

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;">2018</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>07/01/2018</u> and ending <u>06/30/2019</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 ☐ the first return/report ☐ an amended return/report	☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
B	This return/report is:		
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 AND PIPEFITTERS NATIONAL PENSION FUND</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>07/23/1968</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>B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND</u> <u>103 ORONOCO STREET</u> <u>ALEXANDRIA, VA 22314-2015</u>	2b	Employer Identification Number (EIN) <u>52-6152779</u>
		2c	Plan Sponsor's telephone number <u>703-739-9020</u>
		2d	Business code (see instructions) <u>525100</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.	03/20/2020	MARK MCMANUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/20/2020	SMITTY G. BELCHER
	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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3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></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 165693
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 78968 6a(2) 81667 6b 43256 6c 37486 6d 162409 6e 7505 6f 169914 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 4641

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

1A

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)** ☒ 2 **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 _____

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance 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>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019	
A Name of plan PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779

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

(a) Name of insurance carrier BRIGHTHOUSE 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
43-1912740	87726	919453	169914	07/01/2018	06/30/2019

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 0	(b) Total amount of fees paid 0
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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 NA

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

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

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

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

NA

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier.....	6b	
c	Premiums due but unpaid at the end of the year.....	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. 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	1865738
c	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Additions: (1) Contributions deposited during the year (2) Dividends and credits (3) Interest credited during the year (4) Transferred from separate account..... (5) Other (specify below) ▶ </div> <div style="width: 45%; border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> 7c(1) 7c(2) 7c(3) 7c(4) 7c(5) </div> <div style="width: 60%;"> </div> </div> </div> </div>		
	(6) Total additions.....	7c(6)	65300
d	Total of balance and additions (add lines 7b and 7c(6))	7d	1931038
e	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier (3) Transferred to separate account..... (4) Other (specify below) ▶ </div> <div style="width: 45%; border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> 7e(1) 7e(2) 7e(3) 7e(4) </div> <div style="width: 60%;"> </div> </div> </div> </div>		
	(5) Total deductions.....	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1931038

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019	
A Name of plan PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779

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

(a) Name of insurance carrier 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	GA02083	169914	07/01/2018	06/30/2019

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 0	(b) Total amount of fees paid 0
--	---

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid ULLICO INVESTMENT COMPANY 8402 COLESVILLE ROAD SILVER SPRING, MD 20910

(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	108079059

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	
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
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019

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

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

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

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

1a Enter the valuation date: Month 07 Day 01 Year 2018

b Assets

(1) Current value of assets	1b(1)	6139088592
(2) Actuarial value of assets for funding standard account.....	1b(2)	6063058341
c (1) Accrued liability for plan using immediate gain methods	1c(1)	8178427798
(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)	8178427798
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)	15333673969
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	360679670
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	604699767
(3) Expected plan disbursements for the plan year	1d(3)	639766586

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		03/23/2020
Signature of actuary		Date
KEVIN WOODRICH, FSA, EA		17-07086
Type or print name of actuary		Most recent enrollment number
CHEIRON, INC		703-893-1456
Firm name		Telephone number (including area code)
9115 HARRIS CORNERS PARKWAY, CHARLOTTE, NC 28269		
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 ☐

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

Schedule MB (Form 5500) 2018
v. 171027

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	6139088592
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	50744	7360235443
(2) For terminated vested participants	26701	1922845611
(3) For active participants:		
(a) Non-vested benefits.....		327170013
(b) Vested benefits.....		5723422902
(c) Total active.....	72053	6050592915
(4) Total	149498	15333673969
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	40.04%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2019	430971666				
Totals ▶			3(b)	430971666	3(c)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	74.1%
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	E
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		3.00%	
	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)	11P+2	11P+2	
(2) Females	6c(2)	11FP+2	11FP+2	
d Valuation liability interest rate	6d	7.50%	7.50%	
e Expense loading	6e	17.3%	☐ 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	3.2%		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.0%		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	329801960	34755677

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)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	-288817169

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	152280519
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)	3938211057
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	57616634
e Total charges. Add lines 9a through 9d.....	9e	825838416

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	1378815271
g Employer contributions. Total from column (b) of line 3.....	9g	430971666
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	444026329
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	131111712
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	3919950140
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	8133645537
(3) FFL credit.....	9j(3)	
k (1) Waived funding deficiency.....	9k(1)	
(2) Other credits.....	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	2098649297
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	1272810881
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 2018 plan year.....	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	
(3) Total as of valuation date.....	9o(3)	
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	10	
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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning **07/01/2018** and ending **06/30/2019**

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

Part I	Service Provider Information (see instructions)
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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	
RBC GLOBAL ASSET MGMT	50 SOUTH SIXTH STREET MINNEAPOLIS, MN 55402
41-1460668	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
POTOMAC ASSET MANAGEMENT	5 S MARKET FREDERICK, MD 21701
52-1224946	

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
HAMILTON LANE	ONE PRESIDENTIAL BLVD BALA CYNWYD, PA 19004

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

MESIROW FINANCIAL

353 NORTH CLARK ST
CHICAGO, IL 60654

36-3741067

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

NEW TOWER TRUST COMPANY

3 BETHESDA METRO CENTER
BETHESDA, MD 20814

20-1641876

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

AFL CIO BUILDING INVESTMENT TRUST

815 CONNECTICUT AVE, NW
WASHINGTON, DC 20006

52-6328901

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

LANDMARK EQUITY PARTNERS

265 FRANKLIN STREET
BOSTON, MA 02110

81-4187171

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

GERDING EDLEN

1477 NW EVERETT ST
PORTLAND, OR 97209**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CHEVY CHASE TRUST COMPANY

7501 WISCONSIN AVENUE
BETHESDA, MD 20814**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NATIONAL INVESTMENT SERVICES

777 EAST WISCONSIN AVENUE
MILWAUKEE, WI 53202**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

HARRISON STREET REAL ESTATE

71 SOUTH WACKER DR
CHICAGO, IL 60606

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

BOYD WATTERSON ASSET MGMT

1801 E 9TH STREET
CLEVELAND, OH 44114

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

BLUEBAY ASSET MGMT

107 ELM STREET
STAMFORD, CT 06902

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

FRONTIER PARTNERS INC

400 SKOKIE BLVD
NORTHBROOK, IL 60062

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

GCM GROSVENOR

767 FIFTH AVENUE
NEW YORK, NY 10153

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

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

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

(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)

PENSION BENEFIT GUARANTY CORP

PO BOX 77000
DETROIT, MI 48277

52-6152779

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	NONE	4501156	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CGLIC

10490 LITTLE PATUXENT
COLUMBIA, MD 21044

06-1059331

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	2137057	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BELL ASSET MGMT

101 COLLINS STREET
MELBOURNE AU

04-3412674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1871556	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)

JENNISON ASSOCIATES LLC

1000 WINTER STREET
WALTHAM, MA 02351

22-2540245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	1772114	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'DONOGHUE & O'DONOGHUE

5301 WISCONSIN AVE, NW
WASHINGTON, DC 20015

53-0120528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	1670213	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JPMORGAN CHASE BANK NA

PO BOX 974958
DALLAS, TX 75397

13-2624428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1468266	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DISCIPLINED GROWTH INVESTORS

150 S FIFTH ST
MINNEAPOLIS, MN 55402

41-1901273

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	1294572	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LSV ASSET MGMT

155 N WACKER DR
CHICAGO, IL 60606

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1273092	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO

1625 I ST, NW
WASHINGTON, DC 20006

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 72	NONE	1233393	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

T ROWE PRICE

PO BOX 64043
BALTIMORE, MD 21264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1226716	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON MANAGEMENT

75 STATE STREET
BOSTON, MA 02109

04-2683227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	1178572	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PNC BANK

PO BOX 856177
LOUISVILLE, KY 40285

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62 68	NONE	1122877	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

ARONSON PARTNERS

230 SOUTH BROAD
PHILADELPHIA, PA 19102

23-2322104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	995571	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEUBERGER BERMAN

190 S LASALLE ST
CHICAGO, IL 60603

02-0654486

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	955259	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES & COMPANY

ONE FINANCIAL CENTER
BOSTON, MA 02111

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	895387	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

SCHRODER INVESTMENT MGMT

875 THIRD AVENUE
NEW YORK, NY 10022

13-4064414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	839803	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLUMBERS LOCAL 1 WELFARE FUND

50-02 5TH ST
LONG ISLAND CITY, NY 11101

11-1538293

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	677185	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LORD ABBETT & COMPANY

90 HUDSON STREET
JERSEY CITY, NJ 07302

13-5620131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	671353	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

INVESCO INC

1555 PEACHTREE NE, STREET
ATLANTA, GA 30309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	647439	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEDGE CAPITAL MANAGEMENT

301 S COLLEGE ST 2920
CHARLOTTE, NC 28202

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	644451	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

EXPRESS SCRIPTS

21653 NETWORK PLACE
CHICAGO, IL 60673

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	625517	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROTHSCHILD ASSET MGMT

1251 AVENUE OF THE AMERICAS
NEW YORK, NY 10020

13-2544634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	564079	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VOYA INVESTMENT

230 PARK AVENUE
NEW YORK, NY 02111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	487805	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUILDING TRADES PENSION FUND

PO BOX 530
ELM GROVE, WI 53122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	470482	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRANDYWINE GLOBAL

2929 ARCH STREET
PHILADELPHIA, PA 19104

51-0294065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	465511	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CDM RETIREMENT

300 E JOPPA ROAD
TOWSON, MD 21286

52-2136664

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	395377	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SALTER & COMPANY, LLC

4600 EAST WEST HIGHWAY STE 300
BETHESDA, MD 20814

20-2088757

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	366606	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KELLY PRESS, INC.

1701 CABIN BRANCH RD.
CHEVERLY, MD 20785

52-0975591

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	352240	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BASYS, INC

3700 KOPPERS STREET
HALETHORPE, MD 21227

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	330473	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTERTECH MECHANICAL SERVICES

5836 FERN VALLEY RD
LOUISVILLE, KY 40228

20-2202747

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	318140	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)

CHEIRON, INC.

PO BOX 37117
BALTIMORE, MD 21297

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	295769	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP LLC

7501 WISCONSIN AVENUE
BETHESDA, MD 20814

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	287845	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSCOE, TONI C.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	275709	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

ONE LINCOLN ST, 33RD FLOOR
BOSTON, MA 02111

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	270194	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYCE, ERIC

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	244819	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANKE, BENJAMIN C.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	199800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PC CONNECTION SALES

PO BOX 536472
PITTSBURGH, PA 15253

02-0497006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	178128	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELL MARKETING LLP

PO BOX 643561
PITTSBURGH, PA 15264

74-2616805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	174186	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN, LEWIS & BOCKIUS, LLP

PO BOX 8500 S-6050
PHILADELPHIA, PA 19178

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	167891	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEAHEY, DONALD M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	161959	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XEROX CORPORATION

PO BOX 827181
PHILADELPHIA, PA 19182

16-0468020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	155731	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CITY OF ALEXANDRIA

PO BOX 34850
ALEXANDRIA, VA 22334

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	154607	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEUJA, KUMAR

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	154480	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUGO, CURTIS A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	146924	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

333 WEST 34TH STREET
NEW YORK, NY 10001

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	144915	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRIKRYL, ANDREW G.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	142999	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KUKKALA, VENKATESWARARAO E.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	141565	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDWARDS, PERPETUA E.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	135977	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)

WILLIAMS, RENEE A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	135436	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEVORE, KAREN A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	133667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RECOVERY POINT SYSTEMS

75 W WATKINS MILL RD
GAITHERSBURG, MD 20878

52-2212966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	133149	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

O'REILLY-WALKER, ARLETTE M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	130314	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZENEBE, IYOB

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	127415	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAELEMANS, LINDA K.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	122994	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)

INGE, MAURICE A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	112747	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN E GREEN CO.

220 VICTOR ST
HIGHLAND, MI 48203-3116

38-0607500

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	111471	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNIVERSAL AUTO MECH SVC

24 WALPOLE PARK S
WALPOLE, MA 02081-2541

26-1491437

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	110810	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)

GP INDUSTRIAL CONTRACTORS IN

PO BOX 847
PORT ARTHUR, TX 77641

76-0577250

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	109823	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GALBREATH, KIM M

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	109102	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PANCIERA, MARTHA E.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	108082	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)

DOMINION VIRGINIA POWER

PO BOX 26543
RICHMOND, VA 23290

54-1836683

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	107417	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GEOHAGAN, WAYNE S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	106942	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON, KATHRYNE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	103896	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)

RASHEED, SUSAN B.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	100875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RESERVE ACCOUNT

PO BOX 223648
PITTSBURGH, PA 15250

84-1386389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	100000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FENDERSON, MELISSA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	98876	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROUNTREE, ELOISE S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	98790	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD, CHANTELLE Y.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	97630	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOUTHERN CALIFORNIA PIPETRADES

501 SHATTO PL 5TH FL
LOS ANGELES, CA 90020

95-4557526

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	96493	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CONGRESS ASSET MGMT

2 SEAPORT LANE
BOSTON, MA 02210

94-3362212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	93348	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILL, GERALD A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	92561	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RILEY, SANDRA L.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	91758	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RELIANCE STANDARD LIFE INSURANCE

1100 E WOODFIELD ROAD
SCHAUMBURG, IL 60173

36-0883760

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	90890	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YOUHOUSE, JOSEPH D.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	90744	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERIZON

PO BOX 660720
DALLAS, TX 75266

23-2259884

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	90094	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BEKOE, KOFI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	90017	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHASE CARD SERVICES

PO BOX 1423
CHARLOTTE, NC 28201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	89762	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GUERRA, MARY M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	89086	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)

NORTHERN TRUST CORPORATION

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	89086	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

NOACK, LADONNA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	88909	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON, DAVID A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	88793	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANDREWS, JUDY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	87632	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WANDA ROURK

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	87416	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VIRGINIA & AMBINDER LLP

40 BROAD STREET
NEW YORK, NY 10004

13-4166736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	85427	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)

PHIFER, LINDA S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	85406	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KASPAR, KIMBERLY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	83820	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAVIA, SANDRA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	83572	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)

CHESNICK, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	83052	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUZA, CHERYL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	83036	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YIMER, TSEDAY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	82396	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)

BOGGS, SHARON

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	81613	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOILERMAKER BLACKSMITH

754 MINNESOTA AVE STE 242
KANSAS CITY, KS 66101-2724

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	81557	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REVEL, DONNA L.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	81012	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XIOLOGIX, LLC

PO BOX 1880
TUALATIN, OR 97062

93-1297700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	80905	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCGEADY, SHERRY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	79460	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBINSON, KIVEN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	78766	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONLON, DENNIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78610	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WHITE, AYEISHA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	77728	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SINCLAIR, NEICOLE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	77538	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELLIS, ROBIN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76775	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICKENBAKER, PAUL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	76770	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PETERS, MICHAEL JR

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76248	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEPHENS, JANEEN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76158	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FULTZ, RUTH

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75778	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOODMAN LAUREN A

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75135	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLAASSEN, GREGORY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74998	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLUMB, DARLENE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74958	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRON MOUNTAIN

PO BOX 27128
NEW YORK, NY 10087

04-3038590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	74843	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

COLLINS, ZENA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74726	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONGOLD, GARY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74543	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERTSON JAMES A

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74238	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)

KARAWA, CAROLYNE SANARE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74172	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROCTOR, CHRISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73802	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JONES, NIKKI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73411	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GREEN, TOLEATHIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72797	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GAGHAN MECHANICAL, INC.

5649D GENERAL WASHINGTON DR
ALEXANDRIA, VA 22312

54-1789937

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	72656	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOSLEY, NAKETA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72614	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)

MORRISON, RYAN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	72533	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON, ANGELA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	71163	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERTSON, BEVERLY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70809	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

POWELL, PENNY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	70681	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEWIS, WILLIAM

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	70236	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ST. REMY, CHRIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	70040	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRENNAN, CAROL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69879	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DICKENSON, MARY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	69648	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GAILLARD, KIANA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	69554	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)

DATABANK IMX, LLC

2912 MOMENTUM PL
CHICAGO, IL 60689

25-1921937

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	69424	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EJIGU, HABTAMU

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	69195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KOPP III, ROBERT

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	68477	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WAKE, BRIAN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	67744	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KNIGHT-FITCH, SHENIKA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	67384	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAMS, YURI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	67210	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHAMLEY, BARBARA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	66953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAYSON, MARIBEL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	66879	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRANFORD, CYNTHIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	66183	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUTCHEE, TONIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65660	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WARD, STACY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65650	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUNT, JASON

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65572	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)

EWELL, SANDRA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65239	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ATKINS, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65135	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACKSON TASHANNA M

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65108	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

YOUHOUSE MARIANELLA A

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65064	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'CONNOR, KRISTINA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	64868	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARITY, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	64662	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)

AHMED, AASHA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63503	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANTONIE CLARK-WASTON

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	61312	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPEN TEXT INC

951 MARINERS ISLAND
SAN MATEO, CA 94404

46-0525483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	59116	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

REID, LARRY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58959	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DANIELS, JANICE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58911	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FULLER TAMARA S

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58094	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)

HIRSCHBERG, HEATHER

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	57767	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADENIJI IBRAHIM

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56789	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANARE, ANDREW

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56690	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCKENZIE LEAH

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56523	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MURPHY KAREN M

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	53851	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACKSON, LILIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BASCOPE, CHRISTINA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53648	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAGE STEPHANIE L

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53334	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRUMLEY JOHN M

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52773	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANK PARSONS PAPER CO INC.

PO BOX 791416
BALTIMORE, MD 21279

53-0179108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	50524	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DALTON WHARF ASSOCIATION INC

2112 GALLOWS RD STE C2
VIENNA, VA 22182

54-1182576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	50035	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UA LOCAL 421 PENSION

2010 NW 150TH AVE STE 100
PEMBROKE PINES, FL 33028-2805

57-0524232

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	49773	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)

ELECTRIC MAINTENANCE

1739 RIDGE RD
MUNSTER, IN 46321-2041

35-1762412

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	48743	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AUTOMATIC DATA PROCESSING

11411 RED RUN BLVD
OWINGS MILL, MD 21117

13-3036741

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	48374	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRAMER WARNER

3545 RHODES AVENUE
NEWTOWN SQUARE, PA 19073

23-1742926

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	42016	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

ACCONTEMPS

12400 COLLECTIONS
CHICAGO, IL 60693-0124

94-1648752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	46794	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LIMA AREA H & W PLAN LOCAL 776

PO BOX 1330
HOLLAND, OH 43528-1330

34-6555849

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	44362	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AFLAC

1932 WYNNTON ROAD
COLUMBUS, GA 31999

58-0663085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	43707	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)

P & R ENTERPRISE, INC

5681 COLUMBIA PIKE STE 101
FALLS CHURCH, VA 22041

52-0886864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	42201	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLUMBERS & STEAMFITTERS LU 83

6500 BROOKTREE RD STE 205
WEXFORD, PA 15090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	41624	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

APPLIED BUSINESS SERVICES

900 WIND RIVER LANE
GAITHERSBURG, MD 20878

52-1423216

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	40513	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)

ADVANCED SECURITY SYSTEMS

PO BOX 3568
ALEXANDRIA, VA 22302

54-1707052

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	38794	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J.K JOHNSON MECH CONTRACTORS

OP BOX 3779
MUSCLE SHOALS, AL 35662-3779

63-0415245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	37543	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RECIPROCITY ADMINISTRATION SVCS, IN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

20-1717978

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	36516	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)

SEGAL SELECT INSURANCE

333 WEST 34TH STREET
NEW YORK, NY 10087

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 53	NONE	30980	Yes ☒ No ☐	Yes ☐ No ☒	5401	Yes ☐ No ☒

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

WILLIAM SWEENEY JR

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	35681	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAMLOCHAN NAFEEZA S

103 ORONOCO STREET
ALEXANDRIA, MD 22314

58-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34269	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)

CHARLOTTE DUGAN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31829	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PCM SALES INC

PO BOX 55327
LOS ANGELES, CA 90074

95-4108644

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	31151	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STANTS CAPITAL COMBUSTION LLC

203 OLD LOUDON RD
LATHAM, NY 12110-2924

81-2663797

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	29749	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)

UA LOCAL UNION 141

7111 W BERT KOUNS IN LOOP
SHREVEPORT, LA 71129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	29574	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST FEDERAL CORPORATION

PO BOX 37142
BALTIMORE, MD 21297

52-1548842

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	28546	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADOLF NKOYO I

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28200	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)

EPICORE SOFTWARE CORP

DEPT 1547
LOS ANGELES, CA 90084

45-1478440

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	27466	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMAS A KELLEHER JR

429 MONTGOMERT CT
BERRYVILLE, VA 22611-1280

21-4961846

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	27233	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARROLL, CORNELIUS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26399	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)

ROMOLO & ASSOCIATES

1700 W LUTHY DRIVE
PEORIA, IL 61615

37-1077733

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	25875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNION REALTY ADVISORS, LLC

1325 MASSACHUSETTS AVE NW 2ND FL
WASHINGTON, DC 20005

52-2009431

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

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

OPEIU

8555 16TH STREET
SILVER SPRING, MD 20910

53-9120575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	23882	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIANE SAUDER

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	23235	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACK STONE SIGN CO INC

3131 PENNSY DR
LANDOVER, MD 20785-1523

52-1105491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	23187	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANDRA LEIGH

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	22277	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AVAYA COMMUNICATIONS, INC.

PO BOX 5332
NEW YORK, NY 10087

22-3713430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	22244	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METRO MAIL SERVICES

7942 P CLUNY COURT
SPRINGFIELD, VA 22153

54-1988261

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	21863	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRISTENSEN JAMES AND MARTIN

7440 W SAHARA AVE
LAS VEGAS, NV 89117

88-0330040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	21673	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INDOFF, INC.

PO BOX 842808
KANSAS CITY, MO 64184

43-0964848

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	21279	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCGRAW KOKOSING, INC

101 CLARK BLVD
MIDDLETOWN, OH 45044-2316

31-1355207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	20786	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEE THOMAS CONSULTING SVC, INC

4410 MASSACHUSETTS AVE. NW 189
WASHINGTON, DC 20016

20-4701049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	20662	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

US PACK LOGISTICS

405 LEXINGTON AVE
NEW YORK, NY 10174

30-0857957

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	20284	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ORACLE AMERICA INC

PO BOX 203448
DALLAS, TX 75320

94-2805249

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	19477	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRED PRYOR SEMINARS

PO BOX 219468
KANSAS CITY, MO 64121-9468

43-1830400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	19034	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

US LU 38 PENSON TRUST FUND

1625 MARKET STREET
SAN FRANCISCO, CA 94103

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	18257	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MECHANICAL CONSTRUCTION CO

2302 8TH ST
PORTSMOUTH, OH 45662-4740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	18134	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICHARD HYATT

8000 BOURNE ROAD
OWINGS, MD 20736

21-2781893

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	17850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CONNER AND WINTERS LLP

4000 ONE WILLIAMS CTR
TULSA, OK 74172

73-1388566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	17765	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TEMPORARIES NOW, INC

PO BOX 75343
CHICAGO, IL 60675

54-1537382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	17710	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ATLANTA PLUMBERS & STEAMFITTERS #72

PO BOX 1449
GOODLETTSVILLE, TN 37070

88-8806221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	17675	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)

THYSSEN ELEVATOR CORP

PO BOX 933004
ATLANTA, GA 31193

62-1211267

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	17522	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RIDGE PLUMBING, INC

12995 YORK DELTA DR- STE D2
NORTH ROYALTON, OH 44133-3538

34-1570398

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	17503	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VIRGINA DET OF TAXATION

PO BOX 26627
RICHMOND, VA 23261

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	17472	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)

WASHINGTON STATE PLUMBING

11724 NE 195TH STE 300
BOTHELL, WA 98011-3145

91-6029141

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	16802	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENSION BENEFIT INFORMATION

900 LARKSPUR LANDING CIRCLE
LARKSPUR, CA 94939

82-2042737

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	15750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARYLAND CHILD SUPPORT ACCOUNT

PO BOX 17396
BALTIMORE, MD 21297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	15600	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)

NEEDLES & ASSOCIATES

350 INTERLOCKEN BLVD
BROOMFIELD, CO 80021

51-0435869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	15403	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AT&T

PO BOX 5094
CAROL STREAM, IL 60197

13-4924710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	14977	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WASHINGTON GAS

PO BOX 37747
PHILADELPHIA, PA 19101

53-0162882

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	13512	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)

AECON TECHNICAL SERVICES, LTD

150 SHELDON DR
CAMBRIDGE CA

83-2504954

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	13428	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEAMFITTERS L449 BENEFIT FUND

1517 WOODRUFF ST STE 102
PITTSBURGH, PA 15220-5317

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	12615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ISS FACILITY SERVICES - DC

PO BOX 0506
SAN ANTONIO, TX 78292

06-1535240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	12167	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 520 BENEFIT FUNDS

PO BOX 6480
HARRISBURG, PA 17112-0480

23-6489359

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	11964	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FILLION JENNIFER

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	11854	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AT&T

PO BOX 5019
CAROL STREAM, IL 60197

22-3646053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	11366	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)

ALEXANDRIA RENEW

1800 LIMERICK STREET
ALEXANDRIA, VA 22314

54-6002976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	11335	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLUMBERS & PIPEFITTERS LU 99

PO BOX 4775
ROCK ISLAND, IL 60062

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	10926	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLEEN COOPER

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	10284	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)

SPRINT

PO BOX 4181
CAROL STREAM, IL 60197

48-1165245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	10052	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL VISION

PO BOX 28144
NEW YORK, NY 10008

74-3033381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	10041	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROXY VOTE PLUS, LLC

PO BOX 2458
NORTHBROOK, IL 60062

76-0702630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
70	NONE	10000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PLUMBERS & STEAMFITTERS LU 486

911 RIDGEBROOK RD
SPARKS, MD 21152-9459

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	9964	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAVANAUGH & O'HARA LLP

2319 W JEFFERSON STREET
SPRINGFIELD, IL 62702

37-1259635

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	9922	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROLLING GREENS, INC

7155 OLD ALEXANDRIA FERRY RD
CLINTON, MD 20735

54-1087867

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	9858	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)

GP INDUSTRIAL CONTRACTORS IN

PO BOX 847
PORT ARTHUR, TX 77641

76-0577250

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	9744	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLEVENGER CORP

10718 TUCKER STREET
BELTSVILLE, MD 20705

52-0702240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	9721	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POWER SOLUTIONS LLC

17201 MELFORD BLVD
BOWIE, MD 20715

52-2100793

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	9370	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)

GM FINANCIAL LEASING

75 REMITTANCE DRIVE
CHICAGO, IL 60675

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	9362	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PIPEFITTERS LOCAL 392 PENSION

1228 CENTRAL PARKWAY STE 100
CINCINNATI, OH 45202-7500

31-0655223

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	8873	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PIPETRADES PENSION OF MONTANA

2156 W 2200 S
SALT LAKE, UT 84119

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	8836	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)

CORE BTS, INC

PO BOX 774419
CHICAGO, IL 60677-4004

20-3873764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	8800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLUMBERS LOCAL 396 PENSION

700 TOWER SR STE 300
TROY, MI 48098-2835

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	8707	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NELSON TAMIYA K

103 ORONOCO STREET
ALEXANDRIA, MD 22314

58-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	8592	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)

ROBEIN URANN SPENCER & PICARD

2540 SEVERN AVENUE
METAIRIE, LA 70002

72-0999672

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8540	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROMERO LUZ A

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	8518	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NCCMP

815 16TH STREET
WASHINGTON, DC 20006

52-1041104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	8250	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)

UA LOCAL 441 PENSION

810-B W MCKAY ST
FRONTENAC, KS 66763-8105

48-6178607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	7637	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANASTASI & MOORE, PLLC

9 S WASHINGTON ST
SPOKANE, WA 99202

20-8149084

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	7495	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSCOE BRIANNA C

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	7304	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)

HICKEY & EVANS LLP

19800 CAREY AVE SUITE 7
CHEYENNE, WY 82003-0467

83-0173781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	7240	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

SULLIVAN WHITEHEAD & DULUCA LLP

86 WEYBOSSET ST STE 400
PROVIDENCE, RI 02903-2800

26-1712034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	7238	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENSION FUND OF LOCAL 274

3235 KENNEDY BLVD
JERSEY CITY, NJ 07306-3405

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	7191	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)

BOGGS ISAIAH J

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	7128	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD, DERICK

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	7093	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

READY REFRESH BY NESTLE

PO BOX 856192
LOUISVILLE, KY 40285

94-3027237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6999	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DIGICERT, INC

2801 NORTH
LEHI, UT 84043

41-2089542

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLUMBERS LOCAL 5 TRUST FUNDS

5891 ALLENTOWN ROAD
CAMP SPRINGS, MD 20746

53-0067475

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN CALIFORNIA PIPE

935 DETROIT AVE ST 242A
CONCORD, CA 94518

84-0944895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6749	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)

COMPUTER MANAGEMENT INT'L

3212 W 25TH ST
CLEVELAND, OH 44109-6204

34-1771039

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6470	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COUNCIL OF INSTITUTIONAL INVESTORS

1717 PENNSYLVANIA AVENUE NW
WASHINGTON, DC 20006

52-1380217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
72	NONE	6438	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL BUSINESS FURNITURE

770 S 70TH ST
MILWAUKEE, WI 53214-3109

20-3851320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6392	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)

SMITTY G BELCHER

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	6351	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUBINBROWN LLP

7881 W CHARLESTON BLVD
LAS VEGAS, NV 89117

43-0765316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6295	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VISION BUSINESS PRODUCTS

OP BOX 643897
PITTSBURGH, PA 15264

25-1303374

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5828	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)

WALKER, JORDAN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	5772	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRYOR MECHANICAL, LLC

221 NW 180TH ST
SMITHVILLE, MO 64089-8747

45-2545375

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN WINDOW & BUILDING

11261 SOMERSET AVE
BELTSVILLE, MD 20705

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5600	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)

VIRGINIA AMERICAN WATER

PO BOX 371880
PITTSBURGH, PA 15250

54-0119650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5563	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QUINN, CONNOR, WEAVER, DAVIES

2-20TH ST NORTH STE 930
BIRMINGHAM, AL 35203-4014

45-1444874

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5336	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PIPELINE INDUSTRY BENEFIT FUND

PO BOX 470950
TULSA, OK 74147-0950

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5119	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)

TWIN CITY PIPE TRADES PENSION

700 TRANSFER RD
SAINT PAUL, MN 55114-1420

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5018	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLUMBIA PARTNERS

5425 WISCONSIN AVE
CHEVY CHASE, MD 20815

52-1940739

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	5000	Yes ☒ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGal SELECT INSURANCE	53	1548
(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.
CHUBB 202B HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889 13-1963496	EPLI	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
SEGal SELECT INSURANCE	53	20
(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.
CHUBB 202B HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889 13-1963496	FIDUCIARY LIABILITY	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
SEGal SELECT INSURANCE	53	263
(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.
ZURICH NORTH AMERICA 1299 ZURICH WAY SCHAUMBURG, IL 60196 13-3046577	FIDELITY BOND PLUS	

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
SEGAL SELECT INSURANCE	53	24
(d) Enter name and EIN (address) of source of indirect compensation		
HARTFORD FIRE INSURANCE COMP 277 PARK AVENUE NEW YORK, NY 10172 06-0383750	FIDUCIARY LIABILITY	
(a) Enter service provider name as it appears on line 2		
SEGAL SELECT INSURANCE	53	27
(d) Enter name and EIN (address) of source of indirect compensation		
EUCLID SPECIALTY 234 SPRING LAKE DRIVE ITASCA, IL 60143 45-3957469	FIDUCIARY LIABILITY	
(a) Enter service provider name as it appears on line 2		
SEGAL SELECT INSURANCE	53	3519
(d) Enter name and EIN (address) of source of indirect compensation		
CHUBB 202B HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889 13-1963496	CYBER LIABILITY	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO BUILDING INVESTMENT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>AFL-CIO</u>		
c EIN-PN <u>52-6220193-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>216166184</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI EMPLOYER PROPERTY TRUST</u>		
b Name of sponsor of entity listed in (a): <u>NEW TOWER TRUST COMPANY</u>		
c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>218533698</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>UNION LABOR LIFE (J ACCT)</u>		
b Name of sponsor of entity listed in (a): <u>UNION LABOR LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>13-1423090-203</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>108079059</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LORD ABBETT INTL SMALL CAP TRUST</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>		
c EIN-PN <u>13-5620131-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>96874500</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AFL-CIO EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>27-3350609-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>108573170</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS PREFERRED STOCK FUND</u>		
b Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES</u>		
c EIN-PN <u>16-1626084-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>55063751</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NHIT WORLD BOND TRUST</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY</u>		
c EIN-PN <u>20-8080381-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>108100301</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO BALANCED RISK ALLOCATION TR

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

c EIN-PN 26-6399613-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 182606617
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHRODER DIVERSIFIED GROWTH TRUST

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

c EIN-PN 81-0946933-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 176376058
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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)
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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)
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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)
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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)
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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)
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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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019		
A Name of plan PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	48871073	62021127
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	54101763	55487224
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	28031323	50754309
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	63148258	67355389
(2) U.S. Government securities	1c(2)	203818139	223155743
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	333822687	340605518
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	2659171291	2562651119
(5) Partnership/joint venture interests	1c(5)	405566943	438910680
(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)	954762797	1065419779
(10) Value of interest in pooled separate accounts	1c(10)	103667547	108079059
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)	105301500	96874500
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1209217817	1204141210
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1865738	1931038
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	7095142	6835201
f Total assets (add all amounts in lines 1a through 1e)	1f	6178442018	6284221896

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	39353426	51373782
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	39353426	51373782

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6139088592	6232848114
---	-----------	------------	------------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	430930635	
(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)		430930635
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1086468	
(B) U.S. Government securities	2b(1)(B)	8317778	
(C) Corporate debt instruments	2b(1)(C)	17782989	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	22567939	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		49755174
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	46510579	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		46510579
(3) Rents	2b(3)		72757
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2881107971	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2767219910	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		113888061
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-2487293	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-2487293

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		72057127
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		5044158
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		-8427000
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		56751164
c Other income.....	2c		325745
d Total income. Add all income amounts in column (b) and enter total.....	2d		764421107

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	623366856	
(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)		623366856
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)	2878544	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	23268583	
(4) Other	2i(4)	21147602	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		47294729
j Total expenses. Add all expense amounts in column (b) and enter total	2j		670661585

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		93759522
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: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

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.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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 4197408. (See instructions.)

