442,414
	Johnston	Partnership/joint ventures 105,743 shares	2,816,281	3,021,289
	Post Advisory	Partnership/joint ventures 2,823,630 shares	2,823,630	2,823,630
	Intercontinental	Partnership/joint ventures 2,438 shares	2,700,000	2,771,913
	First Eagle	Partnership/joint ventures 1,214 shares	2,826,400	2,907,308
	Invesco	Partnership/joint ventures 63,610 shares	2,814,108	2,873,901
	Skybridge	Partnership/joint ventures 717 shares	712,038	1,609,368
		Total partnership/joint venture		<u>25,200,385</u>
				<u>\$ 29,124,226</u>

* Denotes party-in-interest

2017 Schedule MB, line 8b(2) - Schedule of Active Participant Data

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan

EIN: 03-6021153 PN: 001

Attained Age	Years of Credited Service										Total Number
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Over	
Under 25	0	5	3	0	0	0	0	0	0	0	8
25-29	1	7	2	2	0	0	0	0	0	0	12
30-34	0	2	4	3	1	0	0	0	0	0	10
35-39	0	4	5	2	3	3	0	0	0	0	17
40-44	0	1	2	3	3	5	0	0	0	0	14
45-49	0	1	3	1	3	3	2	2	3	0	18
50-54	0	1	1	2	7	4	5	5	7	0	32
55-59	0	1	4	1	5	3	3	4	3	8	32
60-64	0	0	2	1	2	1	3	1	2	6	18
65-69	0	0	0	1	0	0	0	0	0	0	1
70 & Over	0	0	0	0	0	0	0	0	0	0	0
Total	1	22	26	16	24	19	13	12	15	14	162

2017 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan
EIN: 03-6021153 PN: 001

Interest Rates:

Funding: 7.50% per year, compounded annually.
RPA Current Liability: 3.05% per year, compounded annually. (Previously, 3.22% was used.)

Mortality:

Healthy: 1983 Group Annuity Mortality Table (sex-distinct). This table reflects no expected mortality improvement after the valuation date.

Disabled: 1983 Group Annuity Mortality Table (sex-distinct). This table reflects no expected mortality improvement after the valuation date.

RPA Current Liability: IRS 2008+ Sex-Distinct Static Mortality Table. This is the same Mortality Table used by single employer plans under the PPA of 2006. This table is assumed to reflect both expected mortality rates as of the valuation date and any expected mortality improvement after the valuation date.

Termination:

Participants are assumed to terminate employment in accordance with the T-10 Termination Table less GA51M. Sample rates are shown in the below table:

Age	Rate of Termination
25	17.22%
35	14.86%
45	10.84%
55	4.40%
65	0.00%

Disability:

Participants are assumed to terminate employment due to disability in accordance with the 1955 UAW Male table. Sample rates are shown in the below table:

Age	Rate of Disability
25	0.03%
35	0.05%
45	0.10%
55	0.36%
65	0.00%

2017 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan
EIN: 03-6021153 PN: 001

(continued)

Retirement:

Active Participants: Active members are assumed to retire according to the following rates of retirement:

Age	Rate of Retirement
55	10.00%
56	10.00%
57	10.00%
58	15.00%
59	5.00%
60	5.00%

Age	Rate of Retirement
61	25.00%
62	50.00%
63	50.00%
64	50.00%
65+	100.00%

The weighted average retirement age is 60 (see page 5).

**Terminated Vested
Participants:**

Age 65, or age on valuation date if greater.

Administrative Expenses: \$90,000 added to the Normal Cost. (Expense loading of 14.5%.)

Future Credited Service: It is assumed for estimating future benefits that active Participants will work the same number of hours per year in the future as they did in year ending 04/30/2017.

Form of Payment: 100% elect the 5 Year Certain and Continuous Annuity.

**Participants Included in
Valuation:** All eligible Participants on the valuation date.

Hours Worked Assumption: For the Plan's Funding Policy Contribution it is assumed that all active members will work 1,600 hours in each future year.

Maximum Benefit Limitation: Plan benefits have been restricted to the maximum dollar limit permitted under the Tax Reform Act of 1986. This limit is a \$215,000 annual annuity payable beginning at age 62 with no reduction for a qualified joint and survivor annuity.

**Assumed Cost-of-Living
Adjustments:** None.

2017 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan
EIN: 03-6021153 PN: 001

(continued)

Actuarial Valuation Method: Unit Credit Cost Method.

Under this method, the normal cost is calculated as the present value of benefits expected to be earned in the valuation year. The actuarial accrued liability is the present value of all benefits earned as of the valuation date. Actuarial gains (losses), as they occur, reduce (increase) the unfunded actuarial accrued liability.

Asset Method: A smoothed market value method which reflects the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last 5 years at a rate of 20% per year. However, the investment loss during the 2008-2009 plan year was smoothed over a period of ten years (2017 is the last year). The actuarial value is subject to a restriction that it not be less than 80% or more than 120% of the market value.

Shortfall Funding Method: Not used.

Changes since the Prior Valuation: The interest rate used to calculate the RPA current liability was decreased from 3.22% to 3.05%.

Rationale for Selection of Significant Actuarial Assumptions

Interest rate

The interest rate assumption used for funding purposes is based on historical data, both current and future market expectations, and professional judgment. In setting the long-term investment return assumption, the Plan's current investment policy asset allocation and other external sources such as available capital market assumption surveys have been considered.

Mortality

The mortality assumption is based on historical and current demographic data, adjusted to reflect estimated future experience, and professional judgment. Experience studies wherein actual experience is compared to expected experience are performed annually.

2017 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan

EIN: 03-6021153 PN: 001

(continued)

Rationale for Selection of Significant Actuarial Assumptions (continued)

Retirement from Active and Terminated Vested Status

Retirement rates for active Participants were most recently reset for the 2011 valuation, analyzing actual experience of the plan's active participant population at that time. The current assumption is reviewed annually and continues to be the best estimate of future experience. However, all Terminated Vested Participants are assumed to retire at the plan's normal retirement age.