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></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>2018</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019					
A Name of plan PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND				D Employer Identification Number (EIN) 52-6152779	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s):					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	810
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) 2018 v. 171027					

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

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

a The current year	14a	
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	1.02
b The corresponding number for the second preceding plan year	15b	1.02

- 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	9
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	357934

- 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: 58.0% Investment-Grade Debt: 13.0% High-Yield Debt: 5.0% Real Estate: 11.0% Other: 13.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2019



**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

CONSOLIDATED FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2019 AND 2018

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7501 WISCONSIN AVENUE | SUITE 1200 WEST
BETHESDA, MD 20814
202.331.9880 PHONE | 202.331.9890 FAX

REPORT OF INDEPENDENT AUDITORS

To the Board of Trustees of
Plumbers and Pipefitters National
Pension Fund and Subsidiary
Alexandria, Virginia

We have audited the accompanying consolidated financial statements of Plumbers and Pipefitters National Pension Fund and Subsidiary (the Plan), which comprise the consolidated statements of net assets available for benefits as of June 30, 2019 and 2018, and the related consolidated statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Consolidated Financial Statements

Plan management is responsible for the preparation and fair presentation of these consolidated 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

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



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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, information regarding the Plan's consolidated net assets available for benefits as of June 30, 2019 and changes therein for the year then ended and its financial status as of June 30, 2018 and changes therein for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were performed for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The supplemental information on pages 20 through 73 is presented for the purpose of additional analysis and is not a required part of the consolidated financial statements. The supplemental information on pages 21 through 73 are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

CalibreCPAGroup, PLLC

Bethesda, Maryland
January 23, 2020

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

CONSOLIDATED STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
ASSETS		
Investments, at fair value	\$ 6,109,124,035	\$ 6,040,342,717
Investments on loan	<u>(261,496,858)</u>	<u>(451,103,521)</u>
Investments on hand	<u>5,847,627,177</u>	<u>5,589,239,196</u>
Securities lending		
Investments on loan	261,496,858	451,103,521
Cash collateral held for securities on loan	268,083,124	461,540,070
Obligations to refund collateral	<u>(268,083,124)</u>	<u>(461,540,070)</u>
Net securities lending	<u>261,496,858</u>	<u>451,103,521</u>
Receivables		
Employer contributions and reciprocals	55,016,585	53,252,894
Withdrawal liability (net)	470,639	848,869
Interest and dividends	9,809,660	8,600,803
Securities sold	40,682,868	19,073,768
Other	<u>261,781</u>	<u>356,752</u>
Total receivables	<u>106,241,533</u>	<u>82,133,086</u>
Prepaid expenses and deposits	<u>132,416</u>	<u>225,380</u>
Property and equipment (net of depreciation and amortization)	<u>6,702,785</u>	<u>6,869,762</u>
Cash	<u>62,021,127</u>	<u>48,871,073</u>
Total assets	<u>6,284,221,896</u>	<u>6,178,442,018</u>
LIABILITIES		
Securities purchased	38,697,989	28,152,230
Trade creditors	10,835,609	9,408,680
Others	<u>1,840,184</u>	<u>1,792,516</u>
Total liabilities	<u>51,373,782</u>	<u>39,353,426</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 6,232,848,114</u>	<u>\$ 6,139,088,592</u>

See accompanying notes to consolidated financial statements.

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

**CONSOLIDATED STATEMENTS OF CHANGES IN
NET ASSETS AVAILABLE FOR BENEFITS**

YEARS ENDED JUNE 30, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments and foreign currency translation	\$ 236,826,217	\$ 483,290,446
Dividends	46,510,579	43,247,269
Interest	49,755,174	66,494,251
Commissions recovered	24,221	36,652
Rental income (net of expenses)	72,757	78,341
	<u>333,188,948</u>	<u>593,146,959</u>
Less: investment expenses	23,268,583	22,763,718
Net investment income	<u>309,920,365</u>	<u>570,383,241</u>
Contributions		
Employer contributions and reciprocals (net)	430,930,635	409,039,173
Withdrawal liability (net)	-	620,569
Total contributions	<u>430,930,635</u>	<u>409,659,742</u>
Other income	<u>301,524</u>	<u>302,489</u>
Total additions	<u>741,152,524</u>	<u>980,345,472</u>
DEDUCTIONS		
Benefits paid directly to participants	623,366,856	610,927,426
Administrative expenses	24,026,146	24,209,424
Total deductions	<u>647,393,002</u>	<u>635,136,850</u>
NET CHANGE	93,759,522	345,208,622
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>6,139,088,592</u>	<u>5,793,879,970</u>
End of year	<u>\$ 6,232,848,114</u>	<u>\$ 6,139,088,592</u>

See accompanying notes to consolidated financial statements.

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2019 AND 2018

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of Plumbers and Pipefitters National Pension Fund and Subsidiary (the Plan) is provided for general information purposes only. Participants should refer to the Plan Booklet for more complete information.

General - The Plan is a defined benefit pension plan. It is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is funded by participating employers' contributions to the Plan in accordance with collective bargaining agreements.

Pension Benefits - Benefit payments to participants are based upon type of pension, age, and pension credits earned. The Plan provides normal, reduced, early retirement, disability, deferred, vesting, severance, disability severance benefit, spouse's pre-retirement and pre-retirement lump sum death benefits.

Normal Pension - Participants qualify for a normal pension benefit at age 65 or, if later, the fifth anniversary of participation. A participant receives one full year of pension credit, for each year of 1,500 hours which is prorated for each 150 hours less than 1,500 for service following the contribution date (first date a contributing employer makes contributions to the Plan under a collective bargaining agreement). Benefit accrual rates vary based on the year of service and the number of hours worked.

Reduced Pension - Participants qualify for a reduced pension at age 65, with a credited service requirement of at least 1,500 hours of service after the contribution date.

Early Pension - Participants qualify for an early pension at age 55, with a credited service requirement of five years of pension credit, including 1,500 hours after the contribution date.

Disability Pension - Participants qualify for a disability pension at age any age, with a credited service requirement of five years of pension credit, including 1,500 hours after the contribution date, 500 hours in the 24-month period preceding disability and a social security disability award.

Deferred Pension - Participants qualify for a deferred pension at age 40, with a credited service requirement of 15 years of pension credit, including five years of future service credit.

Vesting - Participants qualify for a vesting at any age, with a credited service requirement of five years of vesting credit.

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Severance Benefit - Participants qualify for a severance benefit at any age, with a credited service requirement of five years of future service credit as of June 30, 1982, but before eligibility for vesting.

Disability Severance Benefit - Participants qualify for a disability severance benefit, with a credited service requirement of less than five years of pension credit, but at least 1,500 hours after the contribution date, 500 hours in the 24-month period preceding disability and a social security disability award.

Spouse's Pre-Retirement Death Benefit - Participants qualify for a spouse's pre-retirement death benefit at any age and are eligible for an immediate or deferred pension.

Pre-Retirement Lump Sum Death Benefit - Participants qualify for a pre-retirement lump sum death benefit at any age if not eligible for a pre-retirement spouse pension.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Consolidation - The consolidated financial statements include the accounts of the Plan and its wholly-owned subsidiary, Diplomat Properties Limited Partnership (DPLP). All significant transactions and balances between the entities have been eliminated.

Basis of Accounting - The consolidated financial statements have been prepared using the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

Investment Valuation and Income Recognition - Investments are carried at fair value. The fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Contributions and Contributions Receivable - Contributions due from employers are accrued at year end only as to those amounts applicable to contribution periods which ended on or before the consolidated financial statement dates and are based on subsequent period cash collections. Contributions due the Plan as a result of audits of contributing employers are accrued at year end as plan assets and additions to plan assets only when collection in the subsequent period can be observed.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Withdrawal Liability Receivable and Income - The Plan assesses withdrawal liability to employers who have withdrawn from the Plan in accordance with plan provisions and related regulations. Amounts assessed as withdrawal liability contributions are recorded as receivable when collection of the assessment appears reasonably certain. An allowance for doubtful accounts is established based on estimates of the respective employer's ability to pay the amount owed.

At June 30, 2019 and 2018, withdrawal liability contributions of \$1,977,074 and \$3,153,432, respectively was recorded as receivable. An allowance for doubtful collection of \$1,506,435 and \$2,304,563, respectively, has been recorded as of June 30, 2019 and 2018.

Estimates - The preparation of consolidated financial statements in accordance with the accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Foreign Currency Translation - The accounting records of the Plan are maintained in U.S. dollars. The market value of foreign securities, currency holdings, and other assets and liabilities are recorded in the books and records of the Plan after translation to U.S. dollars based on the exchange rates on that day. The cost of each security is determined using historical exchange rates. Income and withholding taxes are translated at prevailing exchange rates when accrued or incurred. The Plan does not isolate that portion of realized or unrealized gains or losses resulting from changes in the foreign exchange rate on investments from fluctuations arising from changes in the market prices of the securities. Such gains and losses are included with the net realized and unrealized gain or loss on investments.

Net realized gains and losses of foreign currency transactions represent net realized exchange gains or losses on closed foreign currency contracts and disposition of foreign currencies.

Forward Currency Contracts - The Plan has engaged in forward currency contracts, which are agreements between two parties to buy and sell currencies at a set price on a future date, to protect against a decline in value relative to the U.S. dollar of the currencies in which its portfolio securities are denominated or quoted. When the contract is closed, the Plan records a realized gain or loss equal to the difference between the value of the contract at the time it was opened and the value at the time it was closed. The Plan could be exposed to risk if the value of the currency changes unfavorably, if the counterparties to the contracts are unable to meet the terms of their contracts or if the Plan is unable to enter into a closing position.

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

Property and Equipment - Property and equipment are stated at cost, less accumulated depreciation or amortization computed on the straight-line method.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

The following is a summary of property and equipment, less accumulated depreciation:

	2019	2018
Building and improvements	\$ 11,622,559	\$ 11,559,002
Office furniture and furnishings	1,327,677	1,319,950
Data processing equipment	11,623,254	11,526,162
Office equipment	<u>723,941</u>	<u>645,721</u>
	25,297,431	25,050,835
Less: accumulated depreciation	<u>18,594,646</u>	<u>18,181,073</u>
Net property and equipment	<u><u>\$ 6,702,785</u></u>	<u><u>\$ 6,869,762</u></u>

Depreciation expense was \$413,573 and \$495,413 for the years ended June 30, 2019 and 2018.

Employer Contributions and Reciprocals (Net) - Contributions paid from employers under union agreements and reciprocals received, less reciprocals paid (net) for the fiscal years ended June 30, 2019 and 2018, is comprised of the following:

	2019	2018
Contributions from employers	\$ 409,264,655	\$ 397,695,395
Reciprocal receipts	<u>38,169,080</u>	<u>34,042,087</u>
	447,433,735	431,737,482
Deduct: reciprocal payments	<u>16,503,100</u>	<u>22,698,309</u>
Employer contributions and reciprocals (net)	<u><u>\$ 430,930,635</u></u>	<u><u>\$ 409,039,173</u></u>

Reclassifications - Some items may have been reclassified from prior years financial statements for comparability purposes.

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFIT

The actuarial present value of accumulated plan benefits as of July 1, 2018 (most recent valuation date) is as follows:

Participants currently receiving benefits	\$ 4,651,875,668
Other vested	3,352,797,326
Non-vested benefits	<u>173,754,804</u>
Total actuarial present value	<u><u>\$ 8,178,427,798</u></u>

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFIT (CONTINUED)

The following factors affected the change in the actuarial present value of accumulated plan benefits from July 1, 2017 to July 1, 2018:

<u>Factors</u>	<u>Change in Actuarial Present Value of Accumulated Plan Benefits</u>
Accumulated plan benefits - beginning of year	<u>\$ 8,004,890,029</u>
Change in benefit levels due to increase in benefit accruals	126,695,283
Benefits accumulated, net experience gain or loss, changes in data	70,396,625
Benefits paid	(610,927,426)
Interest	<u>587,373,287</u>
Net change	<u>173,537,769</u>
Accumulated plan benefits - end of year	<u><u>\$ 8,178,427,798</u></u>

The actuarial present value of accumulated plan benefits is determined by an actuary from Cheiron and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and expected date of payment. The significant actuarial assumptions used in the valuations as of July 1, 2018 were:

Healthy life mortality rates RP-2000 Combined Mortality (Blue Collar).

Disabled life mortality rates RP-2000 Disabled Mortality.

Disability rates Starting at age 25 with a .026% disability probability moving in increments up to age 65 which has a 0.00% disability probability.

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFIT (CONTINUED)

Rate of turnover	Sample Termination Rates Before Retirement																								
	<table><tr><th><u>Years of Service</u></th><th><u>Rate %</u></th></tr><tr><td>1</td><td>15.00</td></tr><tr><td>2</td><td>13.00</td></tr><tr><td>3</td><td>11.00</td></tr><tr><td>4</td><td>9.00</td></tr><tr><td>5-12</td><td>7.00</td></tr><tr><td>13-14</td><td>6.00</td></tr><tr><td>15</td><td>5.50</td></tr><tr><td>16-18</td><td>5.00</td></tr><tr><td>19-27</td><td>4.00</td></tr><tr><td>28-38</td><td>3.00</td></tr><tr><td>39 & Up</td><td>2.50</td></tr></table>	<u>Years of Service</u>	<u>Rate %</u>	1	15.00	2	13.00	3	11.00	4	9.00	5-12	7.00	13-14	6.00	15	5.50	16-18	5.00	19-27	4.00	28-38	3.00	39 & Up	2.50
<u>Years of Service</u>	<u>Rate %</u>																								
1	15.00																								
2	13.00																								
3	11.00																								
4	9.00																								
5-12	7.00																								
13-14	6.00																								
15	5.50																								
16-18	5.00																								
19-27	4.00																								
28-38	3.00																								
39 & Up	2.50																								
Rate of retirement	Starting at age 55 with a 10% retirement probability moving in increments up to age 70 which has a 100% retirement probability.																								
Percent married	Social Security awards in 1972.																								
Spouse's age	Assumed that husbands are three years older than their spouses.																								
Net investment return	7.50%.																								
Net investment return for current liability	3.00% for current valuation; 3.04% for prior valuation.																								
Annual service credits	Assumed actives will earn 1.02 years of service per year based on the average annual hours of service.																								
Administration expenses	\$22,500,000.																								
Actuarial value of assets	Market value of assets less a portion of the actual market value returns that are more or less than expected returns. The gain or loss for the year equals the market value net investment income less the expected return on an actuarial value based on the net investment return assumption and 25% of the gain or loss is recognized each year for four years. The actuarial value is further adjusted to be within 20% of market value. If such an adjustment is necessary, the gain or loss in the following year is adjusted by an amount equal to the further adjustment, but of the opposite sign.																								
Actuarial cost method	Unit Credit Cost Method.																								

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFIT (CONTINUED)

PRA 2010 Funding Relief The Plan's Board of Trustees elected funding relief under 431(b)(8) of the Code and 304(b)(8) of ERISA, specifically:

The "special amortization rule," which allowed the Plan's investment losses for the Plan's year ended June 30, 2009 to be separately amortized over 29 years, whereas they were previously required to be amortized over 15 years.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since information on the accumulated plan benefits at June 30, 2019, and the changes therein for the year then ended are not included, the financial statements do not purport to present a complete presentation of the financial status of the Plan as of June 30, 2019, and the changes therein for the year then ended, but a presentation of only the net assets available for benefits and the changes therein as of and for the year ended June 30, 2019. The complete financial status of the Plan is presented as of June 30, 2018.

NOTE 4. RETIREMENT PLANS

The Plan has a retirement plan for employees. Pension expense was \$-0- and \$600,000 for fiscal years ended June 30, 2019 and 2018, respectively. Actuarial valuations prepared by an actuary of Cheiron as of July 1, 2018 showed the following:

Actuarial present value of
accumulated plan benefits

Vested	\$ 36,022,178
Non-vested	<u>1,132,855</u>
	<u>\$ 37,155,033</u>

The Plan has also established an employee savings plan under which employees may defer a portion of their annual compensation, pursuant to Section 401(k) of the Internal Revenue Code (IRC). All employees are eligible to participate and may contribute a percentage of their income on a pretax basis up to the dollar limits set by law. There is no matching employer contribution.

NOTE 5. PLAN TERMINATION

1. Right to Terminate - The Trustees shall have the right to discontinue or terminate the Plan in whole or in part. The rights of all affected participants to benefits accrued to the date of termination, partial termination or discontinuance to the extent funded as of such date shall be nonforfeitable.
2. Priorities of Allocation - In the event of termination, assets then remaining in the Plan after providing for any administrative expenses, shall be allocated among the pensioners, beneficiaries, and participants, in the following order:
 - (a) First, in the case of benefits payable as a pension:
 - (i) In the case of the pension of a participant or beneficiary which was in pay status as of the beginning of the 3-year period ending on the termination date of the Plan, to each such pension, based on the provisions of the Plan (as in effect during the 5-year period ending on such date) under which such pension would be the least. The lowest pension in pay status during the 3-year period shall be considered the pension in pay for such period.
 - (ii) In the case of a pension of a participant or beneficiary which would have been in pay status as of the beginning of such 3-year period if the participant had retired if his pension has commenced (in the standard form) as of the beginning of such period, to each such pension based on the provisions of the Plan (as in effect during the 5-year period ending on such date) under which the pension would be the least.
 - (b) Second, to all other benefits (if any) of the individuals under the Plan guaranteed under Title IV of ERISA.
 - (c) Third, to all other vested benefits under this Plan.
 - (d) Fourth, to all other benefits under this Plan.

NOTE 6. FUNDING POLICY

The Plan is financed by employer contributions in accordance with the formulas set forth in the collective bargaining agreements. The Plan met the minimum funding requirements of ERISA as of June 30, 2019 and 2018.

NOTE 7. INCOME TAX STATUS

The Plan obtained its latest determination letter on May 11, 2015, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

NOTE 8. SECURITIES LENDING PROGRAM

The Trustees of the Plan have entered into an agreement with the bank that acts as custodian for the Plan's investments, which authorized the bank to lend securities held in the Plan's accounts to third parties. The bank must obtain collateral from the borrower in the form of cash, letters of credit issued by an entity other than the borrower, or acceptable securities. Both the collateral and the securities loaned are marked-to-market on a daily basis so that all loaned securities are more than fully collateralized at all times. In the event that the loaned securities are not returned by the borrower, the bank will, at its own expense, either replace the loaned securities or, if unable to purchase those securities on the open market, credit the Plan's accounts with cash equal to the fair value of the loaned securities.

The Plan receives 80% of the net revenue derived from all securities lending activities, and the bank receives the remainder of the net revenue. Interest income reported in the consolidated statements of changes in net assets available for benefits includes \$1,370,318 and \$1,945,604 earned by the Plan during the years ended June 30, 2019 and 2018, respectively, in connection with the securities lending program.

Although the Plan's securities lending activities are collateralized as described above, and although the terms of the securities lending agreement with the custodial bank require the bank to comply with government rules and regulations related to the lending of securities held by ERISA plans, the securities lending program involves both market and credit risk. In this context, market risk refers to the possibility that the borrower of securities will be unable to collateralize their loan upon a sudden material change in the fair value of the loaned securities or the collateral, or that the bank's investment of cash collateral received from the borrowers of the Plan's securities may be subject to unfavorable market fluctuations. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts.

NOTE 8. SECURITIES LENDING PROGRAM (CONTINUED)

At June 30, 2019 and 2018, the fair value of securities loaned was \$261,496,858 and \$451,103,521, respectively, while the cash collateral held was \$268,083,124 and \$461,540,070, respectively. In accordance with Statement of Financial Accounting Standards No. 140, the value of the cash collateral held and a corresponding liability to return the collateral have been reported on the accompanying consolidated statements of net assets available for benefits.

NOTE 9. OTHER RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the consolidated statements of net assets available for benefits.

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 consolidated financial statements.

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS

Accounting standards provides the framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include other significant observable inputs including:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - 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 term of the asset or liability.

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

Following are the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2019 and 2018.

Short-term investments: Valued at amortized cost, which approximates fair value.

Corporate bonds and notes: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

U.S. Government and agency obligations: Valued using pricing models maximizing the use of observable inputs for similar securities.

Common and preferred stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual and real estate funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common collective trusts, real estate funds, investment contracts with insurance company and limited partnerships: Valued at NAV. The NAV, as provided by the investment advisor, is used as a practical expedient to estimate fair value. The NAV of these investments is based on the fair value of the underlying assets held by the Fund less its liabilities.

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2019 and 2018:

Description	Assets at Fair Value as of June 30, 2019			
	Totals	Level 1	Level 2	Level 3
Short-term investments	\$ 67,355,389	\$ 67,355,389	\$ -	\$ -
U.S. Government and agency obligations	223,155,743	110,751,872	111,521,264	882,607
Corporate bonds	340,605,518	-	329,514,235	11,091,283
Common and preferred stocks	2,562,651,119	2,511,241,417	2,532,363	48,877,339
Mutual and other funds	104,318,861	104,318,861	-	-
Total assets in the fair value hierarchy	3,298,086,630	\$ 2,793,667,539	\$ 443,567,862	\$ 60,851,229
Investment measured at NAV				
Common collective trust and mutual funds	1,827,416,746			
Real estate funds	542,778,941			
Limited partnerships	438,910,680			
Investment contracts with insurance company	1,931,038			
Total investments measured at NAV*	2,811,037,405			
Total assets at fair value	\$ 6,109,124,035			

Description	Assets at Fair Value as of June 30, 2018			
	Totals	Level 1	Level 2	Level 3
Short-term investments	\$ 63,148,258	\$ 63,148,258	\$ -	\$ -
U.S. Government and agency obligations	203,818,139	119,966,085	82,969,447	882,607
Corporate bonds	333,822,687	-	324,889,151	8,933,536
Common and preferred stocks	2,659,171,290	2,623,608,950	2,741,907	32,820,433
Mutual funds	83,438,987	83,438,987	-	-
Total assets in the fair value hierarchy	3,343,399,361	\$ 2,890,162,280	\$ 410,600,505	\$ 42,636,576
Investment measured at NAV				
Common collective trust and mutual funds	1,756,559,880			
Real estate funds	532,950,794			
Limited partnerships	405,566,944			
Investment contracts with insurance company	1,865,738			
Total investments measured at NAV*	2,696,943,356			
Total assets at fair value	\$ 6,040,342,717			

* In accordance with Accounting Standards Codification, investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the consolidated statements of net assets available for benefits.

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended June 30, 2019:

	U.S. Government Agency Obligations	Corporate Bonds and Notes	Common and Preferred Stocks	Totals
<u>Level 3 Gains and Losses</u>				
Beginning balance, July 1, 2018	\$ 882,607	\$ 8,933,536	\$ 32,820,433	\$ 42,636,576
Realized gains (losses)	-	(47,004)	59,697	12,693
Unrealized gains (losses)	-	(222,977)	15,556,224	15,333,247
Purchases	-	4,688,531	1,790,704	6,479,235
Sales and settlements	-	(2,260,803)	(1,349,719)	(3,610,522)
Ending balance, June 30, 2019	<u>\$ 882,607</u>	<u>\$ 11,091,283</u>	<u>\$ 48,877,339</u>	<u>\$ 60,851,229</u>

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the consolidated statements of changes in net assets available for benefits.

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of consolidated financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

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

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments as of June 30, 2019 and the significant unobservable inputs and the ranges of values for those inputs:

Instrument	Fair Value	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input Value	Weighted Average
U.S. Government bonds	\$ 882,607	Discounted cash flow	Credit risk	Various	Various
Corporate bonds	11,091,283	Discounted cash flow	Credit risk	Various	Various
Common stocks	48,877,339	Third Party Appraisal	Various	Various	Various

In estimating fair value of the investments in Level 3, the Board of Trustees may use third-party pricing sources or appraisers. In substantiating the reasonableness of the pricing data provided by third parties, the Board of Trustees evaluates a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments, and overall credit ratings.

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)**Fair Value of Investments that Calculate Net Asset Value**

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of June 30, 2019 and 2018.

Description	June 30, 2019 Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts and mutual funds	\$ 1,827,416,746	\$ -	Monthly	30 Days
Real estate funds	542,778,941	-	Monthly	30 Days
Limited partnerships	438,910,680	247,428,932	N/A	N/A
Investment contracts with insurance company	1,931,038	-	Monthly	30 Days
	<u>\$ 2,811,037,405</u>	<u>\$ 247,428,932</u>		

Description	June 30, 2018 Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts and mutual funds	\$ 1,756,559,880	\$ -	Monthly	30 Days
Real estate funds	532,950,794	-	Monthly	30 Days
Limited partnerships	405,566,944	208,639,453	N/A	N/A
Investment contracts with insurance company	1,865,738	-	Monthly	30 Days
	<u>\$ 2,696,943,356</u>	<u>\$ 208,639,453</u>		

The Plan's investment in the common collective trusts and mutual funds category are valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the Plan less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The Plan's investment in the real estate funds category is comprised of several investments. Underlying assets in these funds primarily include publicly traded equity securities and fixed income securities and are valued at their NAV calculated by the Plan sponsor and have monthly liquidity.

The Plan's investment in the limited partnerships category consists of numerous individual investments. These investments seek to achieve long term-growth of capital consistent with risk reduction through diversification. These investments are subject to various restrictions on redemption and frequency.

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The fair values of limited partnerships recorded by the Plan are determined from financial statements received by the Plan from the limited partnerships or other entities in which the Plan has invested. Some of these financial statements are financial statements audited by independent accountants other than the Plan's independent auditors and some are unaudited financial statements. In addition, most of these investment vehicles operate as "fund of funds" which invest in limited partnerships and other nonmarketable investments. The entities in which the Plan invests prepare their financial statements stating their investments at fair value as determined in good faith by the general partner or by a third-party valuator based on the best information available, in the absence of readily ascertainable market values.

The Plan's investment in the investment contract is valued at fair value by the insurance company determining the payout based upon the current average credited rate and by calculating the present value of payouts based upon the credited rate available for new deposits into the fixed account of the investment.

NOTE 11. PENSION PROTECTION ACT OF 2006

Under ERISA, as amended by the Pension Protection Act of 2006 (PPA) the actuary of the Plan certified that the Plan is in endangered (Yellow Zone) status for the Plan's year beginning July 1, 2009. Based on the endangered status certification, the Plan's Board of Trustees developed and adopted a "Funding Improvement Plan" (FIP).

The Plan's Board of Trustees adopted the FIP on April 5, 2010. The FIP included four contribution rate increase options, from which parties to the collective bargaining agreements may choose when those collective bargaining agreements expire, if not sooner.

NOTE 12. SUBSEQUENT EVENTS

Subsequent events have been evaluated through January 23, 2020, which is the date the consolidated financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying consolidated financial statements.

SUPPLEMENTAL INFORMATION

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

CONSOLIDATED SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2019 AND 2018

	2019	2018
Payroll	\$ 8,999,027	\$ 8,609,833
Equipment, rent, maintenance and repairs	410,736	380,779
Printing, stationery, and office supplies	181,278	358,503
Telephone	130,315	134,002
Dues and subscriptions	20,233	24,409
Insurance	671,599	531,777
Employees' benefits	2,660,764	2,742,684
Contribution-staff retirement plan	-	600,000
Postage, freight and express	321,797	289,218
Taxes		
Payroll	667,713	643,922
Other	183,311	180,330
Accounting fees and expenses	527,196	581,969
Software expenses	629,382	526,426
Actuarial services and expenses	340,364	266,071
Records storage expenses	141,453	143,814
Other Expenses	120,092	-
Outside services	520,412	374,556
Legal fees and expenses	2,008,666	2,345,916
Virginia property expense	396,887	415,156
Depreciation	413,573	495,413
PBGC	4,501,156	4,381,286
Travel	112,137	106,985
DPLP activity		
Insurance	65,737	65,737
Legal	-	7,205
Administrative and general	2,318	3,433
	<hr/>	<hr/>
Total administrative expenses	\$ 24,026,146	\$ 24,209,424

Exhibit 3
Schedule MB, Line 6 – Summary of Plan Provisions

1. Normal Pension

Age Requirement	65 or, if later, the fifth anniversary of participation.
Commencement of Credited Service	A participant receives one full year of Pension Credit, for each year of 1,500 which is prorated for each 150 hours less than 1,500 for service following the Contribution Date.
Benefit	The monthly Normal Pension amount is equal to the benefit accrued under the Plan in effect December 31, 2004 under Schedule A plus accrual of benefits under Schedule B for service in 2005 plus benefits accrual under Schedule B or C, depending on whether a 25% increase in the current contribution rate was adopted as of July 1, 2006 for 2006, plus Schedule D thereafter, based on the contribution rate and prorated for less than 35 years of credited service as follows:

Schedule A – benefit rates prior to January 1, 2005

Hourly Contribution Rate	Monthly Normal Pension	Hourly Contribution Rate	Monthly Normal Pension
\$0.10	\$140	\$2.10	\$2,333
0.20	281	2.20	2,418
0.30	420	2.30	2,495
0.40	559	2.40	2,570
0.50	699	2.50	2,647
0.60	825	2.60	2,722
0.70	937	2.70	2,800
0.80	1,054	2.80	2,876
0.90	1,167	2.90	2,951
1.00	1,280	3.00	3,027
1.10	1,394	3.10	3,104
1.20	1,494	3.20	3,181
1.30	1,593	3.30	3,256
1.40	1,692	3.40	3,325
1.50	1,793	3.50	3,396
1.60	1,893	3.60	3,460
1.70	1,987	3.70	3,536
1.80	2,071	3.80	3,606
1.90	2,158	3.90	3,676
2.00	2,245	4.00	3,746

For contribution rates over \$4.00 per hour, 2.25% of the additional contribution is added to the monthly normal pension, or if greater, the pension determined from the \$1.10 contribution rate plus 2.25% of the contribution rate in excess of \$1.10.

Exhibit 3
Schedule MB, Line 6 – Summary of Plan Provisions

Schedule B – for benefits earned in 2005 and for 2006 and later under agreements if the 25% contribution increase is not adopted as of July 1, 2006.

Hourly Contribution Rate	Monthly Normal Pension	Hourly Contribution Rate	Monthly Normal Pension
\$ 0.10	\$ 35	\$ 2.10	\$ 583
0.20	70	2.20	604
0.30	105	2.30	624
0.40	140	2.40	643
0.50	175	2.50	662
0.60	206	2.60	680
0.70	234	2.70	700
0.80	264	2.80	719
0.90	292	2.90	738
1.00	320	3.00	757
1.10	349	3.10	776
1.20	373	3.20	795
1.30	398	3.30	814
1.40	423	3.40	831
1.50	448	3.50	849
1.60	473	3.60	867
1.70	497	3.70	884
1.80	518	3.80	902
1.90	540	3.90	919
2.00	561	4.00	937

On and after January 1, 2005, contribution rates at \$4.01 and above provide additional monthly benefits of 0.375% of all contributions above \$4.00 per hour under Schedule B.

Schedule C – for benefits earned in 2006 under agreements if the 25% increase in contributions is adopted as of July 1, 2006.

Hourly Contribution Rate	Monthly Normal Pension	Hourly Contribution Rate	Monthly Normal Pension
\$0.10	\$73	\$2.60	\$1,157
0.20	112	2.70	1,191
0.30	169	2.80	1,225
0.40	224	2.90	1,255
0.50	280	3.00	1,285
0.60	336	3.10	1,316
0.70	386	3.20	1,345
0.80	431	3.30	1,376
0.90	476	3.40	1,407
1.00	527	3.50	1,438
1.10	572	3.60	1,468
1.20	617	3.70	1,498
1.30	664	3.80	1,528
1.40	706	3.90	1,559
1.50	747	4.00	1,590
1.60	786	4.10	1,621
1.70	826	4.20	1,649
1.80	867	4.30	1,676
1.90	907	4.40	1,705
2.00	946	4.50	1,733
2.10	985	4.60	1,761
2.20	1,019	4.70	1,789
2.30	1,054	4.80	1,817
2.40	1,088	4.90	1,845
2.50	1,122	5.00	1,873

Exhibit 3
Schedule MB, Line 6 – Summary of Plan Provisions

On and after January 1, 2006, contribution rates at \$5.01 and above provide additional monthly benefits of 0.75% of all contributions above \$5.00 per hour under Schedule C.

Schedule D – for benefits earned in 2007 and later under agreements if the 25% increase in contributions is adopted as of January 1, 2007.

Hourly Contribution Rate	Monthly Normal Pension	Hourly Contribution Rate	Monthly Normal Pension
\$0.10	\$109	\$2.60	\$1,736
0.20	169	2.70	1,787
0.30	254	2.80	1,837
0.40	337	2.90	1,882
0.50	420	3.00	1,927
0.60	504	3.10	1,974
0.70	579	3.20	2,018
0.80	647	3.30	2,064
0.90	714	3.40	2,111
1.00	791	3.50	2,157
1.10	859	3.60	2,202
1.20	926	3.70	2,247
1.30	995	3.80	2,293
1.40	1,059	3.90	2,339
1.50	1,120	4.00	2,386
1.60	1,180	4.10	2,431
1.70	1,240	4.20	2,473
1.80	1,301	4.30	2,514
1.90	1,360	4.40	2,557
2.00	1,420	4.50	2,599
2.10	1,477	4.60	2,641
2.20	1,528	4.70	2,683
2.30	1,581	4.80	2,725
2.40	1,632	4.90	2,767
2.50	1,684	5.00	2,809

Exhibit 3
Schedule MB, Line 6 – Summary of Plan Provisions

On and after January 1, 2007, contribution rates at \$5.01 and above provide additional monthly benefits of 1.125% of all contributions above \$5.00 per hour under Schedule D.

The benefits valued in this report do not reflect any other benefits structure adopted that may be contingent on accrual rates based on the adoption of higher contributions subsequent to July 1, 2007.

For contracts bargained in accordance with Option 2 of the Funding Improvement Plan (Reduction in Future Accruals), the accrual schedules above are reduced by 75% for benefits earned on or after July 1, 2012 (referred to as Schedule G).

2. Reduced Pension

Age Requirement	65
Credited Service Requirement	Pension Credit, including 1,500 hours after the Contribution Date.
Benefit	Normal Pension proportionately reduced for service less than 35 years. Reduction does not apply to the portion of the benefit, if any, based on 2.25% of contributions.

3. Early Pension

Age Requirement	55
Credited Service Requirement	Five years of Pension Credit, including 1,500 hours after the Contribution Date.
Benefit	Normal or Reduced Pension (based on number of Pension Credits at retirement) reduced by 1.5% for each year of age less than 62 (to age 60) and by 6% for each year less than age 60. For certain groups making supplemental contributions, unreduced early retirement benefits are payable at ages 55 – 61, if age plus years of service totals at least 85.

4. Disability Pension

Age Requirement	None
Credited Service Requirement	Five years of Pension Credit, including 1,500 hours after the Contribution Date, 500 hours in the 24 month period preceding disability and a Social Security Disability Award.
Benefit	Normal or Reduced Pension based on number of Pension Credits at disability.

Exhibit 3
Schedule MB, Line 6 – Summary of Plan Provisions

5. Deferred Pension

Age Requirement	40
Credited Service Requirement	15 years of Pension Credit, including five years of Future Service Credit.
Benefit	Normal or Reduced Pension (based on Pension Credits at termination). Payable on or after age 55, reduced by 1.5% for each year of age less than 62 (to age 60) and by 6% for each year less than age 60.

6. Vesting

Age Requirement	None
Credited Service Requirement	Five years of Vesting Credit
Benefit	Normal or Reduced Pension based on Future Service only payable at Normal Retirement Age.
Normal Retirement Age	Later of age 65 or age on fifth anniversary of participation.

7. Severance Benefit

Age Requirement	None
Credited Service Requirement	Five years of Future Service Credit as of June 30, 1982, but before eligibility for vesting.
Benefit	50% of contributions made on the employee's behalf through June 30, 1982.

8. Disability Severance Benefit

Credited Service Requirement	Less than five years of Pension Credit by 1,500 hours after the Contribution Date, 500 hours in the 24 month period preceding disability and a Social Security Disability Award.
Benefit	100% of contributions made on the employee's behalf. If vested, the greater of 100% of contributions or the present value of the accrued benefit.

Exhibit 3
Schedule MB, Line 6 – Summary of Plan Provisions

9. Spouse's Pre-Retirement Death Benefit

Age Requirement	None
Credited Service Requirement	Eligible for an immediate or deferred pension.
Benefit	100% of the benefit the employee would have received had he retired the day before he died and elected the Husband and Wife option. If the employee dies before age 55, then the benefit is computed as if he died on his 55 th birthday and payments will be made commencing on the first of the month following the date he would have attained age 55.

10. Pre-Retirement Lump Sum Death Benefit

Age Requirement	None
Credited Service Requirement	None. Not eligible for a Pre-retirement Spouse Pension.
Benefit	100% of contributions made on the employee's behalf.

11. Post-Retirement Death Benefit(s)

Five Year Certain Guarantee if Husband and Wife coverage is rejected.

Husband and Wife – If married, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. In the event that the spouse predeceases the pensioner, the benefit shall be increased by the percentage reduction previously applied. If rejected or not married, benefits are payable for the life of the employee with five years of payment guaranteed to all pensioners without reduction or in any other available option form elected by the employee in an actuarially equivalent amount.

12. Past Service Credit

Years of Service after the Contribution Date:

Contribution Date	Maximum Years of Past Service Credit
Prior to January 1, 1980	24
January 1, 1980 through December 31, 1982	20
January 1, 1983 through December 31, 1985	15
January 1, 1986 through December 31, 1999	10
On or after January 1, 2000	5

Exhibit 3
Schedule MB, Line 6 – Summary of Plan Provisions

13. Future Service Credit

Years of Service after the Contribution Date:

Hours Worked in the Calendar Year	Future Service Credit
2,100 or more	1-2/10
1,800 – 2,099	1-1/10
1,500 – 1,799	1
1,350 – 1,499	9/10
1,200 – 1,349	8/10
1,050 – 1,199	7/10
900 – 1,049	6/10
750 – 899	5/10
600 – 749	4/10
450 – 599	3/10
300 – 449	2/10
150 – 299	1/10
Less than 150	0

14. Pension Credit

Sum of Past Service Credit and Future Service Credit.

Participation	Effective upon working in Covered Employment for at least 870 hours in a period of 12 consecutive months.
Vesting Service	870 hours = 1 year

15. Contribution Date

First date a contributing employer makes contributions to the Plan under a Collective Bargaining Agreement.

16. Changes in Benefits Since Last Year

None.

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	<u>Short-term investments</u>						
	PNC Government MM Fd	Money market	N/A	N/A	46,910,118	\$ 46,910,118	\$ 46,910,118
	Foreign Currencies	Money market	N/A	N/A	2,518,650	2,518,650	2,535,385
	Dreyfus Treasury Prime Cash Mgmt	Money market	N/A	N/A	16,892,890	16,892,890	16,892,890
	Reserve Inv't Funds Inc #25	Money market	N/A	N/A	1,016,996	1,016,996	1,016,996
	Total short-term investments					67,338,654	67,355,389
	<u>U.S. Government and agency obligations</u>						
	Federal Home Loan Mortgage Corp	Notes	5/1/2026	7.500%	4,220	4,191	4,700
	Federal Home Loan Mortgage Corp	Notes	6/1/2044	3.500%	156,024	159,961	162,080
	Federal Home Loan Mortgage Corp	Notes	5/1/2047	4.000%	672,213	708,003	702,113
	Federal Home Loan Mortgage Corp	Notes	11/1/2048	4.500%	908,145	928,294	953,479
	Federal Home Loan Mortgage Corp	Notes	6/1/2049	3.000%	1,100,000	1,106,188	1,110,703
	Federal Home Loan Mortgage Corp	Notes	9/1/2048	4.500%	1,145,939	1,178,258	1,204,657
	Federal Home Loan Mortgage Corp	Notes	1/1/2043	3.000%	1,110,669	1,144,162	1,134,559
	Federal Home Loan Mortgage Corp	Notes	5/1/2046	3.500%	521,264	547,979	536,939
	Federal Home Loan Mortgage Corp	Notes	11/1/2047	3.500%	3,821,306	3,928,930	3,936,557
	Federal Home Loan Mortgage Corp	Notes	8/25/2023	Var %	120,645	120,645	120,525
	Federal Home Loan Mortgage Corp	Notes	7/1/2032	7.000%	15,310	15,848	17,605
	Federal Home Loan Mortgage Corp	Notes	11/1/2032	7.000%	52,495	54,340	61,341
	Federal Home Loan Mortgage Corp	Notes	9/1/2032	7.000%	50,208	51,973	57,424
	Federal Home Loan Mortgage Corp	Notes	10/1/2032	7.000%	37,752	39,079	43,954
	Federal Home Loan Mortgage Corp	Notes	4/1/2049	5.000%	250,374	137,126	265,675
	Federal Home Loan Mortgage Corp	Notes	8/1/2048	4.000%	1,550,397	1,584,797	1,621,964
	Federal Home Loan Mortgage Corp	Notes	9/1/2048	4.500%	738,554	765,211	776,397
	Federal Home Loan Mortgage Corp	Notes	8/1/2048	5.000%	198,774	210,328	210,746
	Federal Home Loan Mortgage Corp	Notes	11/1/2048	4.500%	86,556	90,545	90,900
	Federal Home Loan Mortgage Corp	Notes	11/1/2048	5.000%	122,281	129,523	129,792
	Federal Home Loan Mortgage Corp	Notes	2/1/2049	5.000%	45,305	47,947	48,048
	Federal Home Loan Mortgage Corp	Notes	2/1/2049	5.000%	197,303	208,340	209,250
	Federal Home Loan Mortgage Corp	Notes	2/1/2047	4.500%	341,843	358,161	359,892
	Federal Home Loan Mortgage Corp	Notes	9/1/2048	4.000%	80,655	83,314	83,746
	Federal Home Loan Mortgage Corp	Notes	9/1/2048	4.000%	123,322	127,128	128,380
	Federal Home Loan Mortgage Corp	Notes	10/1/2048	4.000%	96,768	99,784	100,765
	Federal Home Loan Mortgage Corp	Notes	11/1/2048	5.000%	504,270	532,872	534,264
	Federal Home Loan Mortgage Corp	Notes	1/1/2049	5.000%	41,868	44,225	44,394
	Federal Home Loan Mortgage Corp	Notes	1/1/2049	4.000%	352,890	362,650	366,286
	Federal Home Loan Mortgage Corp	Notes	12/1/2048	4.000%	862,234	887,629	891,826
	Federal Home Loan Mortgage Corp	Notes	4/1/2047	4.500%	582,420	611,268	613,632
	Federal National Mortgage Association	Notes	6/1/2029	6.000%	23,669	22,034	25,908
	Federal National Mortgage Association	Notes	4/1/2043	3.000%	128,921	126,061	131,142
	Federal National Mortgage Association	Notes	5/1/2043	3.000%	64,640	63,918	65,913
	Federal National Mortgage Association	Notes	6/1/2042	3.247%	75,598	78,362	77,615
	Federal National Mortgage Association	Notes	2/1/2047	3.500%	1,876,384	1,944,623	1,945,210
	Federal National Mortgage Association	Notes	6/1/2043	3.000%	192,815	190,661	196,614
	Federal National Mortgage Association	Notes	8/1/2043	3.000%	156,987	153,534	160,079
	Federal National Mortgage Association	Notes	8/1/2043	3.000%	231,824	226,725	235,806
	Federal National Mortgage Association	Notes	7/1/2046	3.000%	561,184	577,625	568,597

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Federal National Mortgage Association	Notes	4/1/2047	4.000%	1,501,569	\$ 1,585,504	\$ 1,567,968
	Federal National Mortgage Association	Notes	12/1/2047	4.500%	4,122,385	4,351,532	4,338,192
	Federal National Mortgage Association	Notes	11/1/2047	3.500%	1,406,773	1,431,062	1,442,238
	Federal National Mortgage Association	Notes	12/1/2047	4.000%	1,914,240	1,975,705	1,995,978
	Federal National Mortgage Association	Notes	11/1/2048	3.500%	2,120,379	2,149,203	2,165,882
	Federal National Mortgage Association	Notes	11/1/2048	4.500%	892,807	915,406	934,376
	Federal National Mortgage Association	Notes	8/1/2048	4.500%	1,183,756	1,217,743	1,244,435
	Federal National Mortgage Association	Notes	10/1/2048	4.500%	1,298,519	1,337,677	1,363,172
	Federal National Mortgage Association	Notes	5/1/2047	4.000%	1,843,550	1,943,073	1,924,335
	Federal National Mortgage Association	Notes	11/1/2048	4.500%	1,176,098	1,207,384	1,228,623
	Federal National Mortgage Association	Notes	12/1/2029	7.000%	426	509	495
	Federal National Mortgage Association	Notes	8/1/2032	7.000%	39,650	41,192	47,035
	Federal National Mortgage Association	Notes	11/1/2029	7.000%	19,728	20,496	22,475
	Federal National Mortgage Association	Notes	4/1/2037	Var %	491	493	494
	Federal National Mortgage Association	Notes	10/1/2022	6.000%	452	472	467
	Federal National Mortgage Association	Notes	12/31/2049	4.000%	2,914,054	3,113,940	3,047,897
	Federal National Mortgage Association	Notes	3/1/2047	4.000%	86,889	89,930	90,824
	Federal National Mortgage Association	Notes	6/1/2047	5.000%	175,201	185,535	185,799
	Federal National Mortgage Association	Notes	5/1/2048	5.000%	40,415	42,619	42,829
	Federal National Mortgage Association	Notes	6/1/2047	4.500%	106,979	112,294	113,016
	Federal National Mortgage Association	Notes	8/1/2047	4.000%	275,918	284,843	287,783
	Federal National Mortgage Association	Notes	7/1/2048	5.000%	152,295	160,909	161,169
	Federal National Mortgage Association	Notes	10/1/2048	5.000%	161,866	171,022	171,512
	Federal National Mortgage Association	Notes	8/1/2048	5.000%	56,909	60,012	60,251
	Federal National Mortgage Association	Notes	8/1/2048	4.500%	134,570	140,815	141,724
	Federal National Mortgage Association	Notes	12/1/2048	5.000%	37,826	40,238	40,299
	Federal National Mortgage Association	Notes	9/1/2048	4.000%	150,563	155,315	156,304
	Federal National Mortgage Association	Notes	9/1/2048	5.000%	62,018	65,546	65,639
	Federal National Mortgage Association	Notes	4/1/2048	4.000%	243,766	244,452	254,041
	Federal National Mortgage Association	Notes	4/1/2048	4.000%	298,408	308,060	310,646
	Federal National Mortgage Association	Notes	10/1/2048	4.500%	505,064	526,016	533,150
	Federal National Mortgage Association	Notes	5/1/2048	5.000%	145,658	154,238	154,640
	Federal National Mortgage Association	Notes	2/1/2049	4.500%	430,107	453,864	456,757
	Federal National Mortgage Association	Notes	3/1/2049	5.000%	53,943	57,552	57,645
	Federal National Mortgage Association	Notes	2/1/2049	4.000%	205,237	212,421	214,877
	Federal National Mortgage Association	Notes	1/1/2049	5.000%	326,680	344,749	346,545
	Federal National Mortgage Association	Notes	11/1/2048	4.000%	106,780	111,018	111,843
	Federal National Mortgage Association	Notes	12/1/2048	4.500%	1,487,509	1,551,472	1,560,159
	Federal National Mortgage Association	Notes	10/1/2048	4.000%	162,314	166,930	168,167
	Federal National Mortgage Association	Notes	12/1/2048	4.500%	110,697	116,314	116,383
	Federal National Mortgage Association	Notes	11/1/2048	4.500%	52,502	54,955	55,143
	Federal National Mortgage Association	Notes	11/1/2048	4.500%	4,817,851	5,011,564	4,914,253
	Federal National Mortgage Association	Notes	1/1/2049	4.500%	66,578	69,423	69,699
	Federal National Mortgage Association	Notes	2/1/2049	4.500%	146,692	153,729	155,040
	Federal National Mortgage Association	Notes	2/1/2049	5.000%	210,047	224,586	226,053
	Federal National Mortgage Association	Notes	2/1/2049	4.500%	880,077	917,147	921,608
	Federal National Mortgage Association	Notes	4/1/2049	5.000%	548,259	579,526	580,946
	Federal National Mortgage Association	Notes	4/1/2049	4.500%	54,822	57,401	57,535
	Federal National Mortgage Association	Notes	4/1/2049	4.500%	159,626	167,383	167,499

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Federal National Mortgage Association	Notes	5/1/2049	4.500%	59,931	\$ 62,815	\$ 62,887
	Federal National Mortgage Association	Notes	5/1/2049	4.500%	54,933	57,577	57,635
	Federal National Mortgage Association	Notes	4/1/2048	5.000%	77,818	82,973	83,747
	Federal National Mortgage Association	Notes	5/1/2048	5.000%	278,484	294,584	295,332
	Federal National Mortgage Association	Notes	7/1/2048	4.500%	888,461	922,889	933,364
	Federal National Mortgage Association	Notes	8/1/2048	4.500%	967,596	1,002,974	1,016,508
	Federal National Mortgage Association	Notes	6/1/2048	5.000%	120,008	126,786	126,968
	Federal National Mortgage Association	Notes	6/1/2048	4.000%	383,987	395,627	399,116
	Federal National Mortgage Association	Notes	9/1/2048	5.000%	488,792	516,133	517,840
	Federal National Mortgage Association	Notes	11/1/2048	4.500%	1,712,769	1,774,636	1,789,261
	Federal National Mortgage Association	Notes	12/1/2048	4.500%	2,075,800	2,150,283	2,171,785
	FREMF Mortgage Trust Series	Notes	2/25/2022	3.669%	570,000	567,555	585,248
	Government National Mortgage Association	Notes	12/15/2023	7.000%	9,118	9,364	9,697
	Government National Mortgage Association	Notes	4/20/2043	3.500%	1,627,630	1,671,373	1,685,818
	Government National Mortgage Association	Notes	4/20/2044	2.000%	435,913	447,492	447,216
	Government National Mortgage Association	Notes	10/20/2048	4.500%	1,197,767	1,231,080	1,248,756
	Government National Mortgage Association	Notes	10/20/2048	5.000%	842,429	879,186	882,038
	Government National Mortgage Association	Notes	11/15/2029	7.000%	392	-	394
	Government National Mortgage Association	Notes	10/15/2029	7.500%	342	383	387
	Government National Mortgage Association	Notes	9/15/2028	7.500%	591	1,491	671
	Australian Govt	Bonds	10/21/2019	2.750%	3,370,000	2,627,485	2,378,498
	Bonos De Tesoreria	Bonds	2/12/2029	5.940%	9,140,000	2,704,302	3,022,240
	Malaysia Government	Bonds	11/30/2021	3.620%	1,610,000	401,538	392,328
	Malaysia Government	Bonds	11/30/2026	3.900%	750,000	175,269	184,805
	Malaysia Government	Bonds	10/15/2020	3.659%	8,075,000	-	1,964,270
	Malaysia Government	Bonds	9/15/2025	3.955%	2,025,000	468,177	501,207
	Malaysia Government	Bonds	11/16/2027	3.899%	4,420,000	6,619,240	1,087,831
	Malaysia Government	Bonds	9/30/2021	4.048%	4,750,000	1,364,158	1,167,498
	Malaysia Government	Bonds	3/15/2023	3.480%	4,460,000	1,380,560	1,081,593
	Malaysia Government Bond	Bonds	3/10/2022	3.882%	3,435,000	830,524	882,607
	Mex Bonos Desarr Fix Rt	Bonds	11/18/2038	8.500%	684,000	5,721,847	3,817,404
	Mex Bonos Desarr Fix Rt	Bonds	11/7/2047	8.000%	298,000	1,750,667	1,580,592
	Mex Bonos Desarr Fix Rt	Bonds	5/31/2029	8.500%	612,800	5,627,325	3,401,653
	Mex Bonos Desarr Fix Rt	Bonds	11/13/2042	7.750%	984,000	-	5,090,232
	Mex Bonos Desarr Fix Rt	Bonds	11/23/2034	7.750%	206,000	1,020,976	1,079,646
	New South Wales Treasury	Bonds	4/8/2021	4.000%	815,000	610,743	600,936
	Nota Do Tesouro Nacional	Bonds	1/1/2021	10.000%	2,240	954,018	616,670
	Nota Do Tesouro Nacional	Bonds	1/1/2023	10.000%	11,145	4,646,724	3,197,439
	Poland Government Bond	Bonds	10/25/2020	5.250%	4,045,000	1,166,746	1,136,758
	Poland Government Bond	Bonds	7/25/2019	3.250%	6,755,000	1,944,159	1,811,224
	Poland Government Bond	Bonds	4/25/2020	1.500%	5,640,000	1,685,236	1,511,915
	Poland Government Bond	Bonds	4/25/2021	2.000%	4,735,000	1,292,451	1,277,454
	Queensland Treasury Corp	Bonds	6/21/2021	5.500%	1,875,000	1,449,035	1,427,207
	Republic Of South Africa	Bonds	2/28/2041	6.500%	44,330,000	3,823,493	2,248,129
	Republic Of South Africa	Bonds	2/28/2048	8.750%	48,770,000	3,514,433	3,122,177
	USA Treasury Bond	Bonds	8/15/2048	3.000%	1,740,000	1,726,658	1,908,293
	USA Treasury Bonds	Bonds	2/15/2031	5.375%	533,000	658,200	715,824
	USA Treasury Bonds	Bonds	8/15/2048	3.000%	538,000	536,384	590,035

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
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		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	USA Treasury Bonds	Bonds	5/15/2040	4.375%	730,000	\$ 880,353	\$ 971,929
	USA Treasury Bonds	Bonds	2/15/2040	4.625%	302,000	366,411	414,649
	USA Treasury Notes	Notes	2/15/2029	2.625%	6,330,000	6,328,599	6,675,175
	USA Treasury Notes	Notes	2/15/2049	3.000%	8,290,000	8,489,302	9,104,741
	USA Treasury Notes	Notes	11/15/2048	3.375%	5,805,000	6,078,579	6,833,356
	USA Treasury Notes	Notes	1/31/2021	Var %	5,720,000	5,743,149	5,714,795
	USA Treasury Notes	Notes	4/30/2021	Var %	11,480,000	11,497,963	11,470,816
	USA Treasury Notes	Notes	5/31/2026	2.125%	7,300,000	7,394,102	7,422,056
	USA Treasury Notes	Notes	3/31/2024	2.125%	3,020,000	3,941,104	3,070,494
	USA Treasury Notes	Notes	4/30/2024	2.250%	5,868,000	5,004,873	6,001,204
	USA Treasury Notes	Notes	8/15/2046	2.250%	140,000	117,424	132,268
	USA Treasury Notes	Notes	2/15/2045	2.500%	83,300	73,389	82,984
	USA Treasury Notes	Notes	5/15/2046	2.500%	350,000	354,958	347,977
	USA Treasury Notes	Notes	2/15/2029	2.625%	1,161,000	1,168,298	1,224,309
	USA Treasury Notes	Notes	8/15/2047	2.750%	773,900	758,293	807,696
	USA Treasury Notes	Notes	11/15/2047	2.750%	384,800	358,970	401,650
	USA Treasury Notes	Notes	5/15/2043	2.875%	566,700	539,979	606,103
	USA Treasury Notes	Notes	2/15/2047	3.000%	330,000	340,120	361,904
	USA Treasury Notes	Notes	2/15/2049	3.000%	900,000	987,961	999,459
	USA Treasury Notes	Notes	5/15/2045	3.000%	205,400	207,185	224,617
	USA Treasury Notes	Notes	5/15/2047	3.000%	705,000	722,740	772,116
	USA Treasury Notes	Notes	11/15/2045	3.000%	129,400	138,201	141,613
	USA Treasury Notes	Notes	5/15/2048	3.125%	2,155,000	2,110,732	2,418,147
	USA Treasury Notes	Notes	7/15/2028	0.625%	2,367,800	2,322,701	2,512,337
	USA Treasury Notes	Notes	5/15/2029	2.375%	3,311,000	3,344,579	3,410,580
	USA Treasury Notes	Notes	5/31/2020	1.375%	870,000	857,831	864,971
	USA Treasury Notes	Notes	8/31/2020	1.375%	2,385,000	2,335,911	2,370,285
	USA Treasury Notes	Notes	5/31/2020	1.500%	1,140,000	1,121,742	1,134,745
	USA Treasury Notes	Notes	6/30/2020	1.625%	550,000	1,090,384	548,196
	USA Treasury Notes	Notes	7/31/2020	1.625%	3,335,000	3,293,804	3,323,928
	USA Treasury Notes	Notes	8/15/2046	2.250%	1,350,000	1,140,274	1,275,440
	USA Treasury Notes	Notes	2/15/2045	2.500%	9,385,000	7,888,532	9,349,431
	USA Treasury Notes	Notes	5/15/2046	2.500%	1,145,000	1,078,711	1,138,382
	USA Treasury Notes	Notes	2/15/2046	2.625%	6,290,000	5,977,843	6,257,103
	USA Treasury Notes	Notes	5/15/2021	2.625%	625,000	633,650	634,644
	USA Treasury Notes	Notes	7/31/2020	2.625%	3,225,000	3,232,508	3,248,672
	USA Treasury Notes	Notes	9/30/2020	2.750%	465,000	469,915	469,869
	USA Treasury Notes	Notes	11/15/2047	2.750%	1,080,000	1,047,691	1,127,293
	USA Treasury Notes	Notes	2/15/2048	3.000%	2,760,000	2,785,175	3,016,388
	USA Treasury Notes	Notes	2/15/2049	3.000%	590,000	656,036	655,396
	Western Australian Treasury Co	Bonds	10/15/2019	7.000%	1,825,000	1,583,587	1,303,575
	Total U.S. Government and agency obligations					225,294,619	223,155,743

**PLUMBERS AND PIPEFITTERS NATIONAL
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JUNE 30, 2019

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EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	<u>Corporate bonds and notes</u>						
	1011778 Bc / New Red Fin	Bonds	5/15/2024	4.250%	1,210,000	\$ 1,201,419	\$ 1,223,613
	1011778 Bc / New Red Fin	Bonds	10/15/2025	5.000%	335,000	336,675	337,613
	Abbott Laboratories	Notes	11/30/2023	3.400%	863,000	858,935	899,772
	Abbott Laboratories	Notes	11/30/2023	3.400%	538,000	535,466	560,924
	Abbvie Inc	Notes	11/6/2022	3.200%	65,000	64,872	65,962
	Abbvie Inc	Notes	11/14/2028	4.250%	135,000	133,846	144,314
	Actavis Funding Scs	Bonds	3/15/2022	3.450%	473,000	472,328	482,942
	Advocate Health Corp	Notes	8/15/2028	3.829%	265,000	265,000	288,195
	Aep Tex Central Trans Fu	Bonds	7/1/2021	5.306%	124,746	126,923	126,652
	Aercap Global Aviation	Notes	6/15/2045	Var%	465,000	485,306	483,600
	Aetna Inc	Notes	6/15/2023	2.800%	375,000	374,453	377,254
	Air Liquide Finance	Bonds	9/27/2023	2.250%	200,000	199,498	198,844
	Alabama Power Co	Bonds	12/1/2047	3.700%	320,000	319,587	323,872
	Ally Auto Receivables Trust Series	Bonds	6/15/2021	1.700%	145,923	144,823	145,578
	Ally Financial Inc	Notes	9/15/2020	7.500%	1,105,000	1,192,263	1,163,013
	Ally Financial Inc	Notes	3/15/2020	8.000%	1,210,000	1,376,522	1,253,306
	Ally Financial Inc	Notes	4/15/2021	4.250%	335,000	337,477	341,281
	Altice Financing Sa	Bonds	5/15/2026	7.500%	360,000	352,406	361,836
	Altice Financing Sa	Bonds	2/1/2027	8.125%	605,000	608,150	635,250
	Altice Luxembourg Sa	Bonds	5/15/2027	10.500%	250,000	250,000	256,875
	Altice Sa	Bonds	2/15/2025	7.625%	635,000	626,836	597,300
	Altria Group Inc	Notes	2/14/2029	4.800%	781,000	778,790	840,192
	Altria Group Inc	Notes	2/14/2026	4.400%	261,000	260,455	279,283
	Amc Entertainment Holdin	Notes	5/15/2027	6.125%	650,000	660,260	578,500
	Amc Entertainment Inc	Notes	6/15/2025	5.750%	1,375,000	1,313,520	1,273,663
	Amc Networks Inc	Notes	8/1/2025	4.750%	345,000	346,513	348,450
	Amc Networks Inc	Notes	4/1/2024	5.000%	435,000	423,325	447,506
	American Express Co	Notes	10/5/2021	Var %	1,025,000	1,025,000	1,030,269
	American Express Co	Notes	8/1/2022	2.500%	250,000	249,803	251,588
	American Intl Group	Notes	4/1/2026	3.900%	190,000	189,905	198,854
	American Intl Group	Notes	4/1/2048	4.750%	25,000	24,520	27,595
	American Intl Group	Notes	4/1/2026	3.900%	400,000	399,800	418,640
	American Intl Group	Notes	3/1/2021	3.300%	532,000	531,854	539,182
	American Mun Pwr Ohio Inc	Bonds	2/15/2050	8.084%	170,000	251,411	295,594
	Amgen Inc	Notes	11/15/2041	5.150%	105,000	104,670	120,706
	Amkor Technology Inc	Notes	9/15/2027	6.625%	510,000	511,050	506,864
	Anheuser-Busch Co/Inbev	Notes	2/1/2036	4.700%	85,000	85,806	93,242
	Anheuser-Busch Co/Inbev	Notes	1/23/2039	5.450%	135,000	134,625	160,659
	Anheuser-Busch Co/Inbev	Notes	1/23/2049	5.550%	210,000	209,301	257,357
	Anheuser-Busch Co/Inbev	Notes	4/15/2048	4.600%	220,000	218,511	235,477
	Anheuser-Busch Inc	Bonds	1/23/2025	4.150%	545,000	544,455	590,355
	Antero Midstream Part/Fi Ser	Bonds	9/15/2024	5.375%	870,000	873,464	864,563
	Anthem Inc	Notes	12/1/2027	3.650%	450,000	449,096	467,789
	Anthem Inc	Notes	12/1/2024	3.350%	140,000	139,955	144,831
	Apple Inc	Notes	6/20/2027	3.000%	845,000	843,048	865,964
	Apple Inc	Notes	5/13/2045	4.375%	190,000	189,307	216,551
	Aramark Services Inc	Notes	1/15/2024	5.125%	935,000	960,713	960,713
	Aramark Services Inc	Notes	2/1/2028	5.000%	250,000	251,772	257,188

**PLUMBERS AND PIPEFITTERS NATIONAL
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SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