Termination of Employment

Actual rates of termination by age were last studied for this plan based on plan experience from 2006 through 2011. A standard withdrawal table was selected based on the results of that study. This assumption is reviewed annually and continues to be the best estimate of future experience.

Disability During Employment

Because the Plan does not have enough data to do a fully credible experience analysis with respect to disability from active employment, the current assumption has been selected based on observations of recent disabilities, the actuary's experience with plans of a similar size, plan design, workforce composition, geography, and discussions with the Plan Sponsor.

Administrative Expenses

Administrative expenses paid from Plan assets are estimated by reviewing historical expenses paid from the Plan and adjusting for expected increases in PBGC premiums.

Form of Payment

Because the Plan does not have enough data to do a fully credible experience analysis with respect to form of payment, the current assumption has been selected based on the Plan's Normal Form of Payment. Further, the Plan's optional forms of payment are actuarially equivalent, and the plan's actuarial equivalence basis does not provide a significant subsidy relative to the valuation assumptions.

2017 Schedule MB, line 6
Description of Weighted Average Retirement Age

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan
EIN: 03-6021153 PN: 001

(1) Age of Retirement	(2) Rates of Retirement	(3) Percent Remaining	(4) Percent Retiring	(5) Weighted Age
55	10.00%	90.00%	10.00%	5.50
56	10.00%	81.00%	9.00%	5.04
57	10.00%	72.90%	8.10%	4.62
58	15.00%	61.97%	10.94%	6.34
59	5.00%	58.87%	3.10%	1.83
60	5.00%	55.92%	2.94%	1.77
61	25.00%	41.94%	13.98%	8.53
62	50.00%	20.97%	20.97%	13.00
63	50.00%	10.49%	10.49%	6.61
64	50.00%	5.24%	5.24%	3.36
65	100.00%	0.00%	5.24%	3.41
			100.00%	59.99

Weighted Average Retirement Age = 60

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 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**2017****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2017 or fiscal plan year beginning 05/01/2017 and ending 04/30/2018

- A** This return/report is for: ☒ 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. ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
- ☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information

1a Name of plan PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 05/01/1969
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) TRUSTEES - PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT PENSION 3 GREGORY DRIVE SO. BURLINGTON VT 05403	2b Employer Identification Number (EIN) 03-6021153 2c Plan Sponsor's telephone number 802-864-4042 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		<u>2-12-2019</u>	Jeffrey Potvin
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>2/12/2019</u>	John Lawrence
	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

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☐ Same as Plan Sponsor TRUSTEES - PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT PENSION 3 GREGORY DRIVE SO. BURLINGTON VT 05403	3b Administrator's EIN 03-6021153 <hr/> 3c Administrator's telephone number 802-864-4042
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN <hr/> 4d PN
5 Total number of participants at the beginning of the plan year	5 403
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) 162
a(2) Total number of active participants at the end of the plan year	6a(2) 171
b Retired or separated participants receiving benefits.....	6b 105
c Other retired or separated participants entitled to future benefits	6c 118
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d 394
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 24
f Total. Add lines 6d and 6e.....	6f 418
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 who 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 23

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**This schedule is required to be filed under section 104 of the Employee
Retirement Income Security Act of 1974 (ERISA) and section 6059 of the
Internal Revenue Code (the Code).► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017**This Form is Open to Public
Inspection**

For calendar plan year 2017 or fiscal plan year beginning 05/01/2017 and ending 04/30/2018

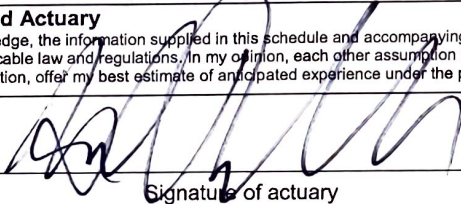
► **Round off amounts to nearest dollar.**► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT 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 TRUSTEES - PLUMBERS & PIPEFITTERS LOCAL 693 DEFINED BENEFIT PENSION	D Employer Identification Number (EIN) 03-6021153

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)	
1a Enter the valuation date: Month <u>05</u> Day <u>01</u> Year <u>2017</u>	
b Assets	
(1) Current value of assets	1b(1) 27,737,501
(2) Actuarial value of assets for funding standard account	1b(2) 29,581,494
c (1) Accrued liability for plan using immediate gain methods	1c(1) 33,125,838
(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) 33,125,838
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) 64,027,668
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 1,506,951
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 1,948,642
(3) Expected plan disbursements for the plan year	1d(3) 2,038,642

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

Hal S. Tepfer

Type or print name of actuary

CBIZ Retirement Plan Services

Firm name

75 Second Avenue, Suite 605

Needham MA 02494

Address of the firm

02/06/2019

Date

1703918

Most recent enrollment number

617-454-1099

Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2017

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	27,737,501
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	129	20,432,199
(2) For terminated vested participants	117	11,964,901
(3) For active participants:		
(a) Non-vested benefits		371,312
(b) Vested benefits		31,259,256
(c) Total active	162	31,630,568
(4) Total	408	64,027,668
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	43.32 %

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
10/31/2017	1,327,836	0			
05/01/2018	223,896	0			
Totals ►			3(b)	1,551,732	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	89.3 %
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	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ 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	

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

- | | | | |
|--|--|--|---|
| a ☐ Attained age normal | b ☐ Entry age normal | c ☒ Accrued benefit (unit credit) | d ☐ Aggregate |
| e ☐ Frozen initial liability | f ☐ Individual level premium | g ☐ Individual aggregate | h ☐ Shortfall |

i ☐ Other (specify):

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

k Has a change been made in funding method for this plan year? ☐ Yes ☒ 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** 3.05 %

	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)	7		7
(2) Females	6c(2)	7		7
d Valuation liability interest rate	6d	7.50 %		7.50 %
e Expense loading	6e	14.5 % ☐ 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			2.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h			10.8 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,784,402	188,046

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**

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

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

b Employer's normal cost for plan year as of valuation date **9b** 712,290

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)	15,498,416	1,949,973
(2) Funding waivers	9c(2)	0	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0	0
d Interest as applicable on lines 9a, 9b, and 9c		9d	199,670
e Total charges. Add lines 9a through 9d		9e	2,861,933
Credits to funding standard account:			
f Prior year credit balance, if any		9f	7,294,557
g Employer contributions. Total from column (b) of line 3		9g	1,551,732
		Outstanding balance	
h Amortization credits as of valuation date	9h	4,659,515	768,853
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	653,513
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	14,240,400	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	33,619,476	
(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	10,268,655
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m	7,406,722
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n	
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)	0	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0	
(3) Total as of valuation date	9o(3)	0	
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No

2017 Schedule MB, lines 3a and 3b
Contributions Made to the Plan

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan
EIN: 03-6021153 PN: 001

Contributions are made continuously to the Plan throughout the Plan Year by contributing Employers. Contributions shown as being made on October 31, 2017 are from the Auditor's Report for the Plan Year ended April 30, 2018. The receivable contribution as of April 30, 2018 is shown as being made on May 1, 2018.

2017 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan
EIN: 03-6021153 PN: 001

Interest Rates:

Funding: 7.50% per year, compounded annually.
RPA Current Liability: 3.05% per year, compounded annually. (Previously, 3.22% was used.)

Mortality:

Healthy: 1983 Group Annuity Mortality Table (sex-distinct). This table reflects no expected mortality improvement after the valuation date.

Disabled: 1983 Group Annuity Mortality Table (sex-distinct). This table reflects no expected mortality improvement after the valuation date.

RPA Current Liability: IRS 2008+ Sex-Distinct Static Mortality Table. This is the same Mortality Table used by single employer plans under the PPA of 2006. This table is assumed to reflect both expected mortality rates as of the valuation date and any expected mortality improvement after the valuation date.

Termination:

Participants are assumed to terminate employment in accordance with the T-10 Termination Table less GA51M. Sample rates are shown in the below table:

Age	Rate of Termination
25	17.22%
35	14.86%
45	10.84%
55	4.40%
65	0.00%

Disability:

Participants are assumed to terminate employment due to disability in accordance with the 1955 UAW Male table. Sample rates are shown in the below table:

Age	Rate of Disability
25	0.03%
35	0.05%
45	0.10%
55	0.36%
65	0.00%

2017 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan
EIN: 03-6021153 PN: 001

(continued)

Retirement:

Active Participants: Active members are assumed to retire according to the following rates of retirement:

Age	Rate of Retirement
55	10.00%
56	10.00%
57	10.00%
58	15.00%
59	5.00%
60	5.00%

Age	Rate of Retirement
61	25.00%
62	50.00%
63	50.00%
64	50.00%
65+	100.00%

The weighted average retirement age is 60 (see page 5).

**Terminated Vested
Participants:**

Age 65, or age on valuation date if greater.

Administrative Expenses: \$90,000 added to the Normal Cost. (Expense loading of 14.5%.)

Future Credited Service: It is assumed for estimating future benefits that active Participants will work the same number of hours per year in the future as they did in year ending 04/30/2017.

Form of Payment: 100% elect the 5 Year Certain and Continuous Annuity.

**Participants Included in
Valuation:** All eligible Participants on the valuation date.

Hours Worked Assumption: For the Plan's Funding Policy Contribution it is assumed that all active members will work 1,600 hours in each future year.

Maximum Benefit Limitation: Plan benefits have been restricted to the maximum dollar limit permitted under the Tax Reform Act of 1986. This limit is a \$215,000 annual annuity payable beginning at age 62 with no reduction for a qualified joint and survivor annuity.

**Assumed Cost-of-Living
Adjustments:** None.

2017 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan
EIN: 03-6021153 PN: 001

(continued)

Actuarial Valuation Method: Unit Credit Cost Method.

Under this method, the normal cost is calculated as the present value of benefits expected to be earned in the valuation year. The actuarial accrued liability is the present value of all benefits earned as of the valuation date. Actuarial gains (losses), as they occur, reduce (increase) the unfunded actuarial accrued liability.

Asset Method: A smoothed market value method which reflects the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last 5 years at a rate of 20% per year. However, the investment loss during the 2008-2009 plan year was smoothed over a period of ten years (2017 is the last year). The actuarial value is subject to a restriction that it not be less than 80% or more than 120% of the market value.

Shortfall Funding Method: Not used.

Changes since the Prior Valuation: The interest rate used to calculate the RPA current liability was decreased from 3.22% to 3.05%.

Rationale for Selection of Significant Actuarial Assumptions

Interest rate

The interest rate assumption used for funding purposes is based on historical data, both current and future market expectations, and professional judgment. In setting the long-term investment return assumption, the Plan's current investment policy asset allocation and other external sources such as available capital market assumption surveys have been considered.

Mortality

The mortality assumption is based on historical and current demographic data, adjusted to reflect estimated future experience, and professional judgment. Experience studies wherein actual experience is compared to expected experience are performed annually.

2017 Schedule MB, line 6
Statement of Actuarial Assumptions/Methods

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan

EIN: 03-6021153 PN: 001

(continued)

Rationale for Selection of Significant Actuarial Assumptions (continued)

Retirement from Active and Terminated Vested Status

Retirement rates for active Participants were most recently reset for the 2011 valuation, analyzing actual experience of the plan's active participant population at that time. The current assumption is reviewed annually and continues to be the best estimate of future experience. However, all Terminated Vested Participants are assumed to retire at the plan's normal retirement age.

Termination of Employment

Actual rates of termination by age were last studied for this plan based on plan experience from 2006 through 2011. A standard withdrawal table was selected based on the results of that study. This assumption is reviewed annually and continues to be the best estimate of future experience.

Disability During Employment

Because the Plan does not have enough data to do a fully credible experience analysis with respect to disability from active employment, the current assumption has been selected based on observations of recent disabilities, the actuary's experience with plans of a similar size, plan design, workforce composition, geography, and discussions with the Plan Sponsor.

Administrative Expenses

Administrative expenses paid from Plan assets are estimated by reviewing historical expenses paid from the Plan and adjusting for expected increases in PBGC premiums.