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EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value	
	Ard Finance Sa	Bonds	9/15/2023	7.125%	500,000	\$ 493,988	\$ 511,250	
	Ardagh Pkg Fin/Hldgs	Bonds	5/15/2024	7.250%	350,000	367,094	368,813	
	Ardagh Pkg Fin/Hldgs	Bonds	2/15/2025	6.000%	1,590,000	1,593,125	1,647,638	
	Ascent Resources/Aru Fin	Bonds	4/1/2022	10.000%	492,000	506,580	520,856	
	Ascent Resources/Aru Fin	Bonds	11/1/2026	7.000%	1,170,000	1,139,340	1,067,625	
	Ashco	Bonds	n/a	Var%	513,492	339,407	513,492	
	Assuredpartners Inc	Notes	8/15/2025	7.000%	545,000	501,531	541,594	
	Astrazeneca Plc	Bonds	8/17/2023	3.500%	195,000	194,362	203,375	
	AT&T Inc	Notes	5/15/2025	3.400%	570,000	572,008	585,966	
	AT&T Inc	Notes	5/15/2025	3.400%	215,000	213,819	221,022	
	AT&T Inc	Notes	6/1/2024	3.550%	240,000	239,779	249,660	
	AT&T Inc	Notes	8/15/2040	6.000%	395,000	389,703	469,461	
	AT&T Inc	Notes	8/15/2041	5.550%	150,000	149,004	173,135	
	Avantor Inc	Notes	10/1/2025	9.000%	440,000	486,750	490,600	
	Avis Budget Car/Finance	Notes	3/15/2025	5.250%	535,000	501,644	537,675	
	Avis Budget Car/Finance	Notes	4/1/2023	5.500%	155,000	151,388	158,294	
	Axa Equitable Holdings	Bonds	4/20/2028	4.350%	790,000	788,539	830,788	
	Bae Systems Plc	Notes	10/11/2021	4.750%	295,000	294,699	308,915	
	Ball Corp Co	Notes	12/15/2020	4.375%	570,000	581,372	582,540	
	Ball Corp Co	Notes	3/15/2022	5.000%	400,000	423,064	420,500	
	Bank Amer Corp	Notes	5/17/2022	Var%	135,000	135,000	137,601	
	Bank Amer Corp	Notes	7/23/2024	Var%	310,000	310,000	325,602	
	Bank Amer Corp	Notes	3/3/2026	4.450%	255,000	255,491	275,053	
	Bank Amer Corp	Notes	10/1/2025	Var%	470,000	470,000	481,595	
	Bank Amer Corp	Notes	1/22/2025	4.000%	30,000	29,819	31,554	
	Bank Amer Corp	Notes	3/15/2050	Var%	130,000	130,000	144,931	
	Bank Of America Corp	Notes	8/26/2024	4.200%	215,000	214,843	228,545	
	Bank Of America Corp	Bonds	8/1/2025	3.875%	810,000	837,278	866,919	
	Bank Of America Corp	Bonds	4/24/2028	Var %	1,040,000	1,030,110	1,092,728	
	Bank Of New York Mellon	Notes	5/15/2024	3.400%	505,000	504,742	527,745	
	Bank Of Nova Scotia	Bonds	4/20/2021	3.125%	375,000	374,288	380,805	
	Bank Of The West	Bonds	10/17/2022	2.400%	375,000	374,965	375,293	
	Barclays Bank Plc	Bonds	6/12/2021	10.179%	630,000	847,583	713,066	
	Barclays Plc	Bonds	5/16/2024	Var %	510,000	510,000	502,488	
	Bat Capital Corp	Notes	8/15/2027	3.557%	175,000	174,008	174,080	
	Bat Capital Corp	Notes	8/15/2024	3.222%	202,000	191,658	203,327	
	Bat Capital Corp	Notes	8/15/2022	2.764%	510,000	510,000	510,775	
	Bausch Health Americas	Notes	1/31/2027	8.500%	475,000	490,438	522,272	
	Bausch Health Cos Inc	Notes	8/15/2027	5.750%	135,000	135,000	141,882	
	Bausch Health Cos Inc	Notes	1/15/2028	7.000%	365,000	123,900	378,231	
	Baxalta Inc	Notes	6/23/2022	3.600%	84,000	84,032	86,198	
	Bayer Us Finance	Notes	12/15/2023	3.875%	725,000	722,637	752,840	
	Bba Us Holdings Inc	Notes	5/1/2026	5.375%	435,000	435,000	451,313	
	Bcp	Bonds	n/a	Var%	383,316	378,530	383,316	
	Beacon Escrow Corp	Notes	11/1/2025	4.875%	1,015,000	973,956	1,004,850	
	Berlin Packaging	Bonds	n/a	Var%	519,750	520,708	519,750	
	Berry Global Escrow Corp	Bonds	7/15/2027	5.625%	885,000	899,044	920,400	
	Berry Global Inc	Bonds	2/15/2026	4.500%	355,000	337,788	349,675	

**PLUMBERS AND PIPEFITTERS NATIONAL
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	Berry Plastics Corp	Bonds	7/15/2023	5.125%	690,000	\$ 697,314	\$ 705,387
	Bg Energy Capital Plc	Notes	10/15/2021	4.000%	425,000	421,643	439,301
	Big River Steel	Bonds	9/1/2025	7.250%	1,018,000	1,053,869	1,069,460
	Biogen Inc	Notes	9/15/2022	3.625%	115,000	114,908	118,701
	Bmw Us Capital LLC	Bonds	4/12/2021	3.100%	120,000	119,928	121,404
	Bmw Us Capital LLC	Notes	4/6/2020	Var %	1,360,000	1,364,532	1,362,747
	Boston Properties Inc	Notes	6/1/2029	3.400%	740,000	738,631	757,982
	Boston Properties Inc	Notes	6/21/2029	3.400%	180,000	179,667	184,374
	Boston Scientific Corp	Notes	3/1/2024	3.450%	307,000	306,816	320,428
	Boyd Gaming Corp	Bonds	5/15/2023	6.875%	435,000	467,383	449,138
	Boyd Gaming Corp	Bonds	4/1/2026	6.375%	785,000	823,269	830,436
	Bp Cap Markets	Bonds	11/28/2023	3.216%	390,000	390,000	402,293
	Bpce Sa	Bonds	7/26/2029	2.750%	364,000	360,888	366,326
	Brazos Delaware	Bonds	n/a	Var%	384,016	372,701	384,016
	Bristol-Myers Squibb Co	Notes	7/1/2029	3.400%	505,000	500,834	528,705
	Bristol-Myers Squibb Co	Notes	6/15/2026	3.200%	290,000	289,211	301,313
	Bruin E&P Partners LLC	Bonds	8/1/2023	8.875%	255,000	238,575	214,200
	Burlingtn North Santa Fe	Notes	4/1/2044	4.900%	55,000	58,585	67,296
	Bway Holding Co	Notes	4/15/2024	5.500%	600,000	602,869	600,300
	Bway Holding Co	Notes	4/15/2025	7.250%	1,085,000	781,550	1,047,025
	Bway Holding Co	Bonds	n/a	Var%	367,190	353,984	367,190
	Caesars Resort / Finco	Notes	10/15/2025	5.250%	250,000	245,625	250,783
	Calpine Corp	Notes	1/15/2023	5.375%	620,000	584,678	627,198
	Calpine Corp	Notes	1/15/2025	5.750%	595,000	559,938	590,538
	Calpine Corp	Notes	1/15/2022	6.000%	1,125,000	1,155,285	1,130,625
	Calpine Corp	Notes	1/15/2024	5.875%	155,000	159,456	158,488
	Camden Property Trust	Bonds	10/21/2026	3.150%	150,000	149,627	152,391
	Capital One Prime	Notes	4/15/2022	2.970%	205,000	204,983	205,773
	Cards li Trust Series	Bonds	5/15/2024	Var%	185,000	185,000	185,000
	Catalent Pharma Solution	Notes	7/15/2027	5.000%	225,000	225,000	228,938
	Caterpillar Financial Se	Bonds	8/20/2021	2.750%	280,000	279,434	282,380
	Caterpillar Finl Service	Notes	3/15/2021	Var %	1,880,000	1,889,563	1,879,398
	Cco Hldgs LLC/Cap Corp Co	Bonds	9/30/2022	Var%	750,000	758,723	761,325
	Cco Hldgs LLC/Cap Corp Co	Notes	2/15/2026	575.000%	1,500,000	1,556,635	1,573,125
	Cco Hldgs LLC/Cap Corp Co	Notes	4/1/2024	587.500%	345,000	354,056	360,525
	Cco Hldgs LLC/Cap Corp Co	Notes	5/1/2023	512.500%	660,000	690,076	673,820
	Cco Hldgs LLC/Cap Corp Co	Notes	2/1/2028	5.000%	1,545,000	1,507,346	1,577,754
	Cdk Global Inc	Notes	10/15/2024	5.000%	175,000	178,569	183,313
	Cdk Global Inc	Notes	10/15/2019	3.800%	195,000	195,975	195,244
	CDW LLC	Notes	9/1/2023	5.000%	374,000	390,436	380,545
	CDW LLC	Notes	9/1/2025	5.000%	230,000	231,313	239,488
	Cedar Fair	Notes	4/15/2027	5.375%	410,000	405,626	425,375
	Cedar Fair Lp	Notes	7/15/2029	5.250%	270,000	270,000	275,484
	Centene Corp	Notes	5/15/2022	4.750%	980,000	1,010,688	1,000,825
	Centene Corp	Notes	2/15/2024	6.125%	650,000	688,544	680,875
	Centennial Resource	Bonds	4/1/2027	6.875%	365,000	365,913	368,650
	Centurylink	Bonds	n/a	Var%	996,845	992,917	996,845
	Cf Industries Inc	Notes	3/15/2044	5.375%	410,000	362,044	384,498

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EIN: 52-6152779
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(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	CFX Escrow Corp	Notes	2/15/2024	6.000%	290,000	\$ 290,000	\$ 306,675
	CFX Escrow Corp	Notes	2/15/2026	6.375%	315,000	317,000	337,838
	Cheniere Corp	Notes	3/31/2025	5.875%	460,000	488,002	512,325
	Cheniere Corp	Notes	6/30/2024	7.000%	155,000	172,438	178,266
	Cheniere Energy Partners	Notes	10/1/2026	5.625%	475,000	480,069	501,125
	Cheniere Energy Partners	Notes	10/1/2025	5.250%	1,325,000	1,342,156	1,369,719
	Chesapeake Energy Corp	Notes	3/15/2026	8.000%	408,000	265,481	370,260
	Chesapeake Energy Corp	Notes	1/15/2025	8.000%	655,000	1,051,024	607,513
	Chesapeake Energy Corp	Notes	6/15/2027	8.000%	805,000	1,058,588	709,406
	Chevron Corp	Notes	3/3/2024	2.895%	370,000	370,000	382,203
	Churchill Downs Inc	Notes	4/1/2027	5.500%	565,000	565,000	591,487
	Cit Group Inc	Notes	2/16/2024	4.750%	520,000	520,000	552,464
	Cit Group Inc	Notes	8/15/2022	5.000%	1,310,000	1,345,770	1,390,002
	Citibank Credit Card Issuance Series	Bonds	9/20/2021	1.800%	238,000	236,159	237,672
	Citibank Na	Bonds	5/20/2022	Var%	425,000	425,000	425,531
	Citicorp Inc	Notes	4/24/2025	Var%	240,000	240,000	247,915
	Citigroup Commercial Mortgage Series	Bonds	4/10/2048	2.674%	208,339	207,296	208,452
	Citigroup Inc	Notes	10/15/2025	4.300%	510,000	504,625	541,610
	Citigroup Inc	Notes	1/10/2020	Var %	645,000	645,000	646,948
	Citigroup Inc	Notes	11/20/2026	3.200%	1,245,000	1,189,324	1,269,701
	Citigroup Inc	Notes	7/23/2048	4.650%	60,000	59,971	69,811
	Citigroup Inc	Notes	1/14/2022	4.500%	475,000	521,441	499,315
	Citigroup Inc	Notes	1/24/2023	Var%	145,000	145,000	147,478
	Citigroup Inc	Notes	1/12/2026	3.700%	155,000	154,794	163,169
	Citizens Communications Co	Notes	8/15/2031	9.000%	853,000	912,603	484,078
	Clean Harbors Inc	Notes	7/15/2027	4.875%	270,000	270,000	275,738
	Clean Harbors Inc	Notes	7/15/2029	5.125%	125,000	125,000	127,813
	Clear Channel Worldwide	Notes	2/15/2024	9.250%	630,000	633,119	683,550
	Clear Channel Worldwide	Notes	11/15/2022	6.500%	145,000	148,188	148,263
	Clear Channel Worldwide	Notes	11/15/2022	6.500%	110,000	112,613	112,063
	Cleveland-Cliffs Inc	Notes	6/1/2027	5.875%	640,000	618,269	622,400
	Cnh Industrial Capital	Notes	4/1/2021	4.875%	290,000	296,206	300,017
	Columbia Hca Healthcare	Notes	6/15/2025	7.690%	550,000	529,601	646,250
	Comcast Corp	Notes	4/16/2021	3.950%	443,000	442,455	477,944
	Comcast Corp	Notes	8/15/2035	4.400%	405,000	404,753	451,097
	Commscope Finance LLC	Notes	3/1/2026	6.000%	295,000	295,000	302,375
	Commscope Finance LLC	Notes	3/1/2027	8.250%	655,000	659,313	668,002
	Commscope Tech Finance	Notes	6/15/2025	6.000%	1,078,000	1,065,494	1,010,312
	Commscope Tech LLC	Notes	3/15/2027	5.000%	1,235,000	1,029,110	1,074,450
	Conocophillips	Notes	11/15/2034	4.150%	72,000	71,970	77,383
	Cons Edison Co OfNy	Notes	3/15/2044	4.450%	350,000	349,706	385,522
	Constellation Nv	Bonds	3/1/2025	6.625%	559,000	562,480	581,360
	Core & Main Lp	Bonds	8/15/2025	6.125%	610,000	612,156	616,100
	Cred Suis Gp Fun Ltd	Bonds	1/12/2029	3.450%	280,000	279,989	284,382
	Credit Suisse Group	Bonds	6/12/2024	Var%	250,000	250,000	262,328
	Credit Suisse Group Ag	Bonds	1/12/2029	Var %	560,000	560,000	577,304
	Crestwood Mid Partner Lp	Bonds	4/1/2020	Var%	550,000	553,588	556,875
	Crestwood Mid Partner Lp	Bonds	5/1/2027	5.625%	560,000	560,000	558,600
	Crestwood Midstream	Bonds	4/1/2023	6.250%	265,000	273,343	270,300

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	Crown Amer/Cap Corp	Bonds	2/1/2026	4.750%	430,000	\$ 430,000	\$ 441,825
	Crown Castle Intl Corp	Notes	9/1/2024	3.200%	520,000	518,888	531,024
	Crown Castle Intl Corp	Notes	2/15/2028	3.800%	420,000	418,383	436,187
	Crown Finance	Bonds	n/a	Var%	392,453	393,647	392,453
	Crownrock Lp	Bonds	10/15/2025	5.625%	500,000	488,363	501,250
	CSC Holdings LLC	Notes	12/15/2021	5.125%	1,027,000	997,324	1,027,000
	CSC Holdings LLC	Notes	7/15/2023	5.375%	325,000	332,563	333,938
	CSC Holdings LLC	Notes	5/15/2026	5.500%	670,000	675,700	702,629
	CSC Holdings LLC	Notes	4/1/2028	7.500%	785,000	825,825	861,773
	CSC Holdings LLC	Notes	7/15/2025	7.750%	665,000	721,106	719,464
	CSC Holdings LLC	Notes	2/1/2029	6.500%	465,000	479,525	507,431
	CSC Holdings LLC	Notes	4/15/2027	5.500%	455,000	462,669	477,750
	Cumulus Media	Notes	7/1/2026	6.750%	390,000	392,606	388,947
	Cvs Health Corp	Notes	3/25/2028	4.300%	787,000	790,330	829,876
	Cvs Health Corp	Notes	3/25/2038	4.780%	200,000	196,148	208,634
	Cvs Health Corp	Notes	7/20/2022	3.500%	35,000	34,985	35,969
	Daimler Finance Na LLC	Bonds	1/6/2020	2.300%	200,000	199,908	199,726
	Daimler Finance Na LLC	Bonds	5/4/2021	3.350%	245,000	244,716	248,447
	Daimler Finance Na LLC	Notes	2/22/2021	Var %	1,880,000	1,880,000	1,878,947
	Darling Ingredients Inc	Notes	4/15/2027	5.250%	160,000	160,000	167,200
	Davita Inc Co	Notes	8/15/2022	5.750%	465,000	482,858	469,650
	Dep Midstream	Bonds	7/15/2025	5.375%	230,000	231,725	242,363
	Dep Midstream	Bonds	3/15/2023	3.875%	155,000	155,000	156,163
	Dep Midstream	Bonds	4/1/2044	5.600%	470,000	440,770	441,800
	Dep Midstream Llc	Bonds	5/21/2043	Var%	925,000	819,971	867,188
	Digital Realty Trust Lp	Bonds	7/1/2022	3.950%	1,415,000	1,404,189	1,474,713
	Discover Bank	Notes	7/27/2026	3.450%	340,000	339,629	345,902
	Discovery Communications	Notes	3/30/2023	2.950%	395,000	394,502	398,602
	Dish Dbs Corp	Notes	6/1/2021	6.750%	235,000	237,094	246,456
	Dish Dbs Corp	Notes	11/15/2024	5.875%	1,115,000	1,056,852	1,055,069
	Dow Chemical Co	Notes	11/15/2022	3.000%	470,000	461,850	476,477
	Dow Chemical Co	Notes	5/15/2049	4.800%	235,000	233,597	253,398
	Dowdupont Inc	Notes	11/15/2020	3.766%	585,000	585,000	596,197
	Dowdupont Inc	Notes	11/15/2025	4.493%	535,000	535,000	592,010
	Drax Finco Plc	Notes	11/1/2025	6.625%	340,000	345,100	347,504
	Duke Energy Florida LLC	Notes	1/15/2027	3.200%	230,000	229,862	237,250
	Dynegy Inc	Notes	11/1/2022	7.375%	284,000	295,005	294,295
	Dynegy Inc	Notes	6/1/2023	5.875%	705,000	674,588	720,863
	Eagle Holding Co	Notes	5/15/2022	7.750%	380,000	376,200	382,850
	Eastman Chemical Co	Notes	1/15/2020	2.700%	44,000	43,908	43,985
	Ecaf Ltd	Bonds	6/15/2040	3.473%	203,387	203,387	204,465
	Eldorado Resorts Inc	Notes	9/15/2026	6.000%	555,000	550,998	606,338
	Embarq Corp	Notes	6/1/2036	7.995%	515,000	559,342	498,427
	Emd Finance LLC	Notes	3/19/2020	2.400%	460,000	459,458	459,600
	Endo Fin LLC	Bonds	2/1/2025	6.000%	975,000	890,393	653,250
	Energizer Holdings Inc	Notes	7/15/2026	6.375%	535,000	536,688	549,713
	Energizer Holdings Inc	Notes	5/24/2022	4.700%	765,000	768,155	772,650
	Energizer Holdings Inc	Notes	1/15/2027	7.750%	750,000	783,338	811,748
	Energizer Holdings Inc	Notes	6/15/2025	5.500%	240,000	242,281	243,000
	Energy Transfer Partners	Bonds	10/1/2020	4.150%	480,000	479,179	488,251

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(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Equinix Inc	Notes	1/1/2025	5.750%	230,000	\$ 234,713	\$ 239,430
	Equinix Inc	Notes	1/15/2026	5.875%	405,000	412,525	428,794
	Equinix Inc	Notes	5/15/2027	5.375%	240,000	242,400	257,273
	Erp Operating Lp	Bonds	7/1/2029	3.000%	155,000	154,349	156,962
	Esc Energy Conversion Device	Notes	n/a	3.000%	7,408,000	726,209	74
	Esh Hospitality Inc	Bonds	5/1/2025	5.250%	590,000	592,284	604,013
	Eversource Energy	Notes	10/1/2024	2.900%	380,000	379,141	386,266
	Exelon Corp	Notes	6/15/2025	3.950%	235,000	234,518	249,443
	Extraction Oil & Gas Inc	Notes	2/1/2026	5.625%	595,000	491,263	480,463
	Fedex Corp	Notes	2/15/2048	4.050%	165,000	150,371	158,629
	Fifth Third Bancorp	Notes	1/25/2024	3.650%	381,000	380,291	400,359
	First Quantum Minerals	Bonds	3/1/2026	6.875%	190,000	167,200	176,225
	First Quantum Minerals	Bonds	5/15/2022	7.250%	170,000	172,139	169,150
	Florida Power Corp	Notes	11/15/2042	3.850%	70,000	69,778	72,992
	Fmg Resources	Bonds	3/15/2023	5.125%	135,000	137,025	139,556
	Fmg Resources	Bonds	3/15/2022	4.750%	290,000	292,813	299,614
	Ford Credit Auto Owner Trust Series	Bonds	2/15/2022	2.780%	410,000	409,972	411,620
	Ford Credit Auto Owner Trust Series	Bonds	4/15/2026	2.310%	100,000	99,281	99,924
	Ford Credit Auto Owner Trust Series	Bonds	7/15/2026	2.150%	360,000	359,872	359,384
	Ford Credit Floorplan Master	Bonds	7/15/2021	1.550%	235,000	231,824	234,890
	Ford Credit Floorplan Master	Bonds	11/15/2021	1.950%	100,000	98,888	99,829
	Ford Motor Credit Co LLC	Notes	1/9/2020	2.681%	875,000	875,000	876,733
	Ford Motor Credit Co LLC	Notes	4/5/2021	Var %	1,445,000	1,447,048	1,426,027
	Freeport-Memoran	Notes	3/15/2043	5.450%	1,015,000	890,863	928,725
	Freeport-Memoran Inc	Notes	11/14/2034	5.400%	265,000	207,164	253,738
	Freeport-Memoran Inc	Notes	11/14/2021	4.000%	275,000	240,031	280,156
	Frontier Communications	Notes	9/15/2025	11.000%	1,025,000	608,933	635,500
	Frontier Communications	Notes	4/15/2024	7.625%	355,000	299,200	201,463
	Gannett Co Inc	Notes	10/15/2019	5.125%	896,000	893,852	897,120
	Gannett Co Inc	Notes	7/15/2020	5.125%	585,000	582,644	586,463
	Garda World Security	Bonds	5/15/2025	8.750%	380,000	372,775	375,250
	Gcb Targa Res Partners	Bonds	11/15/2023	4.250%	480,000	468,520	480,000
	General Elec Cap Corp	Notes	1/9/2023	3.100%	167,000	151,980	168,476
	General Electric Co	Notes	3/11/2044	4.500%	130,000	151,798	126,129
	General Motors Finl Co	Notes	4/13/2020	Var %	2,075,000	2,084,059	2,080,976
	General Motors Finl Co	Notes	11/24/2020	3.700%	450,000	449,676	455,814
	Genesis Energy Lp	Notes	5/15/2026	6.250%	650,000	500,760	627,250
	Genesis Energy Lp	Notes	10/1/2025	6.500%	495,000	494,769	483,863
	Gilead Sciences Inc	Notes	9/1/2022	3.250%	180,000	179,746	185,002
	Gm Financial Automobile Leasin Series	Bonds	4/20/2021	2.910%	85,000	84,996	85,313
	Gm Financial Automobile Leasin Series	Bonds	6/21/2021	2.670%	100,000	99,993	100,361
	Gm Financial Securitized	Bonds	7/16/2021	2.740%	148,852	148,489	149,038
	Gm Financial Securitized	Bonds	3/16/2022	2.990%	272,505	272,481	273,590
	Go Daddy	Notes	12/1/2027	5.250%	370,000	370,000	382,950
	Goldman Sachs Group Inc	Notes	2/23/2023	Var %	3,315,000	3,315,000	3,304,326
	Goldman Sachs Group Inc	Notes	2/25/2021	2.875%	100,000	100,481	100,718
	Goldman Sachs Group Inc	Notes	11/16/2026	3.500%	425,000	410,087	435,485
	Goldman Sachs Group Inc	Notes	4/23/2029	Var %	1,039,000	1,039,000	1,085,932
	Goldman Sachs Group Inc	Notes	2/25/2026	3.750%	190,000	189,561	198,326

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	Goldman Sachs Group Inc	Notes	1/24/2022	5.750%	640,000	\$ 688,934	\$ 691,699
	Goldman Sachs Group Inc	Notes	3/3/2024	4.000%	95,000	95,467	100,803
	Gray Escrow Inc	Bonds	5/15/2027	7.000%	525,000	528,600	569,625
	Gtcr Ap Finance Inc	Bonds	5/15/2027	8.000%	340,000	340,000	341,700
	Guardian Life Glob Fund	Bonds	10/27/2021	1.950%	275,000	274,819	272,492
	H.B. Fuller Co	Bonds	2/15/2027	4.000%	15,000	13,838	13,800
	Harsco Corp	Notes	7/31/2027	5.750%	565,000	571,150	588,368
	Hca Inc	Notes	9/1/2026	5.375%	1,260,000	1,270,796	1,357,650
	Hca Inc	Notes	9/1/2028	5.625%	620,000	628,170	671,150
	Hca Inc	Notes	2/1/2029	5.875%	385,000	845,382	422,056
	Hertz Corp	Notes	10/15/2024	5.500%	1,025,000	918,498	979,183
	Hilton Domestic	Notes	5/1/2026	5.125%	320,000	320,000	334,000
	Hilton Worldwide Fin LLC	Notes	4/1/2025	4.625%	240,000	244,434	245,700
	Honda Auto Receivables Owner	Bonds	12/21/2021	2.570%	335,000	334,999	336,025
	Hsbc Holdings Plc	Bonds	5/18/2024	Var %	455,000	455,000	456,210
	Hsbc Holdings Plc	Bonds	5/25/2023	3.600%	380,000	379,859	395,341
	Hsbc Holdings Plc	Bonds	1/5/2022	2.650%	345,000	343,109	346,339
	Hsbc Holdings Plc	Notes	3/8/2026	4.300%	200,000	199,710	214,816
	Hsbc Holdings Plc	Notes	11/23/2026	4.375%	210,000	208,580	221,771
	Hsbc Holdings Plc	Notes	5/18/2024	Var%	215,000	215,000	224,931
	Hsbc Holdings Plc	Notes	6/19/2029	Var%	200,000	200,000	218,732
	Hub International Ltd	Notes	5/1/2026	7.000%	960,000	951,169	973,200
	Hudbay Minerals Inc	Notes	1/15/2025	7.625%	407,000	421,638	420,228
	Humana Inc	Bonds	10/1/2024	3.850%	350,000	349,535	366,041
	Hyundai Auto Lease Securitiz Series	Bonds	7/15/2021	2.920%	105,000	104,999	105,576
	Hyundai Auto Receivables Trust Series	Bonds	6/15/2021	3.040%	75,000	74,994	75,295
	Hyundai Auto Receivables Trust Series	Bonds	12/15/2021	2.670%	155,000	155,000	155,533
	Iaa Spinco Inc	Bonds	6/15/2027	5.500%	355,000	356,125	369,200
	Iheartcommunications Inc	Bonds	5/1/2027	8.375%	470,000	497,025	492,334
	Iheartcommunications Inc	Bonds	5/1/2026	6.375%	350,000	371,638	371,438
	Ihs Markit Ltd	Notes	11/1/2022	5.000%	1,065,000	1,087,204	1,128,368
	Ims Health Inc	Notes	10/15/2026	5.000%	600,000	603,423	619,500
	Inception Mrgr/Rackspace	Notes	11/15/2024	8.625%	1,665,000	1,236,364	1,527,638
	Ineos Group Holdings Sa	Notes	8/1/2024	5.625%	755,000	720,038	770,100
	Intel Corp	Notes	5/11/2024	2.875%	1,540,000	1,539,615	1,585,107
	Intelsat Jackson Hldg	Bonds	8/1/2023	5.500%	2,420,000	2,135,590	2,208,250
	Intelsat Luxembourg Sa	Bonds	6/1/2023	8.125%	373,000	324,138	288,143
	International Game Tech	Bonds	1/15/2027	6.250%	535,000	543,650	585,156
	Iqvia Inc	Bonds	5/15/2027	5.000%	335,000	545,000	345,888
	Iron Mountain Inc	Notes	8/15/2023	6.000%	255,000	271,980	262,013
	Iron Mountain Inc	Notes	9/15/2027	4.875%	695,000	661,894	688,919
	Iron Mountain Inc	Notes	3/15/2028	5.250%	1,500,000	1,446,244	1,501,875
	Iron Mountain Us Hldngs	Notes	6/1/2026	5.375%	210,000	216,650	210,788
	J2 Cloud LLC/Global Inc	Notes	7/15/2025	6.000%	455,000	468,124	476,613
	Jack Ohio Fin LLC	Notes	11/15/2021	6.750%	451,000	466,968	463,267
	Jeld-Wen Inc	Notes	12/15/2025	4.625%	200,000	185,513	196,250
	Jeld-Wen Inc	Notes	12/15/2027	4.875%	580,000	556,294	561,150
	Johnson Controls Intl	Notes	2/14/2026	3.900%	106,000	107,046	110,574

**PLUMBERS AND PIPEFITTERS NATIONAL
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EIN: 52-6152779
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(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Jp Morgan Chase & Co	Notes	7/24/2048	Var%	140,000	\$ 140,000	\$ 150,116
	Jp Morgan Chase Bank Na	Notes	7/23/2024	Var%	365,000	365,000	382,797
	Jpmorgan Chase & Co	Notes	5/18/2023	2.700%	955,000	952,460	964,789
	Jpmorgan Chase & Co	Notes	10/1/2026	2.950%	500,000	487,430	508,975
	Jpmorgan Chase & Co	Notes	9/10/2024	3.875%	385,000	381,658	404,762
	Jpmorgan Chase & Co	Notes	5/18/2023	2.700%	370,000	369,016	373,793
	Jpmorgan Chase & Co	Notes	1/23/2049	Var%	135,000	135,000	141,521
	Jpmorgan Chase & Co	Notes	12/5/2024	Var%	260,000	260,000	276,325
	Kar Auction Services Inc	Notes	6/1/2025	5.125%	980,000	955,888	997,150
	Keurig Dr Pepper Inc	Notes	5/25/2025	4.417%	70,000	70,000	75,022
	Kfc Hld/Pizza Hut/Taco	Notes	6/1/2026	5.250%	935,000	942,138	980,572
	Kinder Morgan Ener Part	Notes	3/1/2044	5.500%	65,000	69,886	73,411
	Kinder Morgan Inc	Bonds	3/1/2048	5.200%	140,000	139,663	158,150
	Kinder Morgan Inc	Bonds	6/1/2025	4.300%	110,000	109,558	117,509
	Kraft Heinz Foods Co	Notes	6/1/2046	4.375%	130,000	129,589	123,516
	L Brands Inc	Notes	2/1/2028	5.250%	830,000	707,775	760,488
	Lamar Media Corp	Notes	5/1/2023	5.000%	220,000	228,050	223,850
	Lamar Media Corp	Notes	2/1/2026	5.750%	215,000	223,763	226,019
	Lennar Corp	Notes	11/15/2022	4.750%	720,000	713,147	753,300
	Lennar Corp	Notes	12/15/2023	4.875%	700,000	729,552	737,625
	Lennar Corp	Notes	1/15/2021	8.375%	255,000	274,716	274,125
	Lennar Corp	Notes	10/1/2022	5.375%	415,000	414,606	439,900
	Level 3 Financing Inc	Notes	1/15/2024	5.375%	795,000	795,391	812,888
	Level 3 Financing Inc	Notes	5/1/2023	5.125%	675,000	680,850	680,636
	Level 3 Financing Inc	Notes	8/15/2022	5.375%	110,000	113,432	110,138
	Liberty Interactive LLC	Notes	7/15/2029	8.500%	420,000	459,864	426,300
	Lions Gate Capital	Bonds	11/1/2024	5.875%	355,000	357,230	363,875
	Live Nation Entertainment	Notes	11/1/2024	4.875%	475,000	469,113	488,656
	Lower Cadence	Bonds	n/a	Var%	110,000	108,900	110,000
	Lpl Holdings Inc	Notes	9/15/2025	5.750%	1,405,000	1,409,681	1,438,369
	Lucid Energy Group	Bonds	n/a	Var%	378,755	375,917	378,755
	Mallinckrodt International	Bonds	n/a	Var%	372,487	371,557	372,487
	Mallinckrodt International	Bonds	n/a	Var%	58,092	58,384	58,092
	Manuf & Traders Trust Co	Bonds	8/17/2027	3.400%	300,000	299,898	316,641
	Masonite International	Bonds	9/15/2026	5.750%	355,000	355,894	365,650
	Massmutual Global Fundin	Notes	7/1/2022	2.250%	300,000	299,922	300,267
	Massmutual Global Fundin	Bonds	4/13/2022	2.500%	1,000,000	995,530	1,008,400
	Matador Resources Co	Bonds	9/15/2026	5.875%	485,000	487,575	489,850
	Mcdonalds Corp Ser Mtn	Bonds	4/1/2028	3.800%	260,000	259,717	279,175
	Mednax Inc	Bonds	1/15/2027	6.250%	790,000	790,555	777,163
	Medtronic Inc	Notes	3/15/2024	3.625%	195,000	194,622	206,842
	Mercedes-Benz Auto Lease Trust Series	Bonds	4/15/2020	1.790%	33,279	33,278	33,264
	Mercedes-Benz Auto Lease Trust Series	Bonds	11/15/2021	3.100%	165,000	164,995	166,769
	Meritage Homes Corp	Bonds	6/6/2027	5.125%	265,000	250,469	268,975
	Met Life Glob Funding	Bonds	12/18/2026	3.450%	435,000	434,709	457,794
	Met Life Glob Funding	Bonds	1/8/2021	2.400%	160,000	159,826	160,354
	Met Life Glob Funding I	Notes	9/19/2019	Var %	1,170,000	1,170,401	1,171,030
	Mgm Resorts Intl	Notes	4/15/2027	5.500%	480,000	480,000	503,400
	Mgm Resorts Intl	Notes	6/15/2025	5.750%	80,000	170,000	87,024