Form of Payment

Because the Plan does not have enough data to do a fully credible experience analysis with respect to form of payment, the current assumption has been selected based on the Plan's Normal Form of Payment. Further, the Plan's optional forms of payment are actuarially equivalent, and the plan's actuarial equivalence basis does not provide a significant subsidy relative to the valuation assumptions.

2017 Schedule MB, line 6
Description of Weighted Average Retirement Age

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan
EIN: 03-6021153 PN: 001

(1)	(2)	(3)	(4)	(5)
Age of	Rates of	Percent	Percent	Weighted
Retirement	Retirement	Remaining	Retiring	Age
55	10.00%	90.00%	10.00%	5.50
56	10.00%	81.00%	9.00%	5.04
57	10.00%	72.90%	8.10%	4.62
58	15.00%	61.97%	10.94%	6.34
59	5.00%	58.87%	3.10%	1.83
60	5.00%	55.92%	2.94%	1.77
61	25.00%	41.94%	13.98%	8.53
62	50.00%	20.97%	20.97%	13.00
63	50.00%	10.49%	10.49%	6.61
64	50.00%	5.24%	5.24%	3.36
65	100.00%	0.00%	5.24%	3.41
			100.00%	59.99

Weighted Average Retirement Age = 60

2017 Schedule MB, line 6
Summary of Plan Provisions

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan
EIN: 03-6021153 PN: 001

Plan Year:	May 1 to April 30.
Eligibility:	Each union member becomes a plan participant on the first day of employment with a contributing employer.
Effective Date:	May 1, 1969. The most recent restatement was effective May 1, 2014, conforming the plan to various tax law changes and regulations under PPA, WRERA, and HEART. The Plan received a favorable determination letter on September 9, 2015. There have been two Plan Amendments since the 2014 Plan restatement.
Accrued Benefit:	Effective May 1, 2013, the monthly pension benefit is equal to years of Credited Service earned as of April 30, 2013 times \$74.00, plus years of Credited Service earned on/after May 1, 2013 times \$84.00 for members who have worked at least 1,600 hours on/after May 1, 2013.
Vesting Service:	Plan Years in which employee worked at least 1,000 hours. No partial Vesting Service is granted under the Plan.
Credited Service:	Total hours of service with a contributing employer per Plan Year divided by 1,600. A Participant's Hours of Service are adjusted "upward" if contributions reciprocated to the Plan are based on a contribution rate in excess of Local 693's contribution rate. Additional Credited Service may be granted for periods before May 1, 1969.
Normal Retirement Benefits:	<p><i>Normal Retirement Date</i> : Age 65 with 5 years of Credited Service, or the 5th anniversary of Plan participation (if sooner).</p> <p><i>Monthly Benefit</i> : The Accrued Benefit as of Normal Retirement.</p>
Early Retirement Benefits:	<p><i>Early Retirement Date</i>: At or after age 55 with at least 5 years of Credited Service.</p> <p><i>Monthly Benefit</i>: Equal to the accrued benefit commencing at age 65, or, alternatively, the accrued benefit multiplied by the applicable early retirement reduction factor from the table on the next page:</p>

**2017 Schedule MB, line 6
Summary of Plan Provisions**

**Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan
EIN: 03-6021153 PN: 001**

(continued)

Early Retirement

Benefits (continued):

Number of Years Retiring Early	At Least 10 Years of Credited Service	Fewer than 10 Years of Credited Service
0	100.00%	100.00%
1	100.00%	92.40%
2	100.00%	85.60%
3	100.00%	79.40%
4	93.30%	73.80%
5	86.60%	68.70%
6	79.90%	64.00%
7	73.20%	59.80%
8	66.50%	55.90%
9	63.20%	52.30%
10	59.90%	49.10%

Late Retirement

Benefits:

Eligibility: Continued employment after Normal Retirement Date.

Monthly Benefit: The greater of (a) the actuarial equivalent of the Accrued Benefit as of Normal Retirement Date or (b) the Accrued Benefit as of Late Retirement Date.

Suspension of Benefits:

Effective May 1, 2016, the Plan added a "Suspension of Benefits" provision for benefits that are earned on/after May 1, 2016.

Disability Retirement

Benefits:

Eligibility: Becoming totally and permanently disabled under Social Security standards before age 62, and after completion of 10 years of Credited Service. Must have worked at least 400 hours in Covered Employment in the 24 months immediately preceding date of disability.

Monthly Benefit: The Accrued Benefit as of date of Disability shall be payable monthly until the earlier of (a) the date the participant is deemed no longer permanently and totally disabled, (b) the participant's death, (c) the participant's Normal Retirement Date, or (d) age 62 when the participant becomes eligible for an unreduced Early Retirement Benefit.

2017 Schedule MB, line 6
Summary of Plan Provisions

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan
EIN: 03-6021153 PN: 001

(continued)

**Vested Benefits Upon
Termination:**

Vesting : 100% vesting upon completion of five years of Vesting Service or attainment of age 65 while working. Also, 100% vesting for members with 1,600+hours after April 30, 2005 and 8,000+ hours after date of hire.

Monthly Benefit : The Accrued Benefit at Normal Retirement Date. Employees with at least 5 years of Credited Service may elect Early Retirement on a reduced basis as described above.

Normal Form of Benefit:

Single : 5 Year Certain and Continuous Annuity (unreduced)

Married : Joint & 50% Survivor Annuity (reduced)

**Pre-Retirement Death
Benefits:**

Provided the participant was vested at the time of his/her death, the participant's designated beneficiary will receive the lump sum present value of the participant's accrued benefit or a return of the contributions made to the Plan on the Participant's behalf (if greater).

Alternatively, the participant's surviving spouse can elect an actuarially equivalent monthly annuity payable immediately.

Optional Forms of Benefit:

- 10 or 15 Year Certain and Continuous Annuity
- Life Annuity
- Joint & 50% Survivor Annuity
- Joint & 75% Survivor Annuity
- Joint & 100% Survivor Annuity
- 10 Year Certain Only
- Social Security Leveling Option

Funding Medium:

Self-administered trusteed method.

Contribution Rate:

Effective May 1, 2011; \$4.45 per hour.
Effective May 1, 2012; \$4.60 per hour.
Effective May 1, 2013; \$4.72 per hour.
Effective May 1, 2017; \$4.82 per hour.

**Changes Since the Prior
Valuation:**

The Plan's eligibility requirements for a Disability Retirement Benefit were expanded to allow a member working for any employer who has a CBA with another Local of the UA to qualify if the member satisfies all other eligibility requirements at his/her date of disability.

2017 Schedule MB, line 8b(2) - Schedule of Active Participant Data

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan

EIN: 03-6021153 PN: 001

Attained	Years of Credited Service										Total
Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Over	Number
Under 25	0	5	3	0	0	0	0	0	0	0	8
25-29	1	7	2	2	0	0	0	0	0	0	12
30-34	0	2	4	3	1	0	0	0	0	0	10
35-39	0	4	5	2	3	3	0	0	0	0	17
40-44	0	1	2	3	3	5	0	0	0	0	14
45-49	0	1	3	1	3	3	2	2	3	0	18
50-54	0	1	1	2	7	4	5	5	7	0	32
55-59	0	1	4	1	5	3	3	4	3	8	32
60-64	0	0	2	1	2	1	3	1	2	6	18
65-69	0	0	0	1	0	0	0	0	0	0	1
70 & Over	0	0	0	0	0	0	0	0	0	0	0
Total	1	22	26	16	24	19	13	12	15	14	162

2017 Schedule MB, lines 9c and 9h
Schedule of Funding Standard Account Bases

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan

EIN: 03-6021153 PN: 001

	Date Established	Initial Amount	Initial Amortization Period (Years)	Outstanding Balance	Remaining Amortization Period (Years)	Amortization Payment as of Beginning of Year
A. Charges						
1. Amendment	5/1/1988	\$ 111,568	30	\$ 8,838	1.000	\$ 8,838
2. Amendment	5/1/1989	1,183,248	30	180,970	2.000	93,756
3. Amendment	5/1/1990	493,275	30	109,224	3.000	39,070
4. Assumption	5/1/1995	316,144	30	157,486	8.000	25,011
5. Amendment	5/1/1995	1,350,277	30	672,665	8.000	106,830
6. Amendment	5/1/1996	588,048	30	318,985	9.000	46,518
7. Amendment	5/1/1997	1,399,787	30	816,973	10.000	110,718
8. Amendment	5/1/1998	707,468	30	438,207	11.000	55,723
9. Amendment	5/1/2000	1,142,700	30	789,298	13.000	90,358
10. Amendment	5/1/2008	1,287,583	15	684,675	6.000	135,690
11. 2008 Asset Loss	5/1/2009	3,543,173	29	3,154,603	21.000	281,800
12. Actuarial Loss	5/1/2011	250,721	15	181,181	9.000	26,422
13. Actuarial Loss	5/1/2012	1,468,019	15	1,141,550	10.000	154,705
14. Actuarial Loss	5/1/2013	968,990	15	803,044	11.000	102,115
15. Actuarial Loss	5/1/2014	1,155,527	15	1,012,598	12.000	121,773
16. Actuarial Loss	5/1/2015	1,586,668	15	1,460,613	13.000	167,209
17. Actuarial Loss	5/1/2016	1,854,092	15	1,783,104	14.000	195,391
18. Actuarial Loss	5/1/2017	1,784,402	15	1,784,402	15.000	188,046
Total				\$ 15,498,416		\$ 1,949,973
B. Credits						
1. Assumption	5/1/1989	\$ 437,499	30	\$ 66,913	2.000	\$ 34,665
2. Actuarial Gain	5/1/2005	86,890	15	25,741	3.000	9,208
3. Actuarial Gain	5/1/2006	1,557,687	15	594,179	4.000	165,025
4. Actuarial Gain	5/1/2007	716,373	15	328,347	5.000	75,494
5. Actuarial Gain	5/1/2008	964,234	15	512,734	6.000	101,614
6. Method Change	5/1/2009	1,655,090	30	1,487,877	22.000	130,361
7. Liability Gain	5/1/2009	557,246	15	334,368	7.000	58,724
8. Actuarial Gain	5/1/2010	327,096	15	217,046	8.000	34,471
9. Assumption Change	5/1/2011	1,511,539	15	1,092,310	9.000	159,291
Total				\$ 4,659,515		\$ 768,853
C. Net (A - B)				\$ 10,838,901		\$ 1,181,120
D. Balance Test						
1. Reconciliation account due to additional funding charges				N/A		
2. Reconciliation account due to additional interest charges				N/A		
3. Credit balance				\$ 7,294,557		
4. Balance test: [C - D(1) - D(2) - D(3)]				\$ 3,544,344		
5. Unfunded accrued liability				\$ 3,544,344		

2017 Schedule MB, line 11
Justification for Change in Actuarial Assumptions

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan
EIN: 03-6021153 PN: 001

The change(s) to the assumptions for the plan year beginning May 1, 2017 follow:

- ❶ The interest rate used to calculate the RPA current liability was decreased from 3.22% to 3.05%.
The interest rate used to determine the RPA current liability was changed to remain within the “permissible range” of allowable interest rates.

ERISA requires that the actuary use assumptions that represent his or her best estimate of future experience under the plan and reasonably relate to the experience of the plan. We believe that the current actuarial basis meets this requirement. We will monitor the actuarial experience under the plan in future years in order to judge the continuing appropriateness of these assumptions.