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	Mgm Resorts Intl	Notes	3/31/2020	5.250%	400,000	\$ 415,019	\$ 406,500
	Mgm Resorts Intl	Notes	3/15/2023	6.000%	125,000	133,125	135,469
	Mgm Resorts Intl	Notes	12/15/2021	6.625%	345,000	375,561	372,600
	Micron Technology Inc	Notes	2/1/2025	5.500%	255,000	230,475	262,331
	Microsoft Corp	Notes	2/12/2035	3.500%	305,000	301,493	325,435
	Midamerican Energy Co	Notes	10/15/20336	5.800%	320,000	244,509	407,306
	Mohegan Tribal Gaming Authority	Bonds	n/a	Var%	605,901	576,442	605,901
	Mondelez Intl Hldings Ne	Notes	10/28/2021	2.000%	750,000	747,233	743,100
	Morgan Stanley	Bonds	1/24/2029	Var %	781,000	781,000	819,378
	Morgan Stanley	Notes	4/23/2027	3.950%	535,000	516,890	559,594
	Morgan Stanley	Notes	2/25/2023	3.750%	695,000	700,222	726,011
	Morgan Stanley	Notes	4/29/2024	3.875%	75,000	77,297	79,490
	Morgan Stanley	Notes	1/23/2023	3.125%	185,000	184,584	189,175
	Morgan Stanley	Notes	7/27/2026	3.125%	80,000	79,456	81,522
	Morgan Stanley	Notes	1/23/2030	Var%	80,000	80,000	88,501
	Morgan Stanley	Notes	11/17/2021	2.625%	550,000	547,190	553,328
	Mph Acquisition	Bonds	n/a	Var%	583,094	584,815	583,094
	Mpt Oper Partnersp/Finl	Bonds	3/1/2024	6.375%	715,000	745,888	748,963
	Mpt Oper Partnersp/Finl	Bonds	5/1/2024	5.500%	655,000	679,121	671,375
	Mpt Oper Partnersp/Finl	Bonds	8/1/2026	5.250%	355,000	363,429	370,088
	Msci Inc	Notes	8/15/2025	5.750%	680,000	687,813	714,000
	Msci Inc	Notes	11/15/2024	5.250%	835,000	871,881	862,138
	National Australia Bank	Notes	5/22/2020	Var %	1,270,000	1,272,507	1,275,283
	Navient Corp	Notes	3/25/2021	5.875%	455,000	477,413	472,631
	Navient Corp	Notes	10/25/2024	5.875%	457,000	461,085	462,141
	Navient Corp	Notes	7/26/2021	6.625%	225,000	240,313	238,219
	Navient Corp	Notes	6/15/2026	6.750%	220,000	448,275	228,250
	Nbcuniversal Enterprise Co	Notes	4/1/2021	Var %	2,040,000	2,040,000	2,044,284
	Ncl Corp Ltd	Notes	12/15/2021	4.750%	977,000	988,675	990,434
	Neptune Finco Corp	Notes	10/15/2025	6.625%	340,000	354,450	363,800
	Neptune Finco Corp	Notes	10/15/2025	10.875%	980,000	1,132,414	1,123,325
	Nestle Holdings Inc	Notes	9/24/2023	3.350%	150,000	149,973	156,366
	Netflix Inc	Bonds	10/28/2019	Var%	300,000	303,900	340,965
	Netflix Inc	Bonds	11/15/2029	5.375%	325,000	325,000	345,212
	Netflix Inc	Bonds	11/15/2028	5.875%	330,000	348,563	365,350
	Netflix Inc	Bonds	4/15/2028	4.875%	190,000	187,804	195,938
	Netflix Inc	Notes	2/1/2021	5.375%	245,000	253,975	253,269
	Netflix Inc	Notes	2/15/2022	5.500%	335,000	352,828	352,169
	New York Life Global Fdg	Bonds	4/11/2024	2.870%	160,000	159,890	163,568
	New York Life Insurance	Notes	11/15/2039	6.750%	165,000	214,460	234,970
	Nexstar Escrow Inc	Bonds	7/15/2027	5.625%	520,000	522,731	535,439
	Nextera Energy	Notes	7/15/2024	4.250%	355,000	355,000	357,226
	Nielsen Co	Notes	2/1/2025	5.000%	645,000	628,325	633,713
	Nielsen Finance LLC/Co	Notes	4/15/2022	5.000%	1,075,000	1,100,010	1,072,313
	Nielsen Finance LLC/Co	Notes	10/1/2020	4.500%	720,000	733,461	721,714
	Nissan Auto Lease Trust Series	bonds	7/15/2021	2.870%	310,000	309,991	311,212
	Nissan Auto Receivables Owner Series	Bonds	3/15/2022	2.560%	320,000	319,989	320,989
	Noble Energy Inc	Notes	12/15/2021	4.150%	400,000	405,515	412,776

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	Northrop Grumman Corp	Notes	10/15/2047	4.030%	100,000	\$ 99,844	\$ 106,676
	Northrop Grumman Corp	Notes	8/1/2023	3.250%	300,000	298,386	310,275
	Northwestern Mutual Life	Notes	3/30/2040	6.063%	215,000	247,807	288,235
	Nova Chemicals Corp	Bonds	8/1/2023	5.250%	240,000	247,944	243,300
	Nova Chemicals Corp	Bonds	5/1/2025	5.000%	460,000	460,573	480,700
	Nova Chemicals Corp	Bonds	6/1/2024	4.875%	890,000	895,018	921,150
	Novelis Corp	Bonds	8/15/2024	6.250%	230,000	234,800	241,146
	Novelis Corp	Bonds	9/30/2026	5.875%	725,000	717,477	734,063
	Nrg Energy Inc	Notes	6/15/2029	5.250%	330,000	330,000	352,275
	Nrg Energy Inc	Notes	5/15/2026	7.250%	880,000	900,501	969,100
	Nrg Energy Inc	Notes	1/15/2027	6.625%	1,485,000	1,462,200	1,613,081
	Nuance Communications	Notes	12/15/2026	5.625%	270,000	273,469	281,556
	Nuance Communications	Notes	7/1/2024	6.000%	815,000	831,769	843,525
	Numericable	Bonds	n/a	Var%	741,275	722,743	741,275
	Numericable Group Sa	Bonds	5/15/2024	6.250%	240,000	236,811	247,200
	Numericable-Sfr Sa	Bonds	5/1/2026	7.375%	1,400,000	1,422,423	1,435,000
	Nustar Logistics Lp	Notes	4/28/2027	5.625%	360,000	344,413	362,700
	Nustar Logistics Lp	Notes	6/1/2026	6.000%	310,000	310,000	320,850
	Nustar Logistics Lp	Notes	2/1/2022	4.750%	185,000	184,800	185,925
	Nustar Logistics Lp	Notes	2/1/2021	6.750%	105,000	114,975	109,725
	Nustar Logistics Lp	Notes	9/1/2020	4.800%	465,000	482,875	471,975
	Nxp Bv/Nxp Funding LLC	Bonds	6/1/2021	4.125%	750,000	773,941	767,325
	Oasis Petroleum Inc	Notes	3/15/2022	6.875%	469,000	462,308	467,828
	Oasis Petroleum Inc	Notes	5/1/2026	6.250%	805,000	786,238	778,838
	Open Text Corp	Bonds	6/1/2026	5.875%	860,000	887,030	909,708
	Oracle Corp	Notes	11/15/2024	2.950%	1,737,000	1,722,148	1,769,394
	Oracle Corp	Notes	5/15/2035	3.900%	525,000	521,456	568,381
	Ortho-Clinical Inc/Sa	Bonds	5/15/2022	6.625%	1,420,000	1,367,606	1,356,100
	Outfront Media Cap LLC	Notes	2/15/2024	5.625%	230,000	230,713	236,613
	Outfront Media Cap LLC	Notes	8/15/2027	5.000%	280,000	280,000	286,636
	Outfront Media Cap LLC	Notes	2/15/2022	5.250%	230,000	232,525	233,082
	Outfront Media Cap LLC	Notes	3/15/2025	5.875%	660,000	679,275	682,275
	Owens-Brockway	Notes	1/15/2022	5.000%	720,000	749,445	738,000
	Park Aerospace Holdings	Notes	8/15/2022	5.250%	2,125,000	2,145,243	2,243,575
	Parker-Hannifin Corp	Notes	6/14/2024	2.700%	90,000	89,959	91,086
	Parsley Energy LLC	Notes	1/15/2025	5.375%	120,000	119,100	123,000
	Parsley Energy LLC	Notes	10/15/2027	5.625%	725,000	721,663	757,625
	Pdc Energy Inc	Notes	5/15/2026	5.750%	845,000	811,363	830,213
	Peco Energy Co	Notes	10/1/2044	4.150%	280,000	279,040	304,752
	Penske Auto Group Inc	Notes	10/1/2022	5.750%	235,000	239,113	238,231
	Penske Automotive Group	Notes	5/15/2026	5.500%	375,000	369,844	390,938
	Penske Automotive Group	Notes	8/15/2020	3.750%	780,000	775,300	780,000
	Pfizer Inc	Notes	12/15/2036	4.000%	130,000	129,375	141,721
	Pharmaceutical Product Development	Bonds	n/a	Var%	99,902	100,087	99,902
	Philadelphia Pa Auth	Bonds	4/15/2026	3.964%	440,000	440,000	462,832
	Philip Morris Intl	Notes	8/17/2027	3.125%	950,000	946,039	972,335
	Philip Morris Intl Inc	Notes	5/1/2024	2.875%	500,000	497,235	507,465
	Phillips 66 Partners Lp	Notes	2/15/2025	3.605%	160,000	159,947	164,867
	Platform Specialty Prod	Bonds	12/1/2025	5.875%	720,000	721,400	749,700

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	Post Holdings Inc	Notes	3/1/2025	5.500%	540,000	\$ 545,712	\$ 557,550	
	Post Holdings Inc	Notes	3/1/2027	5.750%	285,000	284,388	294,263	
	Post Holdings Inc	Notes	1/15/2028	5.625%	530,000	525,838	544,575	
	Pq Corp	Bonds	11/15/2022	6.750%	280,000	292,713	289,895	
	Pq Corp	Bonds	n/a	Var%	272,072	268,671	272,072	
	Precision Drilling Corp	Notes	12/15/2023	7.750%	325,000	342,951	331,403	
	Precision Drilling Corp	Notes	11/15/2024	5.250%	1,025,000	915,088	948,125	
	Precision Drilling Corp	Notes	1/15/2026	7.125%	120,000	114,750	116,100	
	Presidio LLC	Bonds	n/a	Var%	368,600	380,555	366,182	
	Prestige Brands Inc	Notes	3/1/2024	6.375%	395,000	398,650	413,269	
	Prime Sec One Ms Inc	Bonds	7/15/2032	4.875%	760,000	635,112	655,500	
	Prime Secsrvc Brw/Financ	Bonds	5/15/2023	9.250%	352,000	379,491	369,670	
	Prime Secsrvc Brw/Financ	Bonds	4/15/2026	5.750%	420,000	282,138	433,650	
	Pub Svc New Hamp	Bonds	11/1/2023	3.500%	135,000	134,506	141,342	
	Public Service Electric	Bonds	5/1/2028	3.700%	360,000	358,632	387,396	
	Qvc Inc	Bonds	8/15/2034	5.450%	270,000	254,861	265,874	
	Qvc Inc	Notes	4/1/2024	4.850%	170,000	168,622	175,894	
	Qwest Corp	Notes	12/1/2021	6.750%	155,000	165,075	166,431	
	R.R Donnelley & Sons	Bonds	n/a	Var%	427,850	424,636	427,850	
	Rabobank Nederland	Bonds	2/8/2022	3.875%	145,000	143,872	150,904	
	Radiate Holdeo	Bonds	2/15/2025	6.625%	370,000	364,975	357,975	
	Range Resources Corp	Notes	8/15/2022	5.000%	740,000	658,273	702,075	
	Range Resources Corp	Notes	3/15/2023	5.000%	540,000	613,606	508,950	
	Rbs Global & Rextnord LLC	Bonds	12/15/2025	4.875%	610,000	591,700	617,625	
	Realogy Group/Co	Notes	6/1/2023	4.875%	565,000	518,419	508,500	
	Realogy Group/Co	Notes	4/1/2027	9.375%	955,000	945,838	836,819	
	Reckitt Benckiser	Bonds	6/26/2024	2.750%	475,000	474,487	478,610	
	Republic Services Inc	Notes	5/15/2028	3.950%	135,000	133,113	145,631	
	Resideo Funding Inc	Bonds	11/1/2026	6.125%	345,000	352,700	358,800	
	Reynolds American Inc	Bonds	9/15/2043	6.150%	115,000	131,714	125,381	
	Reynolds Grp	Notes	7/15/2023	512.500%	690,000	704,648	702,938	
	Reynolds Grp	Notes	2/15/2021	6.875%	159,407	165,720	159,806	
	Reynolds Grp	Notes	10/15/2020	5.750%	838,278	856,761	840,374	
	Ritchie Bros Auctioneers	Notes	1/15/2025	5.375%	610,000	605,544	632,113	
	Rose Rock Midstream/Fin	Notes	11/15/2023	5.625%	580,000	519,652	553,900	
	Royal Bk Of Scotland Grp Plc	Bonds	5/8/2030	Var %	1,090,000	1,090,000	1,128,281	
	Rr Donnelley & Sons Co	Notes	3/15/2021	7.875%	204,000	212,114	208,080	
	Santander Retail Auto Lease Tr	Bonds	1/20/022	2.720%	280,000	279,994	281,431	
	Schlumberger Hldgs Corp	Notes	12/21/2020	3.000%	455,000	453,972	458,731	
	Scientific Games Interna	Bonds	3/15/2026	8.250%	835,000	848,472	876,742	
	Scientific Games Interna	Bonds	12/1/2022	10.000%	315,000	290,513	330,356	
	Seaworld Parks & Entertainment	Bonds	n/a	Var%	788,839	790,440	788,839	
	Sedgwick Holdings	Bonds	n/a	Var%	442,775	442,778	442,775	
	Sempra Energy	Notes	2/1/2023	2.900%	115,000	114,564	115,964	
	Sensata Tech Uk Fin Co	Bonds	2/15/2026	6.250%	570,000	597,025	605,625	
	Sensata Technologies Bv	Bonds	10/15/2023	4.875%	155,000	160,813	161,588	
	Service Corp Intl	Notes	5/15/2024	5.375%	965,000	998,904	992,744	
	Servicemaster Company	Notes	11/15/2024	5.125%	725,000	710,856	745,844	
	Shea Homes Lp/Fndg	Bonds	4/1/2025	6.125%	370,000	255,250	373,511	

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	Shell International	Notes	5/11/2035	4.125%	300,000	\$ 297,498	\$ 333,495
	Siemens Financieringsmat	Bonds	5/27/2022	2.900%	440,000	440,000	447,423
	Sinclair Television Grou	Bonds	3/15/2026	5.875%	35,000	35,525	35,777
	Sinclair Television Grou	Bonds	2/15/2027	5.125%	330,000	318,688	323,400
	Sirius Xm Radio Inc	Notes	5/15/2023	4.625%	445,000	445,369	449,450
	Sirius Xm Radio Inc	Notes	7/1/2029	5.500%	1,035,000	1,035,000	1,061,082
	Sirius Xm Radio Inc	Notes	7/15/2024	6.000%	1,140,000	1,209,500	1,171,635
	Sirius Xm Radio Inc	Notes	7/15/2024	4.625%	800,000	800,000	814,000
	Sirius Xm Radio Inc	Notes	7/15/2026	5.375%	755,000	767,706	782,369
	Sirius Xm Radio Inc	Notes	8/1/2022	3.875%	155,000	155,000	155,388
	Sirius Xm Radio Inc	Notes	8/1/2027	5.000%	465,000	465,000	473,091
	Six Flags Entertainment	Notes	4/15/2027	5.500%	180,000	177,563	187,200
	Six Flags Entertainment	Notes	7/31/2024	4.875%	400,000	408,781	406,252
	Slm Corp	Notes	3/25/2020	8.000%	685,000	747,888	708,975
	Sm Energy Co	Notes	1/15/2027	6.625%	170,000	323,950	157,250
	Sm Energy Co	Notes	1/15/2024	5.000%	655,000	559,076	600,963
	Sm Energy Co	Notes	9/15/2026	6.750%	385,000	368,644	360,938
	Sm Energy Co	Notes	11/15/2022	6.125%	248,000	335,335	246,140
	Southern Co	Notes	7/1/2023	2.950%	153,000	152,870	155,292
	Southwestern Public Serv	Bonds	6/15/2049	3.750%	235,000	232,037	237,289
	Spectrum Brands Inc	Notes	7/15/2025	5.750%	610,000	606,648	633,638
	Spectrum Brands Inc	Notes	12/15/2024	6.125%	115,000	118,450	118,450
	Springleaf Finance Corp	Notes	1/15/2028	6.625%	365,000	365,000	383,250
	Springleaf Finance Corp	Notes	3/15/2024	6.125%	160,000	160,000	172,000
	Springleaf Finance Corp	Notes	5/15/2022	6.125%	410,000	420,029	439,725
	Springleaf Finance Corp	Notes	3/15/2025	6.875%	540,000	537,116	591,289
	Springleaf Finance Corp	Notes	3/15/2026	7.125%	360,000	359,547	394,427
	Springleaf Finance Corp	Notes	12/15/2020	8.250%	430,000	480,388	461,713
	Sprint Corp	Notes	3/1/2026	7.625%	700,000	711,607	746,200
	Sprint Corp	Notes	6/15/2024	7.125%	2,850,000	2,754,258	3,021,855
	Sprint Corp	Notes	9/15/2023	7.875%	855,000	892,912	928,744
	Sprint Nextel Corp	Bonds	11/15/2022	6.000%	825,000	829,013	860,063
	Spx Flow Inc	Notes	8/15/2024	5.625%	120,000	116,263	125,100
	Spx Flow Inc	Notes	8/15/2026	5.875%	450,000	443,663	472,500
	Ss&C Technologies Inc	Notes	9/30/2027	5.500%	790,000	790,000	819,625
	Staples	Bonds	n/a	Var%	989,997	980,097	989,997
	Staples Inc	Bonds	4/15/2026	7.500%	1,060,000	1,060,000	1,053,757
	Staples Inc	Bonds	4/15/2027	10.750%	250,000	250,000	248,750
	Starbucks Corp	Notes	8/15/2049	4.450%	90,000	89,842	98,553
	Starfruit Finco/Star	Bonds	10/1/2026	8.000%	210,000	217,150	216,300
	Starwood Property Trust	Bonds	3/15/2025	4.750%	95,000	93,813	95,950
	Starwood Property Trust	Bonds	2/1/2021	3.625%	635,000	632,260	633,413
	Station Casinos LLC	Notes	10/1/2025	5.000%	860,000	821,225	862,150
	Steel Dynamics Inc	Notes	4/15/2023	5.250%	100,000	100,500	101,750
	Steel Dynamics Inc	Notes	10/1/2024	5.500%	365,000	388,330	378,231
	Summit Mid Hlds LLC	Notes	4/15/2025	5.750%	1,035,000	1,037,550	905,625
	Sysco Corporation	Notes	3/15/2025	3.550%	250,000	248,700	262,008
	Talen Energy Supply LLC	Bonds	1/15/2026	10.500%	1,355,000	1,272,181	1,351,613
	Talen Energy Supply LLC	Bonds	5/15/2027	7.250%	705,000	705,000	722,625

**PLUMBERS AND PIPEFITTERS NATIONAL
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SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Targa Resources Partners	Notes	3/15/2024	6.750%	630,000	\$ 679,534	\$ 655,200
	Targa Resources Partners	Notes	2/1/2027	5.375%	131,000	132,146	135,585
	Targa Resources Partners	Notes	1/15/2028	5.000%	700,000	698,938	701,750
	Targa Resources Partners	Notes	1/15/2029	6.875%	300,000	310,563	332,607
	Targa Resources Partners	Notes	7/15/2027	6.500%	340,000	341,350	371,025
	Targa Resources Partners	Notes	2/1/2025	5.125%	405,000	414,086	418,163
	Taylor Morrison Comm	Bonds	6/15/2027	5.875%	355,000	355,000	361,213
	Taylor Morrison Comm	Bonds	3/1/2024	5.625%	909,000	913,150	938,543
	Team Health Holdings	Bonds	n/a	Var%	525,157	517,579	525,157
	Team Health Holdings Inc	Bonds	2/1/2025	6.375%	290,000	247,438	221,850
	Telecom Italia Capital Co	Bonds	9/30/2034	6.000%	350,000	359,861	357,000
	Telenet Finance	Notes	3/1/2028	5.500%	800,000	800,000	812,000
	Tenet Healthcare Corp	Notes	4/1/2021	4.500%	180,000	176,850	182,925
	Tenet Healthcare Corp	Notes	7/15/2024	4.625%	494,000	494,287	500,175
	Tenet Healthcare Corp	Notes	8/1/2025	7.000%	390,000	379,916	388,538
	Tenet Healthcare Corp	Notes	2/1/2027	6.250%	1,080,000	1,120,488	1,117,800
	Tenet Healthcare Corp	Notes	6/15/2023	6.750%	385,000	369,069	386,444
	Tenet Healthcare Corp	Notes	11/15/2031	6.875%	200,000	190,136	176,500
	Tenet Healthcare Corp	Notes	4/1/2022	8.125%	210,000	211,289	220,238
	Terex Corp	Notes	2/1/2025	5.625%	245,000	242,600	248,675
	Tivity Health	Bonds	n/a	Var%	148,750	147,263	148,750
	Tivity Health	Bonds	n/a	Var%	454,255	442,898	454,255
	T-Mobile Usa Inc	Notes	1/15/2026	6.500%	245,000	253,763	264,860
	T-Mobile Usa Inc	Notes	2/1/2026	4.500%	360,000	343,363	368,550
	T-Mobile Usa Inc	Notes	4/15/2024	6.000%	270,000	286,006	281,475
	Toll Bros Finance Corp	Notes	4/15/2023	4.375%	410,000	421,060	423,838
	Toll Bros Finance Corp	Notes	1/15/2024	5.625%	155,000	163,569	166,431
	Toll Bros Finance Corp	Notes	3/15/2027	4.875%	360,000	346,000	377,658
	Toll Bros Finance Corp	Notes	2/15/2028	4.350%	515,000	491,738	513,713
	Toyota Auto Loan Extended Note Series	Bonds	11/25/2031	2.560%	235,000	234,921	237,752
	Toyota Auto Receivables Owner Series	Bonds	2/15/2022	2.590%	135,000	134,999	135,466
	Toyota Motor Credit Corp	Bonds	1/11/2022	2.600%	210,000	209,717	212,197
	Trans-Canada Pipelines	Bonds	3/1/2034	4.625%	350,000	348,418	388,539
	Transdigm Inc	Notes	6/15/2026	6.375%	635,000	635,163	639,763
	Transdigm Inc	Notes	3/15/2026	6.250%	675,000	651,397	688,498
	Transdigm Inc	Notes	3/15/2027	7.500%	235,000	239,400	245,281
	Tri Pointe Group Inc	Notes	6/1/2027	5.250%	520,000	451,500	500,500
	Tri Pointe Holdings Inc	Notes	6/15/2024	5.875%	245,000	239,206	252,889
	Tronox Finance Plc	Bonds	10/1/2025	5.750%	255,000	243,694	247,350
	Tronox Inc	Bonds	4/15/2026	6.500%	490,000	492,206	485,713
	Twin River Worldwide Hld	Notes	6/1/2027	6.750%	170,000	170,000	177,225
	Union Pacific Corp	Notes	9/10/2028	3.950%	65,000	65,393	71,122
	United Rentals North Am	Bonds	7/15/2025	5.500%	190,000	186,675	197,838
	United Technologies Corp	Notes	8/16/2025	3.950%	245,000	244,584	264,208
	Unitedhealth Group Inc	Notes	7/15/2035	4.625%	85,000	90,556	97,685
	Unitymedia Hessen	Bonds	1/15/2025	5.000%	520,000	541,144	535,600
	Upcb Finance Iv Ltd	Bonds	1/15/2025	5.375%	350,000	337,339	359,734
	Us West Communications	Notes	9/15/2033	6.875%	900,000	893,616	899,037
	Usa Com Part/Usa Com	Notes	9/1/2027	6.875%	865,000	877,338	908,345

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Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Valeant Pharmaceuticals	Notes	3/15/2022	6.500%	135,000	\$ 140,275	\$ 139,894
	Valeant Pharmaceuticals	Notes	3/15/2024	7.000%	210,000	221,288	223,146
	Valeant Pharmaceuticals	Notes	11/1/2025	5.500%	765,000	767,400	797,513
	Valeant Pharmaceuticals	Notes	3/1/2023	5.500%	66,000	54,492	66,528
	Verizon Communications	Notes	5/15/2025	Var %	235,000	235,000	238,020
	Verizon Communications	Notes	11/1/2034	4.400%	525,000	521,199	582,026
	Verizon Owner Trust Series	Bonds	1/20/2021	1.420%	40,658	40,496	40,624
	Verizon Owner Trust Series	Bonds	5/20/2021	1.680%	328,763	326,785	328,152
	Verizon Owner Trust Series	Bonds	9/20/2021	2.060%	212,116	212,191	211,825
	Verizon Owner Trust Series	Bonds	12/20/2021	1.920%	315,000	314,952	314,376
	Vici Prop 1	Bonds	10/15/2023	8.000%	670,000	743,881	740,350
	Virgin Media Finance Plc	Notes	10/15/2024	6.000%	250,000	265,806	259,063
	Virgin Media Secured Fin	Notes	8/15/2026	5.500%	890,000	911,094	922,263
	Virginia Elec & Power Co	Notes	8/15/2043	4.650%	170,000	169,918	195,628
	Vistra Operations Co LLC	Bonds	2/15/2027	5.625%	780,000	780,000	825,825
	Vistra Operations Co LLC	Bonds	7/31/2027	5.000%	1,730,000	1,730,000	1,792,713
	Vistra Operations Co LLC	Bonds	9/1/2026	5.500%	465,000	466,794	491,156
	Vizient Inc	Bonds	5/15/2027	6.250%	540,000	549,663	570,402
	Vodafone Group Plc	Notes	1/16/2024	Var %	620,000	620,000	621,550
	Vrx Escrow Corp	Notes	5/15/2023	5.875%	106,000	91,422	107,232
	Vrx Escrow Corp	Notes	4/15/2025	6.125%	2,205,000	2,154,525	2,251,790
	Walgreens Boots Alliance	Notes	11/18/2044	4.800%	25,000	22,876	25,116
	Walgreens Boots Alliance	Notes	11/18/2021	3.300%	205,000	204,440	209,127
	Walmart Inc	Notes	7/8/2026	3.050%	155,000	154,795	162,376
	Walmart Inc	Notes	6/28/2038	3.950%	115,000	113,807	128,089
	Waste Management Inc	Notes	6/15/2026	3.200%	105,000	104,972	109,227
	Wellcare Health Plans	Notes	4/1/2025	5.250%	210,000	210,038	218,925
	Wellcare Health Plans	Notes	8/15/2026	5.375%	875,000	884,669	927,500
	Wells Fargo & Co	Notes	6/17/2027	Var%	415,000	415,000	422,927
	Wells Fargo & Co	Notes	7/26/2021	2.100%	560,000	559,474	556,965
	Wells Fargo & Co	Notes	7/22/2022	2.625%	270,000	269,762	271,949
	Wells Fargo & Company	Notes	7/26/2021	Var %	1,535,000	1,544,271	1,553,604
	Wells Fargo & Company	Notes	1/24/2023	3.069%	710,000	710,000	721,055
	Wells Fargo Bank Na	Notes	10/22/2021	3.625%	305,000	304,966	313,616
	West Street	Bonds	9/1/2025	6.375%	240,000	221,188	222,000
	Western Digital Corp	Notes	2/15/2026	4.750%	1,270,000	1,168,668	1,245,934
	Wex Inc	Bonds	n/a	Var%	168,577	168,764	168,577
	Whiting Petroleum Corp	Notes	4/1/2023	6.250%	175,000	514,856	174,563
	Whiting Petroleum Corp	Notes	1/15/2026	6.625%	1,260,000	1,232,663	1,215,119
	William Carter	Notes	3/15/2027	5.625%	265,000	265,000	277,588
	Wind Tre Spa	Bonds	1/20/2026	5.000%	1,220,000	1,367,215	1,218,210
	Wisconsin Public Service	Bonds	11/21/2021	3.350%	100,000	99,993	102,628
	Wmg Acquisition Corp	Bonds	8/1/2023	5.000%	355,000	354,756	362,100
	Wpx Energy Inc	Notes	6/1/2026	5.750%	215,000	215,000	223,331
	Wpx Energy Inc	Notes	9/15/2024	5.250%	470,000	460,450	482,338
	Wpx Energy Inc	Notes	1/15/2022	6.000%	95,000	95,675	99,038
	Wr Grace & Co	Notes	10/1/2021	5.125%	570,000	594,506	591,375
	Wynn Las Vegas LLC	Notes	3/1/2025	5.500%	1,555,000	1,480,956	1,606,004
	Zayo Group LLC	Notes	1/15/2027	5.750%	975,000	1,000,330	993,408
	Zayo Group LLC	Notes	4/1/2023	6.000%	595,000	613,944	608,388
	Zayo Group LLC	Notes	5/15/2025	6.375%	415,000	435,380	423,208
	Total corporate bond and notes					335,615,694	340,605,518