2017 Schedule MB, line 6
Summary of Plan Provisions

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan
EIN: 03-6021153 PN: 001

Plan Year:	May 1 to April 30.
Eligibility:	Each union member becomes a plan participant on the first day of employment with a contributing employer.
Effective Date:	May 1, 1969. The most recent restatement was effective May 1, 2014, conforming the plan to various tax law changes and regulations under PPA, WRERA, and HEART. The Plan received a favorable determination letter on September 9, 2015. There have been two Plan Amendments since the 2014 Plan restatement.
Accrued Benefit:	Effective May 1, 2013, the monthly pension benefit is equal to years of Credited Service earned as of April 30, 2013 times \$74.00, plus years of Credited Service earned on/after May 1, 2013 times \$84.00 for members who have worked at least 1,600 hours on/after May 1, 2013.
Vesting Service:	Plan Years in which employee worked at least 1,000 hours. No partial Vesting Service is granted under the Plan.
Credited Service:	Total hours of service with a contributing employer per Plan Year divided by 1,600. A Participant's Hours of Service are adjusted "upward" if contributions reciprocated to the Plan are based on a contribution rate in excess of Local 693's contribution rate. Additional Credited Service may be granted for periods before May 1, 1969.
Normal Retirement Benefits:	<p><i>Normal Retirement Date</i> : Age 65 with 5 years of Credited Service, or the 5th anniversary of Plan participation (if sooner).</p> <p><i>Monthly Benefit</i> : The Accrued Benefit as of Normal Retirement.</p>
Early Retirement Benefits:	<p><i>Early Retirement Date</i>: At or after age 55 with at least 5 years of Credited Service.</p> <p><i>Monthly Benefit</i>: Equal to the accrued benefit commencing at age 65, or, alternatively, the accrued benefit multiplied by the applicable early retirement reduction factor from the table on the next page:</p>

**2017 Schedule MB, line 6
Summary of Plan Provisions**

**Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan
EIN: 03-6021153 PN: 001**

(continued)

Early Retirement

Benefits (continued):

Number of Years Retiring Early	At Least 10 Years of Credited Service	Fewer than 10 Years of Credited Service
0	100.00%	100.00%
1	100.00%	92.40%
2	100.00%	85.60%
3	100.00%	79.40%
4	93.30%	73.80%
5	86.60%	68.70%
6	79.90%	64.00%
7	73.20%	59.80%
8	66.50%	55.90%
9	63.20%	52.30%
10	59.90%	49.10%

Late Retirement

Benefits:

Eligibility: Continued employment after Normal Retirement Date.

Monthly Benefit: The greater of (a) the actuarial equivalent of the Accrued Benefit as of Normal Retirement Date or (b) the Accrued Benefit as of Late Retirement Date.

Suspension of Benefits:

Effective May 1, 2016, the Plan added a "Suspension of Benefits" provision for benefits that are earned on/after May 1, 2016.

Disability Retirement

Benefits:

Eligibility: Becoming totally and permanently disabled under Social Security standards before age 62, and after completion of 10 years of Credited Service. Must have worked at least 400 hours in Covered Employment in the 24 months immediately preceding date of disability.

Monthly Benefit: The Accrued Benefit as of date of Disability shall be payable monthly until the earlier of (a) the date the participant is deemed no longer permanently and totally disabled, (b) the participant's death, (c) the participant's Normal Retirement Date, or (d) age 62 when the participant becomes eligible for an unreduced Early Retirement Benefit.

2017 Schedule MB, line 6
Summary of Plan Provisions

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan
EIN: 03-6021153 PN: 001

(continued)

**Vested Benefits Upon
Termination:**

Vesting : 100% vesting upon completion of five years of Vesting Service or attainment of age 65 while working. Also, 100% vesting for members with 1,600+hours after April 30, 2005 and 8,000+ hours after date of hire.

Monthly Benefit : The Accrued Benefit at Normal Retirement Date. Employees with at least 5 years of Credited Service may elect Early Retirement on a reduced basis as described above.

Normal Form of Benefit:

Single : 5 Year Certain and Continuous Annuity (unreduced)

Married : Joint & 50% Survivor Annuity (reduced)

**Pre-Retirement Death
Benefits:**

Provided the participant was vested at the time of his/her death, the participant's designated beneficiary will receive the lump sum present value of the participant's accrued benefit or a return of the contributions made to the Plan on the Participant's behalf (if greater).

Alternatively, the participant's surviving spouse can elect an actuarially equivalent monthly annuity payable immediately.

Optional Forms of Benefit:

- 10 or 15 Year Certain and Continuous Annuity
- Life Annuity
- Joint & 50% Survivor Annuity
- Joint & 75% Survivor Annuity
- Joint & 100% Survivor Annuity
- 10 Year Certain Only
- Social Security Leveling Option

Funding Medium:

Self-administered trusteed method.

Contribution Rate:

Effective May 1, 2011; \$4.45 per hour.
Effective May 1, 2012; \$4.60 per hour.
Effective May 1, 2013; \$4.72 per hour.
Effective May 1, 2017; \$4.82 per hour.

**Changes Since the Prior
Valuation:**

The Plan's eligibility requirements for a Disability Retirement Benefit were expanded to allow a member working for any employer who has a CBA with another Local of the UA to qualify if the member satisfies all other eligibility requirements at his/her date of disability.

United Association of Plumbers and Pipefitters Local 693
Defined Benefit Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
April 30, 2018

Plan Sponsor: United Association of Plumbers and Pipefitters Local 693

EIN: 03-6021153

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	First Am Govt Ob Fd Cl Y	Cash and cash equivalent	2,557,848 shares	\$ 2,557,848
				<u>\$ 2,557,848</u>
			Total cash and cash equivalent	<u>2,557,848</u>
	F H L M C Gd	US government issues	13,087 shares	12,991
	F H L M C Gd	US government issues	10,382 shares	10,305
	F H L M C Gd	US government issues	21,848 shares	22,139
	F N M A	US government issues	35,000 shares	32,613
	F N M A	US government issues	20,000 shares	18,156
	F N M A	US government issues	10,000 shares	9,724
	F N M A Deb	US government issues	35,000 shares	34,267
	F H L M C	US government issues	25,000 shares	25,330
	F H L M C	US government issues	30,000 shares	29,503
	F N M A	US government issues	15,942 shares	15,135
	F N M A	US government issues	21,853 shares	21,691
	U S Treasury	US government issues	15,000 shares	14,935
	U S Treasury	US government issues	25,000 shares	24,280
	U S Treasury	US government issues	25,000 shares	23,620
	U S Treasury	US government issues	35,000 shares	33,422
	U S Treasury	US government issues	30,000 shares	29,541
	U S Treasury	US government issues	20,000 shares	19,303
	U S Treasury	US government issues	40,000 shares	37,186
	U S Treasury	US government issues	20,000 shares	19,920
	U S Treasury	US government issues	35,000 shares	31,324
	U S Treasury	US government issues	10,000 shares	9,651
	U S Treasury	US government issues	10,000 shares	<u>9,843</u>
			Total US governmental issues	<u>484,879</u>
	At T Inc	Corporate issues	10,000 shares	9,764
	At &T Broadband	Corporate issues	10,000 shares	12,515
	Ace Ina Holdings	Corporate issues	10,000 shares	9,873
	Agilent Tech Inc.	Corporate issues	12,000 shares	12,477
	Amer AirLn 15	Corporate issues	8,787 shares	8,454
	American Express	Corporate issues	15,000 shares	14,810
	American Tower Corp	Corporate issues	10,000 shares	9,917
	American Water	Corporate issues	10,000 shares	9,907
	Amphenol Corp	Corporate issues	5,000 shares	4,994
	Arizona Public Serv	Corporate issues	10,000 shares	9,930
	Automatic Data	Corporate issues	10,000 shares	9,890
	Bank of America	Corporate issues	15,000 shares	14,767
	Baxter Intl Inc.	Corporate issues	10,000 shares	9,545
	Burlington North	Corporate issues	15,000 shares	15,292
	Cbs Corp	Corporate issues	15,000 shares	14,854
	Capital One	Corporate issues	15,000 shares	14,694
	Caterpillar Finl Mtn	Corporate issues	10,000 shares	10,357

United Association of Plumbers and Pipefitters Local 693
Defined Benefit Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
April 30, 2018

Plan Sponsor: United Association of Plumbers and Pipefitters Local 693

EIN: 03-6021153

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Chevron Corp	Corporate issues 10,000 shares	10,273	10,198
	Church Dwight	Corporate issues 15,000 shares	14,979	14,405
	Coca Cola Co.	Corporate issues 10,000 shares	10,088	9,560
	Commonwealth Edison	Corporate issues 10,000 shares	10,350	10,060
	Conn Light Pwr	Corporate issues 10,000 shares	10,017	9,627
	Connecticut Light	Corporate issues 5,000 shares	5,092	4,830
	Contl Airlines	Corporate issues 8,654 shares	9,013	8,903
	Contl Airlines	Corporate issues 7,726 shares	8,072	7,767
	Delmarva Pwr Light	Corporate issues 5,000 shares	5,212	4,991
	Detroit Edison Co.	Corporate issues 10,000 shares	10,094	9,687
	Dow Chemical Co.	Corporate issues 10,000 shares	10,676	10,589
	Dr. Pepper Snapple	Corporate issues 10,000 shares	10,236	9,932
	Eastman Chemical Co.	Corporate issues 15,000 shares	15,115	14,911
	Eaton Corp.	Corporate issues 5,000 shares	5,040	4,844
	Emerson Electric	Corporate issues 15,000 shares	15,634	15,431
	Enterprise Products	Corporate issues 10,000 shares	9,963	9,879
	Estee Lauder Co.	Corporate issues 15,000 shares	14,824	14,428
	Exxon Mobil	Corporate issues 15,000 shares	15,102	14,758
	FedEx Corp	Corporate issues 10,000 shares	10,199	9,652
	Florida Power Light	Corporate issues 10,000 shares	10,355	9,937
	Ford Motor Co.	Corporate issues 10,000 shares	10,119	10,091
	Georgia Power Co.	Corporate issues 10,000 shares	9,987	9,758
	Illinois Tool Work	Corporate issues 10,000 shares	9,791	9,245
	John Deere Owner	Corporate issues 13,553 shares	13,518	13,456
	Johnson Johnson	Corporate issues 15,000 shares	15,081	14,600
	Kimberly Clark Corp	Corporate issues 15,000 shares	15,034	14,725
	Magellan Midstre	Corporate issues 15,000 shares	15,607	15,294
	Merck co. Inc	Corporate issues 10,000 shares	10,243	9,768
	Microsoft Corp.	Corporate issues 5,000 shares	4,916	4,904
	Norfolk	Corporate issues 20,000 shares	20,635	19,970
	Oncor Elec Delivery	Corporate issues 10,000 shares	11,766	11,400
	Packaging Corp	Corporate issues 10,000 shares	10,002	9,799
	Portland Gen Ele	Corporate issues 10,000 shares	10,324	10,313
	Procter Gamble Co.	Corporate issues 10,000 shares	10,417	9,992
	Prog Energy Carolina	Corporate issues 15,000 shares	15,080	14,748
	Public Service	Corporate issues 5,000 shares	4,953	4,776
	Public Service Mtn	Corporate issues 10,000 shares	10,138	9,652
	Public Storage	Corporate issues 10,000 shares	9,636	9,578
	Quest Diagnostic Inc.	Corporate issues 5,000 shares	5,195	5,140
	Republic Svcs	Corporate issues 15,000 shares	16,390	15,721
	Starbucks Corp	Corporate issues 15,000 shares	15,056	14,649
	Texas Instruments	Corporate issues 15,000 shares	15,312	14,934
	Travelers Cos Inc	Corporate issues 10,000 shares	10,427	10,296
	Union Pacific	Corporate issues 13,452 shares	13,657	13,097
	United Parcel	Corporate issues 15,000 shares	15,112	14,529
	Valero Energy	Corporate issues 13,000 shares	13,855	13,655
	Virginia Elec	Corporate issues 10,000 shares	10,354	9,927

United Association of Plumbers and Pipefitters Local 693
Defined Benefit Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
April 30, 2018