**PLUMBERS AND PIPEFITTERS NATIONAL
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(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
<u>Common and preferred stocks</u>							
	3I Group Plc	Equity	N/A	N/A	80,513	\$ 674,633	\$ 1,138,530
	3I Group Plc	Equity	N/A	N/A	73,500	524,965	1,039,359
	Aalberts Industries Nv	Equity	N/A	N/A	24,867	914,441	977,511
	Aaron's Inc Class A	Equity	N/A	N/A	15,709	710,990	964,690
	Aaron's Inc Class A	Equity	N/A	N/A	10,300	315,157	632,523
	Aaron's Inc Class A	Equity	N/A	N/A	54,898	2,245,587	3,371,286
	Abbott Laboratories Inc	Equity	N/A	N/A	10,483	675,844	881,620
	Abbott Laboratories Inc	Equity	N/A	N/A	76,667	2,713,009	6,447,695
	Abeona Therapeutics Inc	Equity	N/A	N/A	15,285	212,793	73,062
	Abn Amro Group Nv	Equity	N/A	N/A	24,400	608,896	522,027
	Acea Spa	Equity	N/A	N/A	5,783	115,042	110,080
	Aci Worldwide Inc	Equity	N/A	N/A	15,119	510,159	519,186
	Acs Actividades De Construccio	Equity	N/A	N/A	19,867	626,447	1,592,993
	Adaptive Biotechnologies	Equity	N/A	N/A	4,752	139,128	186,088
	Adeka Corp	Equity	N/A	N/A	10,400	154,014	153,567
	Adidas Ag	Equity	N/A	N/A	7,705	931,681	2,415,903
	Adobe Inc	Equity	N/A	N/A	39,925	812,664	11,763,901
	Adtalem Global Education Inc	Equity	N/A	N/A	70,788	3,295,873	3,188,999
	Advanced Disposal Services I	Equity	N/A	N/A	25,018	726,258	798,324
	Advanced Drainage Systems In	Equity	N/A	N/A	37,295	921,568	1,222,903
	Advanced Energy Inds Inc	Equity	N/A	N/A	14,805	807,465	833,077
	Advansix Inc - W/I	Equity	N/A	N/A	31,175	531,663	761,605
	Adyen Nv	Equity	N/A	N/A	6,422	4,813,363	4,944,683
	Aegon Nv	Equity	N/A	N/A	66,000	1,003,547	328,611
	Aena Sa	Equity	N/A	N/A	602	116,747	119,314
	Aercap Holdings Nv	Equity	N/A	N/A	62,167	2,935,618	3,233,306
	Aerie Pharmaceuticals Inc	Equity	N/A	N/A	13,039	178,214	385,302
	Aerojet Rocketdyne Hldgs Inc	Equity	N/A	N/A	29,451	547,218	1,318,521
	Aerojet Rocketdyne Hldgs Inc	Equity	N/A	N/A	22,149	686,124	991,611
	Aes Corp	Equity	N/A	N/A	336,809	4,662,317	5,644,919
	Affimed N V	Equity	N/A	N/A	44,370	152,951	127,342
	Aflac Inc	Equity	N/A	N/A	36,589	1,828,957	2,005,443
	Aflac Inc	Equity	N/A	N/A	14,200	150,707	778,302
	Agc Inc	Equity	N/A	N/A	17,300	684,932	597,714
	Agc Inc	Equity	N/A	N/A	8,400	344,469	290,219
	Ageas	Equity	N/A	N/A	10,968	561,536	570,082
	Agilent Technologies	Equity	N/A	N/A	45,076	3,037,305	3,365,825
	Agilent Technologies (Ipo)	Equity	N/A	N/A	4,000	284,892	298,680
	Agios Pharmaceuticals Inc	Equity	N/A	N/A	1,391	36,338	69,383
	Agl Energy Ltd	Equity	N/A	N/A	41,500	737,750	589,715
	Agl Energy Ltd	Equity	N/A	N/A	53,801	815,377	764,512
	Agree Rlty Corp Reit	Equity	N/A	N/A	22,462	1,145,217	1,438,691
	Aia Group Ltd	Equity	N/A	N/A	356,600	1,652,941	3,847,714
	Aimmune Therapeutics Inc	Equity	N/A	N/A	7,131	207,703	148,467
	Air Products & Chemicals Inc	Equity	N/A	N/A	12,518	2,051,369	2,833,700
	Air Products & Chemicals Inc	Equity	N/A	N/A	2,800	481,787	633,836
	Airbus Se	Equity	N/A	N/A	11,250	1,449,227	1,594,688
	Aircastle Ltd	Equity	N/A	N/A	22,600	272,488	480,476
	Aisin Seiki Co Ltd	Equity	N/A	N/A	12,900	543,498	443,899

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	Akamai Technologies	Equity	N/A	N/A	71,650	\$ 3,253,455	\$ 5,742,031
	Akzo Nobel N.V.	Equity	N/A	N/A	17,285	1,604,350	1,635,334
	Alamo Group Inc	Equity	N/A	N/A	8,665	536,051	865,893
	Alapis Holding Industrial	Equity	N/A	N/A	357	-	357
	Alaska Air Group Inc	Equity	N/A	N/A	6,900	479,100	440,979
	Alaska Air Group Inc	Equity	N/A	N/A	30,307	2,174,659	1,936,920
	Albany International Corp Cl A	Equity	N/A	N/A	6,122	391,638	507,575
	Albemarle Corp	Equity	N/A	N/A	42,014	3,967,190	2,958,206
	Alcon Inc	Equity	N/A	N/A	8,649	421,391	534,073
	Alexander & Baldwin Inc	Equity	N/A	N/A	40,057	892,722	925,317
	Alexandria Real Estate Equities Inc	Equity	N/A	N/A	7,023	892,541	990,875
	Alexion Pharmaceuticals Inc	Equity	N/A	N/A	18,092	2,409,771	2,369,690
	Alexion Pharmaceuticals Inc	Equity	N/A	N/A	45,699	6,029,505	5,985,655
	Alfresa Holdings Corp	Equity	N/A	N/A	60,100	1,477,245	1,481,666
	Alibaba Group Holding Ltd	Equity	N/A	N/A	73,432	8,363,684	12,443,052
	Alibaba Group Holding Ltd	Equity	N/A	N/A	12,639	1,168,475	2,141,679
	Alibaba Group Holding Ltd	Equity	N/A	N/A	64,107	6,897,883	10,862,931
	Align Technology Inc	Equity	N/A	N/A	35,890	1,304,548	9,823,093
	Alleghany Corp	Equity	N/A	N/A	2,836	1,537,670	1,931,628
	Allergan Plc	Equity	N/A	N/A	8,719	1,806,300	1,459,822
	Allete Inc	Equity	N/A	N/A	18,198	807,328	1,514,256
	Allete Inc	Equity	N/A	N/A	29,408	1,806,397	2,447,040
	Alliance Data Systems Corp.	Equity	N/A	N/A	13,593	3,003,376	1,904,787
	Allianz Se	Equity	N/A	N/A	9,900	1,664,791	2,367,585
	Allianz Se	Equity	N/A	N/A	9,838	2,063,756	2,352,758
	Allison Transmission Holding	Equity	N/A	N/A	22,530	1,042,324	1,043,815
	Allscripts Healthcare Solutions Inc	Equity	N/A	N/A	109,210	1,401,372	1,270,112
	Allstate Corp	Equity	N/A	N/A	9,317	881,559	947,446
	Allstate Corp	Equity	N/A	N/A	15,900	413,592	1,616,871
	Allstate Corp	Equity	N/A	N/A	16,387	1,014,552	1,666,394
	Ally Financial Inc	Equity	N/A	N/A	198,398	5,028,938	6,148,354
	Ally Financial Inc	Equity	N/A	N/A	15,500	396,112	480,345
	Ally Financial Inc	Equity	N/A	N/A	153,794	2,916,902	4,766,076
	Alphabet Inc/Ca-Cl A	Equity	N/A	N/A	1,721	1,884,097	1,863,499
	Alphabet Inc/Ca-Cl A	Equity	N/A	N/A	3,775	2,387,911	4,087,570
	Alphabet Inc/Ca-Cl A	Equity	N/A	N/A	8,074	916,345	8,742,527
	Alphabet Inc/Ca-Cl C	Equity	N/A	N/A	12,938	10,750,096	13,984,814
	Alphabet Inc/Ca-Cl C	Equity	N/A	N/A	10,939	3,540,686	11,824,074
	Alteryx LLC - A	Equity	N/A	N/A	10,422	678,123	1,137,249
	Altice Usa Inc- A	Equity	N/A	N/A	93,425	1,584,747	2,274,899
	Altra Industrial Motion Corp	Equity	N/A	N/A	23,761	949,590	852,545
	Altra Industrial Motion Corp	Equity	N/A	N/A	21,585	783,712	774,470
	Altri Sgps Sa	Equity	N/A	N/A	51,700	380,871	358,901
	Altria Group Inc	Equity	N/A	N/A	13,345	637,199	656,441
	Amadeus Fire Ag	Equity	N/A	N/A	997	108,237	134,229
	Amazon Com Inc	Equity	N/A	N/A	19,245	25,855,746	36,442,909
	Amazon Com Inc	Equity	N/A	N/A	11,901	15,696,422	22,536,091
	Amc Networks Inc-A W	Equity	N/A	N/A	19,880	1,266,776	1,083,261
	Amc Networks Inc-A W	Equity	N/A	N/A	18,800	1,090,331	1,024,412

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	American Airlines Group Inc	Equity	N/A	N/A	20,200	\$ 888,234	\$ 658,722
	American Campus Cmnty Inc	Equity	N/A	N/A	79,857	3,721,586	3,686,199
	American Campus Cmnty Inc	Equity	N/A	N/A	17,137	529,044	791,044
	American Eagle Outfitters Inc	Equity	N/A	N/A	32,600	513,606	550,940
	American Electric Power Inc	Equity	N/A	N/A	35,194	2,439,740	3,097,424
	American Express Co	Equity	N/A	N/A	12,059	1,059,757	1,488,563
	American Finl Group Inc Ohio	Equity	N/A	N/A	6,300	306,547	645,561
	American Finl Group Inc Ohio	Equity	N/A	N/A	10,844	1,071,256	1,111,185
	American International Group Inc	Equity	N/A	N/A	32,478	1,634,266	1,730,428
	American Tower Corp	Equity	N/A	N/A	442	47,383	90,367
	American Tower Corp	Equity	N/A	N/A	14,723	2,466,577	3,010,117
	American Vanguard Corp	Equity	N/A	N/A	36,504	760,382	562,527
	American Woodmark Corp	Equity	N/A	N/A	6,322	418,894	534,968
	Americold Realty Trust	Equity	N/A	N/A	28,156	852,854	912,818
	Ameriprise Financial Inc	Equity	N/A	N/A	9,900	430,173	1,437,084
	Ameriprise Financial Inc	Equity	N/A	N/A	900	132,891	130,644
	Ameris Bancorp	Equity	N/A	N/A	21,971	736,759	861,043
	Ameris Bancorp	Equity	N/A	N/A	7,414	241,480	290,555
	Amicus Therapeutics Inc	Equity	N/A	N/A	42,063	288,933	524,946
	Amkor Technology Inc	Equity	N/A	N/A	50,700	254,607	378,222
	Amn Healthcare Services	Equity	N/A	N/A	15,279	665,076	828,886
	Amundi Sa	Equity	N/A	N/A	14,294	18,267	997,978
	Analog Devices Inc	Equity	N/A	N/A	7,800	850,347	880,386
	Anglo American Plc	Equity	N/A	N/A	4,268	98,562	121,656
	Annaly Capital Mgmt Inc	Equity	N/A	N/A	78,500	878,792	716,705
	An1 International Co	Equity	N/A	N/A	117,268	657,873	657,873
	Anthem Inc	Equity	N/A	N/A	2,266	640,390	639,488
	Anthem Inc	Equity	N/A	N/A	20,515	4,867,813	5,789,538
	Antofagasta Plc	Equity	N/A	N/A	96,696	1,016,064	1,141,544
	Aozora Bank Ltd	Equity	N/A	N/A	12,400	392,580	297,421
	Apartment Investment And Management Co	Equity	N/A	N/A	6,064	936,625	303,928
	Apellis Pharmaceuticals Inc	Equity	N/A	N/A	10,648	205,748	269,820
	Apergy Corp	Equity	N/A	N/A	32,928	1,185,772	1,104,405
	Apergy Corp	Equity	N/A	N/A	1,180	48,508	39,577
	Apple Inc	Equity	N/A	N/A	3,713	618,002	734,877
	Apple Inc	Equity	N/A	N/A	61,944	1,825,483	12,259,956
	Applied Materials Inc	Equity	N/A	N/A	4,200	74,001	188,622
	Aptiv Plc	Equity	N/A	N/A	29,665	2,381,944	2,397,822
	Arch Capital Group Ltd	Equity	N/A	N/A	41,570	1,424,599	1,541,416
	Arch Coal Inc	Equity	N/A	N/A	4,400	380,268	414,524
	Archer Daniels Midland Co	Equity	N/A	N/A	12,500	329,118	510,000
	Arcosa Inc - W/I	Equity	N/A	N/A	28,745	972,398	1,081,674
	Arcs Co Ltd	Equity	N/A	N/A	13,600	355,206	270,953
	Arcus Biosciences Inc	Equity	N/A	N/A	10,959	166,247	87,124
	Arena Pharmaceuticals Inc	Equity	N/A	N/A	8,027	338,795	470,623
	Ares Management Corp - A	Equity	N/A	N/A	17,683	480,078	462,764
	Argan Inc	Equity	N/A	N/A	5,281	226,052	214,197
	Arkema	Equity	N/A	N/A	959	121,460	80,537
	Arkema Isin	Equity	N/A	N/A	3,500	319,309	293,930

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Armstrong World Industrie - Wi	Equity	N/A	N/A	13,278	\$ 524,498	\$ 1,290,622
	Asaleo Care Ltd	Equity	N/A	N/A	80,000	95,352	50,828
	Ascendis Pharma A/S	Equity	N/A	N/A	1,194	77,869	137,489
	Asgn Inc	Equity	N/A	N/A	14,781	849,546	895,729
	Ashland Global Holdings Inc	Equity	N/A	N/A	8,072	517,106	645,518
	Ashland Global Holdings Inc	Equity	N/A	N/A	48,167	2,919,225	3,851,915
	Ashtead Group Plc	Equity	N/A	N/A	12,779	338,505	365,796
	Asm International Nv	Equity	N/A	N/A	2,345	117,911	152,684
	Asml Holding Nv	Equity	N/A	N/A	9,728	680,039	2,053,289
	Assa Abloy Ab-B	Equity	N/A	N/A	80,864	1,617,454	1,839,656
	Assembly Biosciences Inc	Equity	N/A	N/A	6,152	220,674	82,990
	Assurant Inc	Equity	N/A	N/A	18,029	1,737,449	1,917,925
	Astellas Pharma Inc	Equity	N/A	N/A	40,700	545,095	579,460
	Astellas Pharma Inc	Equity	N/A	N/A	42,600	646,716	606,511
	Astrazeneca Plc Spons Adr	Equity	N/A	N/A	164,761	6,170,344	6,801,334
	At&T Inc	Equity	N/A	N/A	120,269	1,779,114	4,030,214
	At&T Inc	Equity	N/A	N/A	128,063	4,736,071	4,291,391
	Atlantic Union Bankshares Corp	Equity	N/A	N/A	32,380	1,230,620	1,143,985
	Atlas Copco Ab-A Shs	Equity	N/A	N/A	4,530	120,043	144,786
	Atlas Copco Ab-B Shs	Equity	N/A	N/A	4,902	120,675	140,628
	Atlassian Corp Plc	Equity	N/A	N/A	2,103	245,433	275,157
	Atos Se	Equity	N/A	N/A	7,300	696,260	610,277
	Atreca Inc - A	Equity	N/A	N/A	15,510	263,667	292,208
	Atricure Inc	Equity	N/A	N/A	12,375	272,532	369,270
	Audentes Therapeutics Inc	Equity	N/A	N/A	16,174	512,949	612,348
	Aurizon Holdings Ltd	Equity	N/A	N/A	497,664	1,612,203	1,911,030
	Aurubis Ag	Equity	N/A	N/A	6,100	-	295,903
	Ausdrill Ltd	Equity	N/A	N/A	105,700	379,819	135,427
	Ausnet Services Npv	Equity	N/A	N/A	246,619	317,476	324,634
	Aust & Nz Banking Group Ltd	Equity	N/A	N/A	5,654	104,280	111,977
	Austevoll Seafood Asa	Equity	N/A	N/A	30,100	389,945	315,980
	Autodesk Inc	Equity	N/A	N/A	42,238	1,558,481	6,880,570
	Automatic Data Processing Inc	Equity	N/A	N/A	2,400	319,422	396,792
	Avalonbay Communities Inc Reit	Equity	N/A	N/A	6,269	1,071,715	1,273,735
	Avalonbay Communities Inc Reit	Equity	N/A	N/A	15,078	2,099,818	3,063,548
	Avanos Medical Inc	Equity	N/A	N/A	16,706	670,254	728,549
	Avanos Medical Inc	Equity	N/A	N/A	14,309	805,639	624,015
	Aviva Plc	Equity	N/A	N/A	185,015	1,186,608	978,609
	Avnet Inc	Equity	N/A	N/A	56,487	2,612,040	2,557,166
	Avrobio Inc	Equity	N/A	N/A	4,807	117,817	78,162
	Axa	Equity	N/A	N/A	25,367	590,446	663,753
	Axa Equitable Holdings Inc	Equity	N/A	N/A	70,279	897,205	1,468,831
	Axcelis Technologies Inc	Equity	N/A	N/A	56,274	1,443,307	846,924
	Axfood Ab	Equity	N/A	N/A	15,002	272,288	296,853
	Axis Capital Holdings Ltd	Equity	N/A	N/A	19,708	1,137,371	1,175,582
	B & G Foods Inc	Equity	N/A	N/A	48,197	1,303,085	1,002,498
	B3 Sa	Equity	N/A	N/A	81,671	478,174	798,216
	Babcock Intl Group Plc	Equity	N/A	N/A	66,100	583,503	388,007
	Bac Systems Plc	Equity	N/A	N/A	198,000	1,449,140	1,245,687
	Ball Corporation	Equity	N/A	N/A	3,169	141,369	221,798

**PLUMBERS AND PIPEFITTERS NATIONAL
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SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Baloise Holding Ag	Equity	N/A	N/A	7,500	\$ 426,029	\$ 1,327,597
	Baloise Holding Ag	Equity	N/A	N/A	5,893	890,158	1,043,137
	Banc Of California Inc	Equity	N/A	N/A	57,670	1,196,877	805,650
	Banco Bilbao Vizcaya Argentia	Equity	N/A	N/A	334,591	2,560,535	1,870,738
	Banco Latinoamericano De Comercio Exterior S.A	Equity	N/A	N/A	20,000	366,465	416,600
	Banco Santander S.A.	Equity	N/A	N/A	87,100	783,798	393,692
	Bancorpsouth Bank	Equity	N/A	N/A	29,075	438,949	844,338
	Bancorpsouth Bank	Equity	N/A	N/A	52,376	1,610,773	1,520,999
	Bank Central Asia Tbk	Equity	N/A	N/A	386,900	487,571	820,990
	Bank Hapolim Ltd	Equity	N/A	N/A	127,000	485,979	940,372
	Bank Hapolim Ltd	Equity	N/A	N/A	103,925	715,785	769,513
	Bank Leumi Le	Equity	N/A	N/A	134,232	837,337	967,626
	Bank Of America Corp	Equity	N/A	N/A	22,230	419,878	644,670
	Bank Of America Corp	Equity	N/A	N/A	184,516	3,745,788	5,350,964
	Bank Of Queensland Ltd	Equity	N/A	N/A	36,250	286,414	242,532
	Bank Ozk	Equity	N/A	N/A	16,564	692,088	498,411
	Bankunited Inc	Equity	N/A	N/A	33,413	1,131,083	1,127,355
	Barclays Plc	Equity	N/A	N/A	239,900	1,871,215	437,578
	Barratt Developments Plc	Equity	N/A	N/A	76,600	633,385	557,016
	Barratt Developments Plc	Equity	N/A	N/A	26,064	209,010	189,531
	Basf Se	Equity	N/A	N/A	16,300	1,067,100	1,187,488
	Bayerische Motorenwerke Ag	Equity	N/A	N/A	21,454	650,326	1,581,052
	Beacon Roofing Supply Inc	Equity	N/A	N/A	11,206	465,432	411,484
	Becton Dickinson & Co	Equity	N/A	N/A	26,598	5,111,577	6,702,962
	Beiersdorf Ag	Equity	N/A	N/A	12,566	1,436,754	1,505,325
	Bellway Plc	Equity	N/A	N/A	13,000	344,571	459,787
	Bellway Plc	Equity	N/A	N/A	20,643	785,022	730,106
	Benefitfocus Inc	Equity	N/A	N/A	9,027	290,314	245,083
	Berkeley Group Holding	Equity	N/A	N/A	11,400	431,409	540,155
	Berkeley Group Holding	Equity	N/A	N/A	9,998	482,040	473,725
	Berkshire Hathaway Inc Class B	Equity	N/A	N/A	9,470	1,954,256	2,018,720
	Best Buy Co Inc	Equity	N/A	N/A	14,500	529,634	1,011,085
	Bhp Group Ltd	Equity	N/A	N/A	32,961	891,756	960,319
	Bhp Group Plc	Equity	N/A	N/A	105,957	2,257,990	2,711,394
	Bhp Group Plc	Equity	N/A	N/A	91,922	1,909,719	2,352,244
	Big Lots Inc	Equity	N/A	N/A	19,570	843,693	559,898
	Big Lots Inc	Equity	N/A	N/A	11,400	475,252	326,154
	Biogen Inc	Equity	N/A	N/A	5,611	1,678,979	1,312,245
	Biomarin Pharmaceutical Inc	Equity	N/A	N/A	41,868	2,294,958	3,585,994
	Black Hills Corp	Equity	N/A	N/A	27,966	1,606,158	2,186,102
	Blackbaud Inc	Equity	N/A	N/A	18,031	1,065,423	1,505,589
	Block H & R Inc	Equity	N/A	N/A	5,540	155,396	162,322
	Bloomin Brands Inc	Equity	N/A	N/A	8,735	171,630	165,179
	Blucora Inc	Equity	N/A	N/A	58,787	707,754	1,785,361
	Blueprint Medicines Corp	Equity	N/A	N/A	6,400	271,537	603,712
	Bluescope Steel Ltd	Equity	N/A	N/A	49,200	-	416,217
	Bnp Paribas Isin	Equity	N/A	N/A	15,400	1,101,627	731,346
	Boart Longyear Ltd	Equity	N/A	N/A	163,046	-	163,046
	Boc Hong Kong Holdings Ltd	Equity	N/A	N/A	346,000	1,715,881	1,361,994
	Boeing Co	Equity	N/A	N/A	35,273	10,997,818	12,839,725
	Boeing Co	Equity	N/A	N/A	24,623	5,536,342	8,963,018

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
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(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Boise Cascade Co	Equity	N/A	N/A	10,309	\$ 271,520	\$ 289,786
	Boliden Ab	Equity	N/A	N/A	20,000	254,413	511,407
	Boliden Ab	Equity	N/A	N/A	25,604	776,170	654,703
	Booking Holdings Inc	Equity	N/A	N/A	1,266	2,310,353	2,373,383
	Booking Holdings Inc	Equity	N/A	N/A	3,703	5,678,460	6,942,051
	Booz Allen Hamilton Holding	Equity	N/A	N/A	3,737	225,422	247,427
	Borg Warner Inc.	Equity	N/A	N/A	20,600	1,078,766	864,788
	Borg Warner Inc.	Equity	N/A	N/A	20,227	905,154	849,129
	Boston Pptys Inc Reit	Equity	N/A	N/A	16,349	2,174,468	2,109,021
	Boston Scientific Corp	Equity	N/A	N/A	900	34,902	38,682
	Bovis Homes Group Plc	Equity	N/A	N/A	27,300	-	363,090
	Bp Plc	Equity	N/A	N/A	277,100	2,458,292	1,926,399
	Bp Plc	Equity	N/A	N/A	20,536	155,917	142,766
	Brambles Ltd	Equity	N/A	N/A	135,603	1,091,007	1,226,177
	Bridgestone	Equity	N/A	N/A	54,500	1,880,148	2,143,616
	Bridgestone	Equity	N/A	N/A	48,000	1,877,050	1,887,955
	Briggs & Stratton Corp	Equity	N/A	N/A	19,700	401,626	201,728
	Brigham Minerals Inc-Cl A	Equity	N/A	N/A	25,109	494,740	538,839
	Brinker International Inc	Equity	N/A	N/A	19,400	861,142	763,390
	Bristol Myers Squibb Co	Equity	N/A	N/A	44,855	2,588,277	2,034,174
	Britvic Plc	Equity	N/A	N/A	45,500	462,990	513,401
	Britvic Plc	Equity	N/A	N/A	9,917	102,502	111,899
	Brixmor Property Group Inc	Equity	N/A	N/A	39,000	709,735	697,320
	Broadcom Inc	Equity	N/A	N/A	9,648	2,214,257	2,777,273
	Broadcom Inc	Equity	N/A	N/A	1,388	378,595	399,550
	Brookline Bancshares Inc Reit	Equity	N/A	N/A	55,300	992,513	850,514
	Brother Industries Ltd	Equity	N/A	N/A	22,800	311,310	430,348
	Brother Industries Ltd	Equity	N/A	N/A	6,700	122,036	126,462
	Bruker Corp	Equity	N/A	N/A	76,218	2,519,607	3,807,089
	Brunswick Corp	Equity	N/A	N/A	8,100	477,838	371,709
	Bryn Mawr Bank Corp	Equity	N/A	N/A	22,002	624,586	821,115
	Bt Group Plc	Equity	N/A	N/A	198,600	749,905	496,500
	Bucher Industries Ag	Equity	N/A	N/A	372	120,457	128,192
	Bunzl Plc	Equity	N/A	N/A	41,392	1,229,590	1,091,794
	Burberry Group Plc	Equity	N/A	N/A	39,844	19,202	937,928
	Burberry Group Plc	Equity	N/A	N/A	4,667	105,818	109,861
	Bwx Technologies Inc	Equity	N/A	N/A	10,396	236,583	541,632
	C&C Group Plc	Equity	N/A	N/A	66,300	309,217	292,317
	C&J Energy Services Inc	Equity	N/A	N/A	26,552	774,247	312,783
	Cabot Corp	Equity	N/A	N/A	38,677	2,126,286	1,845,280
	Cabot Corp	Equity	N/A	N/A	17,056	728,392	813,742
	Cabot Corp	Equity	N/A	N/A	8,700	327,153	415,077
	Caci Intl Inc Cl A	Equity	N/A	N/A	4,937	624,644	1,010,061
	Cactus Inc-Class A	Equity	N/A	N/A	8,585	247,528	284,335
	Cadence Design Systems Inc	Equity	N/A	N/A	59,840	2,677,714	4,237,270
	Caesarstone Ltd	Equity	N/A	N/A	42,099	844,446	632,748
	Calithera Biosciences Inc	Equity	N/A	N/A	19,275	170,312	75,173
	Cambium Networks Corp	Equity	N/A	N/A	8,900	106,800	85,351
	Cambrex Corp	Equity	N/A	N/A	19,146	987,462	896,224
	Canadian Pacific Railway Ltd	Equity	N/A	N/A	6,452	1,207,148	1,517,768

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Cannae Holdings Inc	Equity	N/A	N/A	34,869	\$ 449,083	\$ 1,010,504
	Capital One Financial Corp	Equity	N/A	N/A	14,522	1,349,244	1,317,726
	Capri Hldgs Ltd	Equity	N/A	N/A	9,500	463,938	329,460
	Cardinal Health Inc	Equity	N/A	N/A	9,300	751,870	438,030
	Cardiovascular Sys Inc Del	Equity	N/A	N/A	6,548	160,570	281,106
	Cardlytics Inc	Equity	N/A	N/A	10,819	174,722	281,078
	Cardtronics Ltd	Equity	N/A	N/A	44,909	1,309,424	1,226,914
	Caretrust Reit Inc-W/I	Equity	N/A	N/A	49,990	1,182,241	1,188,762
	Cargurus Inc	Equity	N/A	N/A	12,760	579,291	460,764
	Carlisle Companies Inc	Equity	N/A	N/A	12,962	1,104,924	1,819,994
	Carlsberg As-B	Equity	N/A	N/A	954	122,811	126,470
	Carnival Plc	Equity	N/A	N/A	1,845	102,185	81,486
	Carolina Financial Corp	Equity	N/A	N/A	9,383	314,656	329,249
	Carpenter Technology Corp	Equity	N/A	N/A	18,869	694,151	905,335
	Carrefour Sa	Equity	N/A	N/A	29,800	571,056	573,799
	Carrefour Sa	Equity	N/A	N/A	28,600	-	32,604
	Castellum Ab	Equity	N/A	N/A	7,391	118,650	141,315
	Catalent Inc	Equity	N/A	N/A	19,486	529,136	1,056,336
	Caterpillar Inc	Equity	N/A	N/A	14,468	2,036,799	1,971,844
	Caterpillar Inc	Equity	N/A	N/A	20,496	3,200,144	2,793,400
	Cathay General Bancorp	Equity	N/A	N/A	25,820	340,866	927,196
	Cavco Industries Inc	Equity	N/A	N/A	4,661	545,836	734,294
	Cbl & Assoc Pptys Inc Reit	Equity	N/A	N/A	65,600	1,076,211	68,224
	Cbre Group Inc	Equity	N/A	N/A	106,138	4,061,195	5,444,879
	Celanese Corp	Equity	N/A	N/A	15,300	814,466	1,649,340
	Centene Corp	Equity	N/A	N/A	23,710	1,420,400	1,243,352
	Centerpoint Energy Inc	Equity	N/A	N/A	16,403	463,502	469,618
	Centerstate Bank Corporation	Equity	N/A	N/A	33,202	833,958	764,642
	Centerstate Bank Corporation	Equity	N/A	N/A	60,153	1,624,191	1,385,324
	Centric A Plc	Equity	N/A	N/A	150,200	852,414	167,437
	Century Communities Inc	Equity	N/A	N/A	23,512	501,556	624,949
	Cheesecake Factory Inc	Equity	N/A	N/A	28,240	989,842	1,234,653
	Cheesecake Factory Inc	Equity	N/A	N/A	4,571	216,097	199,844
	Chefs Warehouse Holdings Inc	Equity	N/A	N/A	41,927	1,104,736	1,470,380
	Chemical Financial Corp	Equity	N/A	N/A	23,686	745,793	973,731
	Chevron Corporation	Equity	N/A	N/A	96,408	11,978,852	11,997,012
	Chevron Corporation	Equity	N/A	N/A	36,900	4,193,573	4,591,836
	Chimera Investment Corp	Equity	N/A	N/A	29,140	459,786	549,872
	China Aviation Oil Singapore	Equity	N/A	N/A	309,900	375,714	302,338
	China Mengniu Dairy Co	Equity	N/A	N/A	176,000	525,517	681,629
	China Pacific Insurance Gr	Equity	N/A	N/A	144,600	628,407	565,574
	China Resources	Equity	N/A	N/A	682,000	507,169	671,770
	Chipotle Mexican Gril CI A	Equity	N/A	N/A	5,227	3,359,181	3,830,764
	Chubb Ltd	Equity	N/A	N/A	1,802	362,305	265,417
	Churchill Downs Inc	Equity	N/A	N/A	11,871	196,372	1,365,996
	Cie Financiere Richemont Sa	Equity	N/A	N/A	29,637	2,496,825	2,514,986
	Cigna Corp	Equity	N/A	N/A	9,482	1,789,184	1,493,889
	Cigna Corp	Equity	N/A	N/A	32,516	5,651,958	5,122,896
	Cimarex Energy Co	Equity	N/A	N/A	5,700	503,470	338,181
	Cinemark Holdings Inc	Equity	N/A	N/A	34,515	1,392,022	1,245,992

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Cintas Corp	Equity	N/A	N/A	1,900	\$ 288,394	\$ 450,851
	Circor International Inc	Equity	N/A	N/A	4,886	234,185	224,756
	Cisco Systems Inc	Equity	N/A	N/A	22,775	980,448	1,246,476
	Cisco Systems Inc	Equity	N/A	N/A	53,804	2,165,619	2,944,693
	Citic Telecom International	Equity	N/A	N/A	934,000	354,976	370,649
	Citigroup Inc	Equity	N/A	N/A	134,756	8,242,401	9,436,963
	Citigroup Inc	Equity	N/A	N/A	2,900	180,719	203,087
	Citizens Financial Group	Equity	N/A	N/A	173,183	5,447,442	6,123,751
	Citizens Financial Group	Equity	N/A	N/A	35,400	1,393,761	1,251,744
	Citrix Systems Inc	Equity	N/A	N/A	41,102	3,380,053	4,033,750
	Ck Asset Holdings Ltd	Equity	N/A	N/A	70,000	554,792	544,320
	Clarivate Analytics Plc	Equity	N/A	N/A	39,171	527,079	602,450
	Clean Harbors Inc	Equity	N/A	N/A	12,714	647,431	903,965
	Clean Harbors Inc	Equity	N/A	N/A	26,317	1,354,230	1,871,139
	Cleveland-Cliffs Inc	Equity	N/A	N/A	128,211	1,306,342	1,368,011
	Cleveland-Cliffs Inc	Equity	N/A	N/A	44,578	468,698	475,647
	Cno Financial Group Inc	Equity	N/A	N/A	54,299	1,143,324	905,707
	Cno Financial Group Inc	Equity	N/A	N/A	23,600	219,804	393,648
	Cno Financial Group Inc	Equity	N/A	N/A	23,912	402,778	398,852
	Cnp Assurances	Equity	N/A	N/A	44,624	1,010,960	1,012,959
	Coca Cola Co	Equity	N/A	N/A	63,600	3,099,604	3,238,512
	Coca-Cola Amatil Ltd	Equity	N/A	N/A	19,139	128,197	137,331
	Coca-Cola European Partners Plc	Equity	N/A	N/A	2,100	120,442	118,650
	Cognex Corp	Equity	N/A	N/A	57,911	1,970,753	2,778,570
	Cohen & Steers Inc	Equity	N/A	N/A	1,938	86,947	99,691
	Cohu Inc	Equity	N/A	N/A	14,141	289,550	218,196
	Colgate-Palmolive Co	Equity	N/A	N/A	32,037	2,251,536	2,296,092
	Colruyt Sa	Equity	N/A	N/A	1,942	109,855	112,621
	Columbus Mckinnon Corp N Y	Equity	N/A	N/A	23,833	658,794	1,000,271
	Comcast Corporation Cl A	Equity	N/A	N/A	87,867	3,236,761	3,715,017
	Comfortdelgro Corp Ltd	Equity	N/A	N/A	506,900	830,799	996,565
	Commercial Metals Co	Equity	N/A	N/A	48,338	866,856	862,833
	Computacenter Plc	Equity	N/A	N/A	12,300	-	208,064
	Concho Resources Inc	Equity	N/A	N/A	8,200	908,272	846,076
	Concho Resources Inc	Equity	N/A	N/A	23,241	405,411	2,398,006
	Conduent Inc-When Issued	Equity	N/A	N/A	58,862	968,828	564,487
	Conduent Inc-When Issued	Equity	N/A	N/A	175,759	1,879,949	1,685,529
	Conocophillips	Equity	N/A	N/A	106,143	6,177,009	6,474,723
	Conocophillips	Equity	N/A	N/A	38,209	2,271,179	2,330,749
	Constellation Brands Inc Cl A	Equity	N/A	N/A	173	35,004	34,071
	Constellation Brands Inc Cl A	Equity	N/A	N/A	27,018	4,846,476	5,320,925
	Continental Ag	Equity	N/A	N/A	5,873	1,305,609	848,649
	Cooper Tire & Rubber Co	Equity	N/A	N/A	20,805	649,215	656,398
	Cooper Tire & Rubber Co	Equity	N/A	N/A	20,400	563,460	643,620
	Core Laboratories N V	Equity	N/A	N/A	34,264	2,415,003	1,791,322
	Core Mark Holding Co Inc	Equity	N/A	N/A	14,917	302,271	592,503
	Corepoint Lodging Inc-Wi	Equity	N/A	N/A	26,467	410,873	327,926
	Corning Inc	Equity	N/A	N/A	1,008	33,895	33,496
	Corporate Office Pptys Tr Reit	Equity	N/A	N/A	38,603	1,027,905	1,063,513

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(b)							
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Costar Group Inc	Equity	N/A	N/A	626	\$ 202,302	\$ 346,842
	Costco Wholesale Corp	Equity	N/A	N/A	31,079	6,528,515	8,212,937
	Cott Corp Que	Equity	N/A	N/A	61,438	745,580	820,197
	Covestro Ag	Equity	N/A	N/A	2,496	194,384	126,669
	Cracker Barrel Old Country	Equity	N/A	N/A	2,967	274,720	506,556
	Crane Co	Equity	N/A	N/A	4,731	390,611	401,283
	Cray Inc	Equity	N/A	N/A	15,883	327,955	553,046
	Cray Inc	Equity	N/A	N/A	17,398	415,408	605,798
	Credit Agricole Sa	Equity	N/A	N/A	38,754	1,211,952	464,688
	Credit Suisse Group	Equity	N/A	N/A	37,492	1,369,153	448,404
	Cree Inc	Equity	N/A	N/A	7,473	386,606	419,833
	Crest Nicholson Holdings	Equity	N/A	N/A	49,200	430,536	223,060
	Crispr Therapeutics Ag	Equity	N/A	N/A	3,271	138,639	154,064
	Csg Sys Intl Inc	Equity	N/A	N/A	16,856	504,199	823,078
	Csg Sys Intl Inc	Equity	N/A	N/A	10,800	338,888	527,364
	Csl Ltd	Equity	N/A	N/A	8,453	592,988	1,275,902
	Csr Ltd	Equity	N/A	N/A	91,300	244,165	250,619
	Csx Corp	Equity	N/A	N/A	19,570	1,196,964	1,514,131
	Ctrip Com Intl Ltd	Equity	N/A	N/A	17,763	720,871	655,632
	Cubesmart	Equity	N/A	N/A	26,880	232,052	898,867
	Cummins Inc	Equity	N/A	N/A	3,213	520,186	550,515
	Cummins Inc	Equity	N/A	N/A	10,200	1,333,529	1,747,668
	Curtiss Wright Corp	Equity	N/A	N/A	25,990	2,482,852	3,304,109
	Cvb Financial Corp	Equity	N/A	N/A	45,789	496,776	962,943
	Cyrusone Inc	Equity	N/A	N/A	12,217	511,105	705,165
	Cytomx Therapeutics Inc	Equity	N/A	N/A	23,199	320,799	260,293
	Dah Chong Hong Holdings Ltd	Equity	N/A	N/A	703,000	420,731	234,879
	Daimler Ag	Equity	N/A	N/A	17,000	752,322	946,900
	Daiwabo Holdings Co Ltd	Equity	N/A	N/A	8,900	400,705	423,475
	Dana Incorporated	Equity	N/A	N/A	144,356	3,016,691	2,878,459
	Danaher Corp	Equity	N/A	N/A	11,808	1,081,794	1,687,599
	Danaher Corp	Equity	N/A	N/A	32,909	2,826,354	4,703,354
	Danaher Corp	Equity	N/A	N/A	34,412	3,878,551	4,918,163
	Danone	Equity	N/A	N/A	27,179	2,165,425	2,327,881
	Danske Bank A/S	Equity	N/A	N/A	29,100	881,318	459,942
	Darling Ingredients Inc	Equity	N/A	N/A	33,802	555,840	672,322
	Dave & Buster'S Entertainm	Equity	N/A	N/A	7,269	383,142	294,176
	Dbx Group Holdings Ltd	Equity	N/A	N/A	21,200	283,592	404,284
	Dbx Group Holdings Ltd	Equity	N/A	N/A	105,000	2,014,764	2,002,350
	Deckers Outdoor Corp	Equity	N/A	N/A	19,345	2,298,953	3,404,140
	Deckers Outdoor Corp	Equity	N/A	N/A	3,173	252,781	558,353
	Del Taco Restaurants Inc	Equity	N/A	N/A	24,087	328,402	308,795
	Delek Holdco Inc	Equity	N/A	N/A	6,477	248,108	262,448
	Delta Air Lines Inc	Equity	N/A	N/A	24,999	1,391,878	1,418,693
	Delta Air Lines Inc	Equity	N/A	N/A	43,044	2,206,950	2,442,747
	Delta Air Lines Inc	Equity	N/A	N/A	7,826	419,296	444,126
	Derichebourg	Equity	N/A	N/A	82,300	438,844	316,311
	Deutsche Bank Ag	Equity	N/A	N/A	49,350	2,018,575	376,541
	Deutsche Post Ag	Equity	N/A	N/A	24,700	782,796	803,738

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Deutsche Telekom Ag	Equity	N/A	N/A	105,932	\$ 1,764,363	\$ 1,831,161
	Deutsche Wohnen Ag	Equity	N/A	N/A	30,399	1,370,012	1,147,012
	Deutz Ag	Equity	N/A	N/A	83,500	669,200	812,399
	Deutz Ag	Equity	N/A	N/A	46,156	404,935	449,067
	Dexus Property Group	Equity	N/A	N/A	71,169	637,340	648,535
	Dfds A/S	Equity	N/A	N/A	8,500	370,631	360,504
	Diageo Plc	Equity	N/A	N/A	76,883	1,800,867	3,278,291
	Diageo Plc	Equity	N/A	N/A	2,853	95,272	121,652
	Dialog Semiconductor Plc	Equity	N/A	N/A	43,033	1,440,455	1,722,998
	Diamond Back Energy Inc	Equity	N/A	N/A	17,120	1,813,166	1,865,566
	Dick'S Sporting Goods Inc.	Equity	N/A	N/A	18,400	450,607	637,192
	Digi International Inc	Equity	N/A	N/A	29,265	288,109	371,080
	Dillards Inc	Equity	N/A	N/A	6,000	135,988	373,680
	Direct Line Insurance Group	Equity	N/A	N/A	86,716	381,558	365,395
	Direct Line Insurance Group	Equity	N/A	N/A	350,860	1,558,688	1,478,419
	Discover Financial W/I	Equity	N/A	N/A	8,979	696,785	721,732
	Discover Financial W/I	Equity	N/A	N/A	15,800	545,133	1,225,922
	Discover Financial W/I	Equity	N/A	N/A	30,901	1,753,437	2,397,609
	Discovery Inc Class A	Equity	N/A	N/A	59,500	1,663,249	1,826,650
	Disney Walt Co	Equity	N/A	N/A	19,347	2,147,921	2,701,615
	Dnb Asa	Equity	N/A	N/A	47,200	-	896,328
	Dnb Asa	Equity	N/A	N/A	94,616	509,119	1,796,758
	Dnb Asa	Equity	N/A	N/A	110,032	590,719	2,089,508
	Dno Asa	Equity	N/A	N/A	239,792	435,806	434,299
	Dolby Laboratories Inc Class A	Equity	N/A	N/A	65,731	3,189,216	4,246,223
	Dollar General Corp	Equity	N/A	N/A	29,000	2,707,586	3,919,640
	Dollar Tree Inc	Equity	N/A	N/A	4,100	447,748	440,299
	Domino'S Pizza Inc.	Equity	N/A	N/A	1,600	415,488	445,248
	Domtar Corporation	Equity	N/A	N/A	16,800	714,288	748,104
	Domtar Corporation New	Equity	N/A	N/A	51,696	2,439,864	2,302,023
	Donnelley Financial Solu-W/I	Equity	N/A	N/A	47,702	937,482	636,345
	Douglas Emmett Inc-W/I	Equity	N/A	N/A	16,280	644,889	664,875
	Dover Corp	Equity	N/A	N/A	22,884	1,219,668	2,292,977
	Dowa Holdings Co Ltd	Equity	N/A	N/A	14,600	589,831	467,866
	Dte Energy Co	Equity	N/A	N/A	18,504	1,802,015	2,366,292
	Duerr Ag	Equity	N/A	N/A	8,700	320,732	300,585
	Duluth Holdings Inc	Equity	N/A	N/A	12,863	177,195	178,024
	Dxc Technology Co	Equity	N/A	N/A	8,200	711,254	452,230
	Dycom Industries Inc	Equity	N/A	N/A	28,409	1,391,272	1,672,438
	E*Trade Financial Corp	Equity	N/A	N/A	34,579	1,538,366	1,542,223
	Eastman Chem Co	Equity	N/A	N/A	22,900	1,397,056	1,782,307
	Eastman Chem Co	Equity	N/A	N/A	21,155	1,715,776	1,646,494
	Ebay Inc	Equity	N/A	N/A	143,552	5,922,251	5,670,304
	Edison Intl	Equity	N/A	N/A	17,700	828,961	1,193,157
	Edwards Lifesciences Corp	Equity	N/A	N/A	80,582	12,656,574	14,886,719
	Eiffage	Equity	N/A	N/A	1,259	125,630	124,482
	Elanco Animal Health Inc	Equity	N/A	N/A	11,858	422,039	400,800
	Electrolux Ab	Equity	N/A	N/A	4,903	115,588	125,292

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Electronic Art	Equity	N/A	N/A	24,690	\$ 1,697,220	\$ 2,500,109
	Electronic Art	Equity	N/A	N/A	22,093	2,235,459	2,237,137
	Elmos Semiconductor Ag	Equity	N/A	N/A	2,468	60,404	61,740
	Emcor Group Inc	Equity	N/A	N/A	39,515	2,912,610	3,481,272
	Emerson Electric Co	Equity	N/A	N/A	16,418	1,090,357	1,086,707
	Employers Holdings Inc	Equity	N/A	N/A	28,322	542,743	1,197,171
	Enagas Sa	Equity	N/A	N/A	4,074	115,978	108,726
	Encana Corp	Equity	N/A	N/A	555	3,480	2,847
	Endesa Sa	Equity	N/A	N/A	9,431	212,042	242,469
	Enel Spa	Equity	N/A	N/A	321,300	2,001,731	2,256,169
	Enel Spa	Equity	N/A	N/A	110,798	739,779	778,024
	Enerplus Corp	Equity	N/A	N/A	43,265	438,973	325,785
	Engie	Equity	N/A	N/A	27,500	-	382,745
	Eni Spa	Equity	N/A	N/A	126,713	2,207,583	2,104,510
	Ennis Inc.	Equity	N/A	N/A	22,300	505,692	457,596
	Entegris Inc	Equity	N/A	N/A	45,025	1,231,299	1,680,333
	Entergy Corp New	Equity	N/A	N/A	13,400	991,184	1,379,262
	Eog Res Inc	Equity	N/A	N/A	19,644	2,001,600	1,830,035
	Eog Res Inc	Equity	N/A	N/A	43,337	2,564,564	4,037,275
	Epr Properties	Equity	N/A	N/A	47,799	2,820,438	3,565,327
	Eqt Corporation	Equity	N/A	N/A	141,380	4,206,552	2,235,218
	Equinor Asa	Equity	N/A	N/A	19,600	762,806	375,340
	Equinor Asa	Equity	N/A	N/A	5,846	142,437	111,951
	Equitrans Midstream Corp-W/I	Equity	N/A	N/A	128,712	3,744,893	2,536,914
	Equity Lifestyle Properties Reit	Equity	N/A	N/A	9,797	830,946	1,188,768
	Ericsson Lm B Shs	Equity	N/A	N/A	44,890	424,832	427,936
	Erste Group Bank Ag	Equity	N/A	N/A	50,417	2,030,457	1,871,224
	Essent Group Ltd	Equity	N/A	N/A	9,179	414,521	431,321
	Essent Group Ltd	Equity	N/A	N/A	21,232	1,006,537	997,692
	Essential Properties Realty	Equity	N/A	N/A	37,500	688,004	751,500
	Essilor International	Equity	N/A	N/A	12,891	1,149,471	1,682,047
	Ethan Allen Interiors Inc	Equity	N/A	N/A	15,400	420,149	324,324
	Euronet Worldwide Inc	Equity	N/A	N/A	7,738	137,487	1,301,841
	Europris Asa	Equity	N/A	N/A	36,742	127,467	113,881
	Everbridge Inc	Equity	N/A	N/A	7,217	414,846	645,344
	Everest Re Group Ltd	Equity	N/A	N/A	4,000	494,084	988,720
	Evergy Inc	Equity	N/A	N/A	36,815	1,667,960	2,214,422
	Evo Payments Inc-Class A	Equity	N/A	N/A	5,249	83,984	165,501
	Evonik Industries Ag	Equity	N/A	N/A	15,600	532,097	454,999
	Exact Sciences Corp	Equity	N/A	N/A	11,156	1,128,233	1,316,854
	Exelon Corporation	Equity	N/A	N/A	139,507	5,942,970	6,687,966
	Exelon Corporation	Equity	N/A	N/A	17,400	668,995	834,156
	Exlservice Holdings Inc	Equity	N/A	N/A	28,709	1,156,766	1,898,526
	Expedia Group Inc	Equity	N/A	N/A	11,650	1,472,478	1,549,800
	Exxon Mobil Corp	Equity	N/A	N/A	42,200	3,303,128	3,233,786
	Fabrinet	Equity	N/A	N/A	8,683	316,472	431,285
	Facebook Inc	Equity	N/A	N/A	10,056	1,647,294	1,940,808
	Facebook Inc	Equity	N/A	N/A	113,289	18,359,474	21,864,777
	Facebook Inc	Equity	N/A	N/A	75,693	8,648,148	14,608,749
	Factset Resh Sys Inc	Equity	N/A	N/A	24,440	2,129,246	7,003,526

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Falcon Minerals Corp	Equity	N/A	N/A	18,200	\$ 193,348	\$ 152,880
	Farfetch Ltd-Class A	Equity	N/A	N/A	47,831	1,175,610	994,885
	Fastly Inc - Class A	Equity	N/A	N/A	2,975	65,954	60,333
	Federal Agric Mtg Corp Cl C	Equity	N/A	N/A	7,671	258,606	557,375
	Ferrari Nv	Equity	N/A	N/A	3,000	176,488	484,260
	Ferro Corp	Equity	N/A	N/A	44,162	370,484	697,760
	Ferroglobe Plc	Equity	N/A	N/A	49,716	599,383	84,517
	Fidelity National Information	Equity	N/A	N/A	29,000	2,792,122	3,557,720
	Fidelity Southern Corp	Equity	N/A	N/A	46,260	1,072,001	1,432,672
	Fifth Third Bancorp	Equity	N/A	N/A	40,800	505,412	1,138,320
	Fifth Third Bancorp	Equity	N/A	N/A	59,745	1,267,233	1,666,886
	Finisar Corporation	Equity	N/A	N/A	25,161	486,634	575,432
	First American Financial W/I	Equity	N/A	N/A	19,886	919,146	1,067,878
	First Bancorp	Equity	N/A	N/A	112,191	1,127,136	1,238,589
	First Bancshares Inc/Ms	Equity	N/A	N/A	28,785	1,068,370	873,337
	First Financial Bancorp	Equity	N/A	N/A	34,180	521,559	827,840
	First Financial Bankshares Inc	Equity	N/A	N/A	21,528	231,866	662,847
	First Hawaiian Inc	Equity	N/A	N/A	147,944	3,864,782	3,827,311
	First Interstate Bancsys/Mt	Equity	N/A	N/A	16,533	684,898	654,872
	First Midwest Bancorp Inc Del	Equity	N/A	N/A	38,104	994,230	779,989
	Firstenergy Corp	Equity	N/A	N/A	31,100	1,028,273	1,331,391
	Firstenergy Corp	Equity	N/A	N/A	95,145	3,317,147	4,073,157
	Firstgroup Plc	Equity	N/A	N/A	100,500	568,892	124,759
	Fiserv Inc	Equity	N/A	N/A	47,993	3,151,308	4,375,042
	Five Point Holdings LLC-Cl A	Equity	N/A	N/A	26,855	367,519	201,950
	Fiveprime Therapeutics Inc	Equity	N/A	N/A	5,970	116,046	35,999
	Fleetcor Technologies Inc	Equity	N/A	N/A	5,173	1,084,530	1,452,837
	Fleetcor Technologies Inc	Equity	N/A	N/A	23,052	2,509,874	6,474,154
	Flughafen Zurich Ag	Equity	N/A	N/A	720	126,688	135,562
	Fnf Group-W/I	Equity	N/A	N/A	75,120	1,937,986	3,027,336
	Foot Locker Inc	Equity	N/A	N/A	15,000	296,881	628,800
	Forescout Technologies Inc	Equity	N/A	N/A	32,094	659,546	1,086,703
	Form Factor Inc	Equity	N/A	N/A	105,083	1,406,585	1,646,651
	Forteschue Metal Group Ltd	Equity	N/A	N/A	151,600	684,727	960,005
	Forteschue Metal Group Ltd	Equity	N/A	N/A	29,917	156,622	189,449
	Fortive Corp	Equity	N/A	N/A	17,658	1,015,688	1,439,480
	Forty Seven Inc	Equity	N/A	N/A	30,923	492,617	327,784
	Fox Factory Holding Corp	Equity	N/A	N/A	10,087	199,257	832,278
	Franklin Street Properties C	Equity	N/A	N/A	59,600	672,042	439,848
	Fresenius Medical Care	Equity	N/A	N/A	16,466	1,329,477	1,291,172
	Freshpet Inc	Equity	N/A	N/A	17,131	509,617	779,632
	Frontdoor Inc-W/I	Equity	N/A	N/A	20,642	725,228	898,959
	Frp Holdings Inc	Equity	N/A	N/A	8,466	463,238	472,149
	Fuji Film Holdings	Equity	N/A	N/A	38,700	1,581,131	1,960,934
	Fukuoka Financial Group Inc	Equity	N/A	N/A	5,400	121,740	98,519
	G1 Therapeutics Inc	Equity	N/A	N/A	27,686	557,331	848,853
	Gamestop Corp Cl A	Equity	N/A	N/A	14,400	379,011	78,768
	Gaming And Leisure Prope-W/I	Equity	N/A	N/A	20,000	715,547	779,600
	Gannett Spinco Inc	Equity	N/A	N/A	25,300	276,333	206,448

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Garmin Ltd	Equity	N/A	N/A	65,000	\$ 2,516,917	\$ 5,187,000
	Gci Liberty Inc - Class A	Equity	N/A	N/A	20,673	695,961	1,270,563
	Gea Group Ag	Equity	N/A	N/A	47,731	1,270,301	1,352,531
	General Mills Inc	Equity	N/A	N/A	39,249	2,071,387	2,132,791
	Genesco Inc	Equity	N/A	N/A	2,878	116,721	121,711
	Genesee & Wyo Inc	Equity	N/A	N/A	9,658	521,306	965,800
	Genpact Ltd	Equity	N/A	N/A	31,086	942,155	1,184,066
	Gentex Corp	Equity	N/A	N/A	187,970	1,871,634	4,625,942
	Gentherm Inc	Equity	N/A	N/A	45,470	1,672,882	1,902,010
	Genworth Finl Inc Com Cl A	Equity	N/A	N/A	37,000	1,103,821	137,270
	Genworth Mortgage Insurance	Equity	N/A	N/A	240,100	179,221	473,660
	Getty Rlty Corp New Reit	Equity	N/A	N/A	1,469	33,661	45,186
	Gilead Sciences Inc	Equity	N/A	N/A	25,568	1,818,254	1,727,374
	Glaxosmithkline Plc	Equity	N/A	N/A	19,205	386,153	384,524
	Glaxosmithkline Plc	Equity	N/A	N/A	98,700	2,086,047	1,976,180
	Glaxosmithkline Plc	Equity	N/A	N/A	96,711	1,970,254	1,936,356
	Global Blood Therapeutics In	Equity	N/A	N/A	10,316	250,315	542,622
	Global Payments Inc-W/I	Equity	N/A	N/A	36,432	3,727,358	5,833,856
	Globant Sa	Equity	N/A	N/A	10,713	305,544	1,082,549
	Globus Medical Inc A	Equity	N/A	N/A	9,325	203,526	394,448
	Glory Ltd	Equity	N/A	N/A	5,300	124,727	139,806
	Glycomimetics Inc	Equity	N/A	N/A	25,441	300,157	303,257
	Go Ahead Group Plc	Equity	N/A	N/A	14,700	307,129	368,139
	Goldman Sachs Group Inc	Equity	N/A	N/A	200	40,467	40,920
	Goldman Sachs Group Inc	Equity	N/A	N/A	20,893	2,059,856	4,274,708
	Goodyear Tire & Rubber Co	Equity	N/A	N/A	36,300	1,147,909	555,390
	Gpt Group	Equity	N/A	N/A	49,319	189,157	212,940
	Grace W R & Co	Equity	N/A	N/A	9,679	710,915	736,669
	Graco Inc	Equity	N/A	N/A	61,200	991,909	3,071,016
	Gramham Holdings Company	Equity	N/A	N/A	614	421,121	442,590
	Granges Ab	Equity	N/A	N/A	49,600	391,007	568,313
	Granite Construction Inc	Equity	N/A	N/A	47,257	2,176,208	2,276,842
	Granite Point Mortgage Trust	Equity	N/A	N/A	5,666	106,068	108,731
	Gray Television Inc	Equity	N/A	N/A	58,946	844,541	966,125
	Green Plains Inc	Equity	N/A	N/A	58,415	1,114,653	629,714
	Greenbriar Cos Inc	Equity	N/A	N/A	20,171	980,247	613,198
	Greene King Plc	Equity	N/A	N/A	13,710	107,227	107,600
	Group 1 Automotive Inc	Equity	N/A	N/A	5,400	468,822	442,206
	Groupon Inc	Equity	N/A	N/A	95,025	363,845	340,190
	Guardant Health Inc	Equity	N/A	N/A	2,193	166,489	189,322
	Gulfport Energy Corp New	Equity	N/A	N/A	44,700	513,983	219,477
	Gulfport Energy Corp New	Equity	N/A	N/A	23,940	238,426	117,545
	Haemonetics Corp	Equity	N/A	N/A	10,990	1,246,261	1,322,537
	Hamilton Lane Inc-Class A	Equity	N/A	N/A	17,549	471,397	1,001,346
	Hang Lung Properties Ltd	Equity	N/A	N/A	91,000	199,660	216,469
	Hannon Armstrong Sustainable	Equity	N/A	N/A	14,156	277,313	398,916
	Hanover Insurance Group Inc	Equity	N/A	N/A	21,233	2,365,958	2,724,194
	Harley Davidson Inc	Equity	N/A	N/A	9,500	426,784	340,385
	Harris Corp	Equity	N/A	N/A	12,112	1,816,625	2,290,743
	Harsco Corp	Equity	N/A	N/A	45,849	1,024,011	1,258,097

**PLUMBERS AND PIPEFITTERS NATIONAL
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SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Hartford Finl Svcs Group Inc	Equity	N/A	N/A	112,121	\$ 4,908,579	\$ 6,247,382
	Hartford Finl Svcs Group Inc	Equity	N/A	N/A	20,600	571,668	1,147,832
	Hartford Finl Svcs Group Inc	Equity	N/A	N/A	44,509	2,202,836	2,480,041
	Harvey Norman Holdings Ltd	Equity	N/A	N/A	95,700	338,376	273,447
	Haynes Intl Inc Com	Equity	N/A	N/A	13,467	549,246	428,385
	Hca Healthcare Inc	Equity	N/A	N/A	13,100	1,030,825	1,770,727
	Hca Healthcare Inc	Equity	N/A	N/A	5,757	780,798	778,174
	Hd Supply Holdings Inc	Equity	N/A	N/A	19,194	1,976,088	773,134
	Hdfc Bank Ltd	Equity	N/A	N/A	9,226	589,489	1,199,749
	Heiwado Co Ltd	Equity	N/A	N/A	2,400	53,117	42,562
	Helen Of Troy Limited	Equity	N/A	N/A	5,511	499,989	719,681
	Helix Energy Solutions Group	Equity	N/A	N/A	25,044	193,461	216,130
	Helmerich & Payne Inc	Equity	N/A	N/A	22,700	1,376,436	1,149,074
	Helvetia Holding Ag	Equity	N/A	N/A	4,000	-	501,946
	Hemfosa Fastigheter Ab	Equity	N/A	N/A	11,958	116,883	112,998
	Henderson Land Development	Equity	N/A	N/A	20,900	114,393	113,696
	Hewlett Packard Enterprise Co	Equity	N/A	N/A	57,700	917,327	862,615
	Highwoods Pptys Inc Reit	Equity	N/A	N/A	20,115	996,857	830,750
	Hillenbrand Inc	Equity	N/A	N/A	19,081	844,189	755,035
	Hill-Rom Holdings Inc	Equity	N/A	N/A	11,254	851,288	1,177,393
	Hilltop Hldgs Inc	Equity	N/A	N/A	50,132	1,070,305	1,066,308
	Hilton Worldwide Hldgs - W/I	Equity	N/A	N/A	19,304	1,349,387	1,886,773
	Hitachi Capital Corp	Equity	N/A	N/A	25,000	655,420	555,349
	Hitachi Construction Machine	Equity	N/A	N/A	4,300	102,715	111,753
	Hitachi Ltd	Equity	N/A	N/A	17,780	580,421	651,238
	Hitachi Ltd	Equity	N/A	N/A	3,800	116,359	139,185
	Hms Hldgs Corp	Equity	N/A	N/A	46,749	955,103	1,514,200
	Hollyfrontier Corp	Equity	N/A	N/A	56,381	1,738,479	2,609,313
	Hollyfrontier Corp	Equity	N/A	N/A	10,900	679,625	504,452
	Home Bancshares Inc	Equity	N/A	N/A	53,160	1,039,470	1,023,862
	Home Depot Inc	Equity	N/A	N/A	36,898	5,355,654	7,673,677
	Honda Motor Co Ltd	Equity	N/A	N/A	77,200	2,188,466	1,994,175
	Honeywell Intl Inc	Equity	N/A	N/A	10,739	1,473,143	1,874,922
	Honeywell Intl Inc	Equity	N/A	N/A	14,771	2,063,502	2,578,869
	Hong Leong Asia Ltd	Equity	N/A	N/A	154,200	392,471	61,543
	Horizon Bancorp Inc	Equity	N/A	N/A	38,139	509,207	623,191
	Hospitality Pptys Tr	Equity	N/A	N/A	36,400	1,167,036	910,000
	Hostess Brands Inc	Equity	N/A	N/A	85,342	1,151,545	1,232,338
	Houghton Mifflin Harcourt Co	Equity	N/A	N/A	133,098	965,569	766,644
	Houlihan Lokey Inc	Equity	N/A	N/A	4,143	187,328	184,488
	Hp Inc	Equity	N/A	N/A	297,573	6,966,576	6,186,543
	Hsbc Holdings Plc	Equity	N/A	N/A	14,274	117,402	115,905
	Hubspot Inc	Equity	N/A	N/A	4,336	484,426	739,375
	Humana Inc	Equity	N/A	N/A	21,602	5,807,458	5,731,011
	Humana Inc	Equity	N/A	N/A	1,200	263,820	318,360
	Hunt J B Transport Services Inc	Equity	N/A	N/A	427	47,326	39,032
	Huntington Ingalls Inds Inc	Equity	N/A	N/A	5,900	834,417	1,325,966

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Huntsman Corp	Equity	N/A	N/A	211,514	\$ 4,047,110	\$ 4,323,346
	Huntsman Corp	Equity	N/A	N/A	47,000	719,083	960,680
	Huntsman Corp	Equity	N/A	N/A	67,877	1,329,508	1,387,406
	Huron Consulting Group Inc	Equity	N/A	N/A	25,732	1,064,470	1,296,378
	Hyster-Yale Materials Class A	Equity	N/A	N/A	1,400	48,412	77,364
	Iaa Inc-W/I	Equity	N/A	N/A	23,976	242,794	929,789
	Iac / Interactivecorp-W/I	Equity	N/A	N/A	1,653	100,889	359,577
	Iac / Interactivecorp-W/I	Equity	N/A	N/A	7,776	1,568,418	1,691,513
	Iberdrola Sa	Equity	N/A	N/A	59,000	408,024	591,475
	Iberdrola Sa	Equity	N/A	N/A	11,660	116,261	116,892
	Iberibank Corp	Equity	N/A	N/A	33,034	2,426,749	2,505,629
	Iberibank Corp	Equity	N/A	N/A	12,830	680,612	973,156
	Iberibank Corp	Equity	N/A	N/A	24,146	1,813,367	1,831,474
	Ihs Markit Ltd	Equity	N/A	N/A	36,541	1,201,468	2,328,393
	Ihs Markit Ltd	Equity	N/A	N/A	3,100	163,483	197,532
	Ii-Vi Inc	Equity	N/A	N/A	9,765	446,442	357,008
	Illumina Inc	Equity	N/A	N/A	217	70,736	79,889
	Illumina Inc	Equity	N/A	N/A	20,752	2,576,712	7,639,849
	Imperial Brands Plc	Equity	N/A	N/A	3,381	114,994	80,975
	Independent Bank Group Inc	Equity	N/A	N/A	19,539	1,218,974	1,073,863
	Industria De Diseno Textil	Equity	N/A	N/A	43,922	334,314	1,315,903
	Industrial Logistics Propert	Equity	N/A	N/A	19,400	375,067	403,908
	Infineon Technologies Ag	Equity	N/A	N/A	84,857	1,906,311	1,516,395
	Ing Groep Nv	Equity	N/A	N/A	53,400	782,546	619,204
	Ingersoll-Rand Plc	Equity	N/A	N/A	20,290	2,028,362	2,570,134
	Ingevity Corp	Equity	N/A	N/A	6,115	355,669	643,115
	Ingevity Corp	Equity	N/A	N/A	10,865	617,342	1,142,672
	Inghams Group Ltd	Equity	N/A	N/A	156,300	469,543	441,116
	Ingredion Inc	Equity	N/A	N/A	38,728	3,428,316	3,194,673
	Ingredion Inc	Equity	N/A	N/A	7,900	912,268	651,671
	Innovative Industrial Proper	Equity	N/A	N/A	6,693	228,668	826,987
	Insperty Inc	Equity	N/A	N/A	8,950	287,092	1,093,153
	Installed Building Products	Equity	N/A	N/A	20,380	1,089,224	1,206,904
	Intel Corp	Equity	N/A	N/A	25,938	1,892,774	1,241,652
	Intel Corp	Equity	N/A	N/A	29,086	1,320,350	1,392,347
	Inter Parfums Inc	Equity	N/A	N/A	19,408	1,210,320	1,290,438
	Intercontinental Exchange Inc	Equity	N/A	N/A	24,187	1,729,304	2,078,631
	Intercontinental Exchange Inc	Equity	N/A	N/A	32,912	1,663,802	2,828,457
	Intermediate Capital Group	Equity	N/A	N/A	8,577	117,225	150,424
	International Paper Co	Equity	N/A	N/A	12,000	558,139	519,840
	Interparfums Sa	Equity	N/A	N/A	5,645	255,064	270,558
	Intersect Ent Inc	Equity	N/A	N/A	10,266	219,693	233,654
	Intl Consolidated Airline	Equity	N/A	N/A	65,000	503,772	390,650
	Intuit Software	Equity	N/A	N/A	1,900	1,450,989	496,527
	Intuit Software	Equity	N/A	N/A	37,021	4,870,647	9,674,698
	Intuit Software	Equity	N/A	N/A	26,892	4,007,511	7,027,686