Plan Sponsor: United Association of Plumbers and Pipefitters Local 693

EIN: 03-6021153

Plan number: 001

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Walt Disney Co.	Corporate issues 15,000 shares	15,029	14,742
	Waste Management Inc	Corporate issues 15,000 shares	15,420	14,879
	Williams Partner	Corporate issues 15,000 shares	15,808	15,533
	Wisconsin Electric	Corporate issues 10,000 shares	10,138	9,674
		Total corporate issues		<u>765,274</u>
	Canadian Natl Rail	Foreign issues 15,000 shares	15,165	14,880
	Canadian Pac	Foreign issues 10,000 shares	10,543	10,455
	Carnival Corp	Foreign issues 11,000 shares	11,479	11,222
	Royal Caribbean	Foreign issues 15,000 shares	15,019	14,683
	Shell Intl Fin	Foreign issues 15,000 shares	15,692	15,434
		Total foreign issues		<u>66,674</u>
	California ST High	Municipal issues 5,000 shares	5,075	4,968
	California ST Dept	Municipal issues 14,767 shares	14,606	14,336
	Florida ST Dept	Municipal issues 10,000 shares	10,336	10,332
	New York ST Urban	Municipal issues 5,000 shares	4,893	4,844
	Port Auth of NY	Municipal issues 5,000 shares	5,000	4,961
	Texas ST AM Univ	Municipal issues 10,000 shares	9,973	9,725
		Total municipal issues		<u>49,166</u>
	Fred Alger	Partnership/joint ventures 276,195 shares	4,239,600	4,750,562
	Rothschild	Partnership/joint ventures 4,239,600 shares	4,239,600	4,442,414
	Johnston	Partnership/joint ventures 105,743 shares	2,816,281	3,021,289
	Post Advisory	Partnership/joint ventures 2,823,630 shares	2,823,630	2,823,630
	Intercontinental	Partnership/joint ventures 2,438 shares	2,700,000	2,771,913
	First Eagle	Partnership/joint ventures 1,214 shares	2,826,400	2,907,308
	Invesco	Partnership/joint ventures 63,610 shares	2,814,108	2,873,901
	Skybridge	Partnership/joint ventures 717 shares	712,038	1,609,368
		Total partnership/joint venture		<u>25,200,385</u>
				<u>\$ 29,124,226</u>

* Denotes party-in-interest

2017 Schedule MB, lines 9c and 9h
Schedule of Funding Standard Account Bases

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan

EIN: 03-6021153 PN: 001

	Date Established	Initial Amount	Initial Amortization Period (Years)	Outstanding Balance	Remaining Amortization Period (Years)	Amortization Payment as of Beginning of Year
A. Charges						
1. Amendment	5/1/1988	\$ 111,568	30	\$ 8,838	1.000	\$ 8,838
2. Amendment	5/1/1989	1,183,248	30	180,970	2.000	93,756
3. Amendment	5/1/1990	493,275	30	109,224	3.000	39,070
4. Assumption	5/1/1995	316,144	30	157,486	8.000	25,011
5. Amendment	5/1/1995	1,350,277	30	672,665	8.000	106,830
6. Amendment	5/1/1996	588,048	30	318,985	9.000	46,518
7. Amendment	5/1/1997	1,399,787	30	816,973	10.000	110,718
8. Amendment	5/1/1998	707,468	30	438,207	11.000	55,723
9. Amendment	5/1/2000	1,142,700	30	789,298	13.000	90,358
10. Amendment	5/1/2008	1,287,583	15	684,675	6.000	135,690
11. 2008 Asset Loss	5/1/2009	3,543,173	29	3,154,603	21.000	281,800
12. Actuarial Loss	5/1/2011	250,721	15	181,181	9.000	26,422
13. Actuarial Loss	5/1/2012	1,468,019	15	1,141,550	10.000	154,705
14. Actuarial Loss	5/1/2013	968,990	15	803,044	11.000	102,115
15. Actuarial Loss	5/1/2014	1,155,527	15	1,012,598	12.000	121,773
16. Actuarial Loss	5/1/2015	1,586,668	15	1,460,613	13.000	167,209
17. Actuarial Loss	5/1/2016	1,854,092	15	1,783,104	14.000	195,391
18. Actuarial Loss	5/1/2017	1,784,402	15	1,784,402	15.000	188,046
Total				\$ 15,498,416		\$ 1,949,973
B. Credits						
1. Assumption	5/1/1989	\$ 437,499	30	\$ 66,913	2.000	\$ 34,665
2. Actuarial Gain	5/1/2005	86,890	15	25,741	3.000	9,208
3. Actuarial Gain	5/1/2006	1,557,687	15	594,179	4.000	165,025
4. Actuarial Gain	5/1/2007	716,373	15	328,347	5.000	75,494
5. Actuarial Gain	5/1/2008	964,234	15	512,734	6.000	101,614
6. Method Change	5/1/2009	1,655,090	30	1,487,877	22.000	130,361
7. Liability Gain	5/1/2009	557,246	15	334,368	7.000	58,724
8. Actuarial Gain	5/1/2010	327,096	15	217,046	8.000	34,471
9. Assumption Change	5/1/2011	1,511,539	15	1,092,310	9.000	159,291
Total				\$ 4,659,515		\$ 768,853
C. Net (A - B)				\$ 10,838,901		\$ 1,181,120
D. Balance Test						
1. Reconciliation account due to additional funding charges				N/A		
2. Reconciliation account due to additional interest charges				N/A		
3. Credit balance				\$ 7,294,557		
4. Balance test: [C - D(1) - D(2) - D(3)]				\$ 3,544,344		
5. Unfunded accrued liability				\$ 3,544,344		

2017 Schedule MB, line 11
Justification for Change in Actuarial Assumptions

Plumbers & Pipefitters Local 693 Defined Benefit Pension Plan
EIN: 03-6021153 PN: 001

The change(s) to the assumptions for the plan year beginning May 1, 2017 follow:

- ❶ The interest rate used to calculate the RPA current liability was decreased from 3.22% to 3.05%.
The interest rate used to determine the RPA current liability was changed to remain within the “permissible range” of allowable interest rates.

ERISA requires that the actuary use assumptions that represent his or her best estimate of future experience under the plan and reasonably relate to the experience of the plan. We believe that the current actuarial basis meets this requirement. We will monitor the actuarial experience under the plan in future years in order to judge the continuing appropriateness of these assumptions.