**PLUMBERS AND PIPEFITTERS NATIONAL
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SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
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(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Intuitive Surgical Inc	Equity	N/A	N/A	16,797	\$ 2,516,545	\$ 8,810,866
	Intuitive Surgical Inc	Equity	N/A	N/A	10,053	2,288,252	5,273,301
	Intuitive Surgical Inc	Equity	N/A	N/A	9,614	5,231,746	5,043,024
	Investec Plc	Equity	N/A	N/A	96,700	692,913	627,531
	Investor Ab-B Shs	Equity	N/A	N/A	8,379	358,272	402,521
	Invitae Corp	Equity	N/A	N/A	17,536	147,739	412,096
	Inwido Ab	Equity	N/A	N/A	25,000	356,382	173,242
	Iovance Biotherapeutics Inc	Equity	N/A	N/A	8,600	210,163	213,538
	Ipg Photonics Corp	Equity	N/A	N/A	15,992	2,134,831	2,466,766
	Ipsos Sa	Equity	N/A	N/A	1,950	56,968	51,442
	Irhythm Technologies Inc	Equity	N/A	N/A	5,704	455,490	451,072
	Israel Discount Bank A	Equity	N/A	N/A	226,720	389,840	924,390
	Isuzu Motors Ltd	Equity	N/A	N/A	54,000	761,224	607,500
	Itochu Corp	Equity	N/A	N/A	64,400	1,100,146	1,230,777
	Itochu Corp	Equity	N/A	N/A	6,800	128,383	129,958
	Itron Inc.	Equity	N/A	N/A	28,156	1,546,944	1,761,721
	J & J Snack Foods Corp	Equity	N/A	N/A	5,912	615,162	951,536
	J2 Global Inc	Equity	N/A	N/A	9,966	711,014	885,878
	Jabil Inc	Equity	N/A	N/A	85,144	2,353,813	2,690,550
	Jack In The Box Inc	Equity	N/A	N/A	12,934	1,091,429	1,052,698
	Jafco Co Ltd	Equity	N/A	N/A	4,400	169,325	160,998
	Jagged Peak Energy Inc	Equity	N/A	N/A	32,239	414,060	266,617
	James River Group Holdings Ltd	Equity	N/A	N/A	23,458	862,564	1,100,180
	Japan Airlines Co Ltd	Equity	N/A	N/A	21,300	716,853	680,201
	Japan Airlines Co Ltd	Equity	N/A	N/A	3,800	136,347	121,350
	Jardine Strategic Hldgs Ltd	Equity	N/A	N/A	40,352	608,185	1,528,937
	Jazz Pharmaceuticals Plc	Equity	N/A	N/A	5,726	778,554	816,299
	Jazz Pharmaceuticals Plc	Equity	N/A	N/A	4,780	707,928	681,437
	Jbg Smith Properties	Equity	N/A	N/A	22,773	773,024	895,890
	Jeld-Wen Holding Inc	Equity	N/A	N/A	52,951	1,442,216	1,124,150
	Jetblue Airways	Equity	N/A	N/A	210,698	2,638,998	3,895,806
	Jetblue Airways	Equity	N/A	N/A	215,270	1,859,394	3,980,342
	Jetblue Airways	Equity	N/A	N/A	41,300	885,401	763,637
	Jiangnan Group Ltd	Equity	N/A	N/A	1,181,000	379,040	50,641
	Jm Ab	Equity	N/A	N/A	26,000	560,487	597,878
	Jm Smucker Co/The	Equity	N/A	N/A	11,000	1,353,402	1,267,090
	John Bean Technology	Equity	N/A	N/A	5,242	114,821	634,963
	Johnson & Johnson	Equity	N/A	N/A	97,129	11,180,389	13,528,127
	Johnson Electric Holdings	Equity	N/A	N/A	124,500	510,038	265,839
	Johnson Matthey Plc	Equity	N/A	N/A	28,552	1,278,775	1,205,567
	Jones Lang Lasalle Inc	Equity	N/A	N/A	29,371	4,045,977	4,132,206
	Jounce Therapeutics Inc	Equity	N/A	N/A	16,775	303,557	83,036
	Jpmorgan Chase & Co	Equity	N/A	N/A	18,309	2,486,069	2,046,946
	Jpmorgan Chase & Co	Equity	N/A	N/A	58,901	4,090,194	6,585,132
	Jpmorgan Chase & Co	Equity	N/A	N/A	1,000	114,109	111,800
	Jpmorgan Chase & Co	Equity	N/A	N/A	30,344	2,534,435	3,392,459
	Jtekt Corp	Equity	N/A	N/A	52,700	779,250	638,373
	Juniper Networks Inc	Equity	N/A	N/A	39,400	1,104,505	1,049,222

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Kadant Inc	Equity	N/A	N/A	9,632	\$ 875,562	\$ 874,682
	Kaiser Aluminum Corp	Equity	N/A	N/A	5,606	492,225	547,202
	Kajima Corp	Equity	N/A	N/A	7,700	108,239	105,557
	Kaken Pharmaceutical	Equity	N/A	N/A	4,500	242,548	210,360
	Kala Pharmaceuticals Inc	Equity	N/A	N/A	18,306	258,038	116,792
	Kansas City Southern	Equity	N/A	N/A	1,442	172,864	175,664
	Kar Auction Services Inc	Equity	N/A	N/A	23,976	148,176	599,400
	Karyopharm Therapeutics Inc	Equity	N/A	N/A	56,815	644,044	340,322
	Kaz Minerals Plc	Equity	N/A	N/A	13,427	112,873	102,958
	Kddi Corp	Equity	N/A	N/A	67,700	1,386,721	1,722,719
	Kddi Corp	Equity	N/A	N/A	4,500	113,718	114,509
	Kddi Corp	Equity	N/A	N/A	49,000	1,139,397	1,246,872
	Keiyo Bank Ltd	Equity	N/A	N/A	37,000	-	216,204
	Keller Group Plc	Equity	N/A	N/A	42,000	471,996	327,495
	Kemper Corp	Equity	N/A	N/A	3,200	265,600	276,128
	Kennedy Wilson Holdings Inc	Equity	N/A	N/A	47,603	992,874	979,194
	Kering	Equity	N/A	N/A	488	270,622	289,872
	Kering	Equity	N/A	N/A	11,505	5,254,060	6,833,970
	Keycorp New	Equity	N/A	N/A	60,500	922,031	1,073,875
	Keyence Corp	Equity	N/A	N/A	1,900	493,119	1,161,052
	Kimball Electronics Inc-W/I	Equity	N/A	N/A	19,596	279,027	318,239
	Kimball International Inc Class B	Equity	N/A	N/A	30,436	337,804	530,499
	Kingboard Chemicals Holding	Equity	N/A	N/A	133,000	527,923	370,309
	Kingfisher Plc	Equity	N/A	N/A	187,500	844,247	511,712
	Kirby Corp	Equity	N/A	N/A	8,858	594,273	699,782
	Kla Corp	Equity	N/A	N/A	4,200	488,596	496,440
	Klepierre	Equity	N/A	N/A	3,632	133,225	121,751
	Klx Energy Services Hold- Wi	Equity	N/A	N/A	18,466	544,664	377,260
	Knorr-Bremse Ag	Equity	N/A	N/A	9,672	912,707	1,065,709
	Kodiak Sciences Inc	Equity	N/A	N/A	8,142	57,649	95,261
	Kohls Corp	Equity	N/A	N/A	21,800	1,042,217	1,036,590
	Konica Minolta Holdings Inc	Equity	N/A	N/A	155,200	1,530,355	1,510,037
	Koninklijke Ahold Delhaize Nv	Equity	N/A	N/A	80,696	1,905,085	1,814,818
	Koninklijke Ahold Delhaize Nv	Equity	N/A	N/A	63,100	1,248,486	1,419,091
	Koninklijke Bam Groep Nv	Equity	N/A	N/A	26,932	125,286	119,680
	Koninklijke Philips Nv	Equity	N/A	N/A	2,885	119,492	126,363
	Konoike Transport Co Ltd	Equity	N/A	N/A	26,500	335,470	417,354
	Korn Ferry	Equity	N/A	N/A	19,105	484,652	765,537
	Kosmos Energy Ltd	Equity	N/A	N/A	32,469	210,146	203,581
	Kratos Defense Security Solutions Inc	Equity	N/A	N/A	22,034	366,799	504,358
	Kroger Co	Equity	N/A	N/A	59,600	1,160,717	1,293,916
	Kubota Corp	Equity	N/A	N/A	62,500	944,328	1,040,000

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Kulicke & Soffa Industries Inc	Equity	N/A	N/A	36,200	\$ 434,182	\$ 816,310
	L Brands Inc	Equity	N/A	N/A	86,270	4,434,032	2,251,647
	Lakeland Bancorp Inc	Equity	N/A	N/A	80,982	1,070,108	1,307,859
	Lam Research Corp	Equity	N/A	N/A	10,200	1,128,620	1,915,968
	Lam Research Corp	Equity	N/A	N/A	885	33,744	166,238
	Lamar Advertising Co-A	Equity	N/A	N/A	44,418	2,595,789	3,584,977
	Landstar Sys Inc	Equity	N/A	N/A	41,360	1,975,562	4,466,466
	Lannett Inc	Equity	N/A	N/A	10,500	673,035	63,630
	Lattice Semiconductor Corp	Equity	N/A	N/A	98,544	917,440	1,437,757
	Lauder Estee Cos Inc Cl A	Equity	N/A	N/A	40,084	4,563,262	7,339,781
	Lci Industries	Equity	N/A	N/A	7,215	662,788	649,350
	Lear Corp- W/I	Equity	N/A	N/A	6,400	495,018	891,328
	Lee & Man Paper Manufacturing	Equity	N/A	N/A	530,000	304,940	371,122
	Lend Lease Group	Equity	N/A	N/A	60,700	559,870	553,988
	Lenzing Ag	Equity	N/A	N/A	4,500	423,912	501,461
	Leonardo Spa	Equity	N/A	N/A	51,900	144,828	658,092
	Level One Bancorp Inc	Equity	N/A	N/A	34,238	923,191	855,608
	Lexington Realty Trust	Equity	N/A	N/A	68,400	489,220	643,644
	Lgi Homes Inc	Equity	N/A	N/A	4,090	243,369	292,149
	Lhc Group Inc	Equity	N/A	N/A	9,727	987,182	1,163,155
	Liberty Braves Series C	Equity	N/A	N/A	19,043	477,088	532,633
	Liberty Braves Series C	Equity	N/A	N/A	31,895	609,262	892,103
	Liberty Expedia Hold	Equity	N/A	N/A	22,931	1,035,500	1,095,872
	Liberty Tripadvisor Hdq-A I	Equity	N/A	N/A	31,194	440,750	386,806
	Ligand Pharmaceuticals	Equity	N/A	N/A	6,933	939,921	791,402
	Lilly Eli & Co	Equity	N/A	N/A	34,207	3,398,708	3,789,794
	Lilly Eli & Co	Equity	N/A	N/A	13,415	1,332,830	1,486,248
	Lilly Eli & Co	Equity	N/A	N/A	958	289,928	106,137
	Lincoln National Corp	Equity	N/A	N/A	30,909	1,992,413	1,992,085
	Lincoln National Corp	Equity	N/A	N/A	19,400	932,041	1,250,330
	Lindab International Ab	Equity	N/A	N/A	5,156	58,964	59,299
	Lindblad Expeditions Holding	Equity	N/A	N/A	42,805	458,330	768,350
	Linde Plc	Equity	N/A	N/A	4,400	824,894	883,520
	Littelfuse Inc	Equity	N/A	N/A	7,517	375,673	1,329,832
	Livent Corp	Equity	N/A	N/A	55,167	638,028	381,756
	Lloyds Banking Group Plc	Equity	N/A	N/A	717,900	841,716	536,989
	Lloyds Banking Group Plc	Equity	N/A	N/A	2,184,839	2,326,646	1,634,260
	Lloyds Banking Group Plc	Equity	N/A	N/A	2,190,899	2,283,977	1,638,792
	Lockheed Martin Corp	Equity	N/A	N/A	4,761	1,720,384	1,730,814
	Logmein Inc	Equity	N/A	N/A	7,064	596,300	520,476
	Lonza Ag	Equity	N/A	N/A	4,671	667,428	1,576,140
	L'Oreal	Equity	N/A	N/A	5,778	1,316,452	1,636,330
	Louisiana Pacific Corp	Equity	N/A	N/A	5,757	93,092	150,949
	Lsc Communications Inc-W/I	Equity	N/A	N/A	4,100	318,468	15,047
	Lululemon Athletica Inc	Equity	N/A	N/A	28,579	3,703,007	5,150,222
	Lumentum Holdings Inc -W/I	Equity	N/A	N/A	17,695	927,551	945,090

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	M6-Metropole Television	Equity	N/A	N/A	5,853	\$ 117,868	\$ 110,813
	Mack Cali Realty Corp	Equity	N/A	N/A	9,200	206,684	214,268
	Macquarie Group Ltd	Equity	N/A	N/A	6,400	-	563,432
	Macy'S Inc	Equity	N/A	N/A	12,800	736,735	274,688
	Madden Steven Ltd	Equity	N/A	N/A	28,520	954,392	968,254
	Magnolia Oil & Gas Corp Class A	Equity	N/A	N/A	40,276	497,308	466,396
	Makino Milling Machine Co	Equity	N/A	N/A	2,900	109,613	116,871
	Makita Corp	Equity	N/A	N/A	26,000	951,488	885,300
	Man Group Plc	Equity	N/A	N/A	189,900	-	375,732
	Manhattan Assocs Inc	Equity	N/A	N/A	41,822	2,416,914	2,899,519
	Manhattan Assocs Inc	Equity	N/A	N/A	39,810	1,691,809	2,760,027
	Manpower Group Inc	Equity	N/A	N/A	56,484	5,102,775	5,456,354
	Manpower Group Inc	Equity	N/A	N/A	7,900	770,808	763,140
	Marathon Petroleum Corp	Equity	N/A	N/A	14,200	505,054	793,496
	Marathon Petroleum Corp	Equity	N/A	N/A	40,892	2,581,519	2,285,045
	Marks And Spencer Group Plc	Equity	N/A	N/A	139,600	590,972	373,540
	Marriott International Inc Cl A	Equity	N/A	N/A	17,623	1,664,700	2,472,331
	Marriott International Inc Cl A	Equity	N/A	N/A	51,619	1,439,103	7,241,630
	Marriott Vacations Worldwide Corp	Equity	N/A	N/A	11,565	437,347	1,114,866
	Marriott Vacations Worldwide Corp	Equity	N/A	N/A	17,592	1,673,955	1,695,869
	Marsh & McLennan Companies Inc	Equity	N/A	N/A	9,901	816,083	987,625
	Marubeni Corp	Equity	N/A	N/A	157,900	827,856	1,044,221
	Marvell Technology Group	Equity	N/A	N/A	36,900	897,484	880,803
	Marvell Technology Group	Equity	N/A	N/A	112,441	1,653,741	2,683,967
	Mastercard Inc Cl A	Equity	N/A	N/A	43,922	4,563,877	11,618,687
	Mastercard Inc Cl A	Equity	N/A	N/A	66,051	494,534	17,472,471
	Matador Resources Co	Equity	N/A	N/A	19,449	421,075	386,646
	Matas A/S	Equity	N/A	N/A	16,002	168,954	173,570
	Maxim Intergrated Products Inc	Equity	N/A	N/A	22,400	1,319,520	1,339,968
	Maximus Inc	Equity	N/A	N/A	7,003	526,417	507,998
	Maxlinear Inc Common Stock	Equity	N/A	N/A	22,501	433,507	527,423
	Mbia Inc	Equity	N/A	N/A	32,412	275,136	301,756
	Mcdermott Intl Inc	Equity	N/A	N/A	51,582	1,384,161	498,282
	Mcdonald'S Corp	Equity	N/A	N/A	10,457	1,877,950	2,171,501
	Mckesson Corporation	Equity	N/A	N/A	31,569	4,498,995	4,242,558
	Mckesson Corporation	Equity	N/A	N/A	5,620	693,621	755,272
	Mdu Resources Group Inc	Equity	N/A	N/A	33,316	864,687	859,553
	Medical Properties Trust Inc	Equity	N/A	N/A	47,400	607,964	826,656
	Medidata Solutions Inc	Equity	N/A	N/A	20,332	1,272,976	1,840,249
	Mediobanca Spa	Equity	N/A	N/A	32,000	313,233	329,886
	Mediobanca Spa	Equity	N/A	N/A	29,687	313,657	306,042
	Medipal Holdings Corp	Equity	N/A	N/A	31,300	699,292	690,652
	Medtronic Plc	Equity	N/A	N/A	5,869	517,616	571,582
	Medtronic Plc	Equity	N/A	N/A	39,190	3,406,322	3,816,714
	Meggitt Plc	Equity	N/A	N/A	60,000	322,889	399,274
	Meituan Dianping	Equity	N/A	N/A	77,676	645,118	687,433
	MellanoX Technologies Ltd	Equity	N/A	N/A	11,909	518,997	1,317,969
	Merck & Co Inc	Equity	N/A	N/A	71,711	9,466,567	6,012,967
	Merck & Co Inc	Equity	N/A	N/A	36,186	2,652,967	3,034,196
	Merck & Co Inc	Equity	N/A	N/A	674	44,217	56,515

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Merck Kgaa	Equity	N/A	N/A	1,111	\$ 121,038	\$ 115,266
	Mercury Systems Inc	Equity	N/A	N/A	14,149	605,705	995,382
	Merit Medical Systems	Equity	N/A	N/A	15,769	756,537	939,202
	Meritor Inc	Equity	N/A	N/A	45,900	469,779	1,113,075
	Mersana Therapeutics Inc	Equity	N/A	N/A	12,063	178,225	48,855
	Mesa Labs Inc	Equity	N/A	N/A	1,324	210,705	323,506
	Meta Financial Group Inc	Equity	N/A	N/A	23,504	768,329	659,287
	Metcash Ltd	Equity	N/A	N/A	257,700	691,031	464,958
	Methode Electronics Inc	Equity	N/A	N/A	22,678	550,797	647,910
	Methode Electronics Inc	Equity	N/A	N/A	16,200	643,458	462,834
	Metlife Inc.	Equity	N/A	N/A	36,130	1,663,744	1,794,577
	Metro Ag	Equity	N/A	N/A	23,000	460,000	418,453
	Metro Ag	Equity	N/A	N/A	24,762	410,019	450,510
	Mettler Toledo Intl Inc	Equity	N/A	N/A	1,855	1,297,721	1,558,200
	Mfa Financial Inc	Equity	N/A	N/A	63,900	520,360	458,802
	Mfa Financial Inc	Equity	N/A	N/A	211,491	1,606,322	1,518,505
	Mfa Financial Inc	Equity	N/A	N/A	142,242	1,004,395	1,021,298
	Mgic Invt Corp Wis	Equity	N/A	N/A	290,693	3,511,097	3,819,706
	Mgic Invt Corp Wis	Equity	N/A	N/A	47,500	452,954	624,150
	Mgic Invt Corp Wis	Equity	N/A	N/A	166,341	1,321,485	2,185,721
	Mgm Growth Properties LLC-A	Equity	N/A	N/A	62,377	1,667,504	1,911,855
	Michelin	Equity	N/A	N/A	5,900	207,559	744,521
	Michelin	Equity	N/A	N/A	10,152	865,558	1,281,081
	Microchip Technology Inc	Equity	N/A	N/A	41,360	1,567,532	3,585,912
	Microchip Technology Inc	Equity	N/A	N/A	1,898	181,579	164,557
	Micron Technology Inc	Equity	N/A	N/A	104,849	3,744,105	4,046,123
	Microsoft Corp	Equity	N/A	N/A	19,076	1,403,347	2,555,421
	Microsoft Corp	Equity	N/A	N/A	13,519	1,128,305	1,811,005
	Microsoft Corp	Equity	N/A	N/A	164,726	10,810,442	22,066,695
	Microsoft Corp	Equity	N/A	N/A	123,813	6,740,809	16,585,989
	Middleby Corp	Equity	N/A	N/A	60,983	3,371,842	8,275,393
	Milacron Holdings Corp	Equity	N/A	N/A	83,496	1,340,259	1,152,245
	Mineral Resources Ltd	Equity	N/A	N/A	30,800	286,507	323,914
	Mirati Therapeutics Inc	Equity	N/A	N/A	1,139	83,640	117,317
	Mirvac Group	Equity	N/A	N/A	566,596	1,108,318	1,245,134
	Mitchells & Butlers Plc	Equity	N/A	N/A	93,500	342,613	340,191
	Mitsubishi Gas Chemical Co Inc	Equity	N/A	N/A	32,850	353,881	437,533
	Mitsubishi Heavy Industries	Equity	N/A	N/A	2,900	124,686	126,137
	Mitsubishi Ufj Financial Group	Equity	N/A	N/A	117,900	628,153	567,099
	Mitsubishi Ufj Financial Group	Equity	N/A	N/A	362,600	2,241,132	1,744,106
	Mitsubishi Ufj Lease & Finance Co	Equity	N/A	N/A	79,900	500,187	423,158
	Mitsubishi Ufj Lease & Finance Co	Equity	N/A	N/A	26,700	131,397	141,406
	Mitsubishi Electric Corp	Equity	N/A	N/A	4,300	126,084	113,268
	Mitsui Chemicals Inc	Equity	N/A	N/A	20,400	602,654	504,631
	Mitsui Chemicals Inc	Equity	N/A	N/A	5,700	168,389	141,000
	Mizuho Financial Group Inc	Equity	N/A	N/A	559,900	1,204,318	810,651
	Molson Coors Brewing Company	Equity	N/A	N/A	18,300	1,248,682	1,024,800
	Monarch Casino & Resort Inc	Equity	N/A	N/A	16,917	552,376	723,033
	Mondelez International	Equity	N/A	N/A	7,127	367,824	384,145
	Mondelez International	Equity	N/A	N/A	33,953	1,886,449	1,830,067
	Mondelez International	Equity	N/A	N/A	73,411	1,033,652	3,956,853

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Mongoddb Inc	Equity	N/A	N/A	509	\$ 22,095	\$ 77,414
	Monster Beverage Corporation	Equity	N/A	N/A	28,833	1,789,362	1,840,410
	Moody'S Corp	Equity	N/A	N/A	400	68,224	78,124
	Moog Inc Class A	Equity	N/A	N/A	9,333	670,648	873,662
	Morgan Stanley	Equity	N/A	N/A	79,528	2,193,179	3,484,122
	Morgan Stanley	Equity	N/A	N/A	36,500	1,612,629	1,599,065
	Motorola Solutions Inc	Equity	N/A	N/A	2,300	315,742	383,479
	Msc Indl Direct Inc Cl A	Equity	N/A	N/A	25,706	2,085,595	1,908,928
	Muenchener Rueckver Ag	Equity	N/A	N/A	6,300	1,194,390	1,586,025
	Muenchener Rueckver Ag	Equity	N/A	N/A	1,972	426,681	496,451
	Murata Manufacturing Co Npv	Equity	N/A	N/A	24,800	1,228,520	1,138,816
	Murphy Oil Corp	Equity	N/A	N/A	117,915	3,468,617	2,906,605
	Murphy Usa Inc-W/I	Equity	N/A	N/A	5,500	328,182	462,165
	Myer Holdings Ltd	Equity	N/A	N/A	205,700	405,078	78,703
	Mylan N V	Equity	N/A	N/A	13,900	708,961	264,656
	Myokardia Inc	Equity	N/A	N/A	12,976	144,693	650,617
	Myriad Genetics Inc	Equity	N/A	N/A	126,720	4,023,254	3,520,282
	Nabtesco Corp	Equity	N/A	N/A	41,700	996,905	1,158,000
	Nagase & Co Ltd	Equity	N/A	N/A	8,100	112,667	121,333
	Nanostring Technologies Inc	Equity	N/A	N/A	9,605	107,479	291,512
	National Fuel Gas Co	Equity	N/A	N/A	16,000	968,742	844,000
	National General Hldgs	Equity	N/A	N/A	8,863	230,604	203,317
	National Retail Pptys Inc	Equity	N/A	N/A	11,351	241,471	601,717
	National Storage Affiliates	Equity	N/A	N/A	124,491	3,163,769	3,602,770
	National Vision Holdings Inc	Equity	N/A	N/A	12,483	445,978	383,603
	Natixis	Equity	N/A	N/A	90,500	739,187	364,189
	Navient Corp	Equity	N/A	N/A	35,100	252,697	479,115
	Navient Corp-When Distribute	Equity	N/A	N/A	158,941	1,819,469	2,169,545
	Ncr Corp	Equity	N/A	N/A	18,600	507,372	578,460
	Neogenomics Inc Com New	Equity	N/A	N/A	18,906	234,544	414,798
	Neon Therapeutics Inc	Equity	N/A	N/A	8,768	140,274	41,560
	Neopost Sa	Equity	N/A	N/A	6,700	484,055	143,229
	Nestle Sa	Equity	N/A	N/A	54,202	3,739,947	5,629,420
	Nestle Sa-Reg	Equity	N/A	N/A	35,922	3,164,476	3,730,859
	Netflix Inc	Equity	N/A	N/A	16,553	2,934,972	6,080,248
	New Jersey Resources Corp	Equity	N/A	N/A	25,625	987,630	1,275,356
	New York Times Co Class A	Equity	N/A	N/A	13,838	434,639	451,396
	Nexity	Equity	N/A	N/A	8,900	433,691	384,567
	Nexon Co Ltd	Equity	N/A	N/A	87,200	1,132,955	1,263,334
	Nexpoint Residential-W/I	Equity	N/A	N/A	40,747	1,351,647	1,686,926
	Nextera Energy Inc	Equity	N/A	N/A	200	27,850	40,972
	Nextera Energy Partners Lp	Equity	N/A	N/A	22,356	1,031,153	1,078,677
	Nike Inc Class B	Equity	N/A	N/A	115,954	2,272,365	9,734,338
	Nine Energy Service Inc	Equity	N/A	N/A	8,786	190,737	152,261
	Nintendo Co Ltd	Equity	N/A	N/A	6,200	2,301,246	2,246,880
	Nippon Carbon Co Ltd	Equity	N/A	N/A	2,500	117,754	95,766
	Nippon Electric Gas Co	Equity	N/A	N/A	16,800	457,871	425,239
	Nippon Konpo Unyu Soko Co	Equity	N/A	N/A	8,300	149,177	190,304

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Nippon Light Metal Holdings	Equity	N/A	N/A	56,000	\$ 117,997	\$ 121,022
	Nippon Telegraph & Tele	Equity	N/A	N/A	47,000	1,256,291	2,187,070
	Nippon Telegraph & Tele	Equity	N/A	N/A	15,700	725,573	730,575
	Nissan Motor Co Ltd	Equity	N/A	N/A	84,800	790,367	614,800
	Nissin Electric Co Ltd	Equity	N/A	N/A	68,800	597,703	750,441
	Nitto Kogyo Corp	Equity	N/A	N/A	9,500	157,323	181,338
	Nlight Inc	Equity	N/A	N/A	12,534	319,080	240,653
	Nmi Holdings Inc-Class A	Equity	N/A	N/A	38,014	444,973	1,079,217
	Nn Group Nv	Equity	N/A	N/A	3,227	135,195	129,898
	Nomad Foods Ltd	Equity	N/A	N/A	63,897	1,049,100	1,364,840
	Nordstrom Inc	Equity	N/A	N/A	61,270	2,577,537	1,952,062
	Norfolk Southern Corp	Equity	N/A	N/A	1,600	297,523	318,928
	Norsk Hydro Asa	Equity	N/A	N/A	362,292	1,828,770	1,275,268
	Northrop Grumman Corporation	Equity	N/A	N/A	7,946	2,261,391	2,567,432
	Northrop Grumman Corporation	Equity	N/A	N/A	10,889	3,251,079	3,518,345
	Northwestern Corporation	Equity	N/A	N/A	15,458	616,933	1,115,295
	Norwegian Cruise Line Hldgs Ltd	Equity	N/A	N/A	41,053	2,328,595	2,201,672
	Norwegian Cruise Line Hldgs Ltd	Equity	N/A	N/A	4,854	269,105	260,320
	Nos Sgpps	Equity	N/A	N/A	18,348	124,424	120,591
	Novartis Ag - Reg Shs	Equity	N/A	N/A	43,247	3,155,105	3,913,854
	Novartis Ag - Reg Shs	Equity	N/A	N/A	38,309	2,745,237	3,466,965
	Novo Nordisk A/S	Equity	N/A	N/A	16,238	824,424	833,334
	Ntt Docomo Inc	Equity	N/A	N/A	20,600	-	480,058
	Nu Skin Enterprises Inc	Equity	N/A	N/A	18,958	1,098,837	935,009
	Nutrien Ltd	Equity	N/A	N/A	21,860	1,005,165	1,168,636
	Nuvasive Inc	Equity	N/A	N/A	8,516	441,998	498,527
	Nvidia Corp	Equity	N/A	N/A	2,012	279,900	330,431
	Nvidia Corp	Equity	N/A	N/A	40,508	4,632,785	6,652,629
	Nws Holdings Ltd	Equity	N/A	N/A	229,000	338,877	470,799
	Nxp Semiconductors	Equity	N/A	N/A	2,500	239,553	244,025
	Obayashi Corp	Equity	N/A	N/A	12,200	118,272	120,059
	Ocado Group Plc	Equity	N/A	N/A	61,624	690,845	915,733
	Oceanfirst Financial Corp	Equity	N/A	N/A	29,212	810,658	725,918
	Odonate Therapeutics Inc	Equity	N/A	N/A	13,795	358,670	506,139
	Office Depot Inc	Equity	N/A	N/A	88,300	480,963	181,898
	Office Properties Income Tru	Equity	N/A	N/A	14,868	1,456,150	390,582
	Old Dominion Fght Lines Inc	Equity	N/A	N/A	4,844	110,610	723,015
	Old Republic International Corp	Equity	N/A	N/A	190,269	4,134,515	4,258,220
	Old Republic International Corp	Equity	N/A	N/A	25,600	550,139	572,928
	Omega Healthcare Invs Inc	Equity	N/A	N/A	28,500	784,831	1,047,375
	Omniceil Inc	Equity	N/A	N/A	14,635	1,025,369	1,259,049
	Omnova Solutions Inc	Equity	N/A	N/A	94,687	743,077	589,900
	Omv Ag	Equity	N/A	N/A	3,021	181,587	147,197
	On Semiconductor Corporation	Equity	N/A	N/A	27,300	682,408	551,733
	On Semiconductor Corporation	Equity	N/A	N/A	82,600	1,636,062	1,669,346

**PLUMBERS AND PIPEFITTERS NATIONAL
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SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Open Text Corp	Equity	N/A	N/A	188,000	\$ 3,330,885	\$ 7,745,600
	Oracle Corp	Equity	N/A	N/A	19,512	1,053,855	1,111,599
	Oracle Corp	Equity	N/A	N/A	26,985	1,267,723	1,537,335
	Orange Sa	Equity	N/A	N/A	41,200	-	649,651
	Orange Sa	Equity	N/A	N/A	9,205	59,327	145,146
	Orasure Technologies Inc	Equity	N/A	N/A	43,231	494,266	401,184
	Orbcomm Inc	Equity	N/A	N/A	70,490	657,475	511,053
	Orchard Therapeutics Plc	Equity	N/A	N/A	7,154	101,945	100,084
	Origin Enterprises Plc	Equity	N/A	N/A	70,800	465,810	424,800
	Orix Corporation	Equity	N/A	N/A	42,000	621,860	626,406
	Orix Corporation	Equity	N/A	N/A	77,500	1,201,723	1,155,868
	Orkla Asa	Equity	N/A	N/A	79,962	679,300	709,224
	Oshkosh Corporation Class B	Equity	N/A	N/A	7,800	284,220	651,222
	Outfront Media Inc	Equity	N/A	N/A	21,931	404,301	565,600
	Outfront Media Inc	Equity	N/A	N/A	24,700	469,220	637,013
	Outfront Media Inc	Equity	N/A	N/A	27,004	459,391	696,433
	Oversea Chinese Banking Corp	Equity	N/A	N/A	206,600	1,606,035	1,740,754
	Owens & Minor Inc	Equity	N/A	N/A	11,800	396,428	37,760
	Owens Corning Inc	Equity	N/A	N/A	9,400	516,005	547,080
	Owens Corning Inc	Equity	N/A	N/A	21,906	1,338,255	1,274,929
	Owens Ill Inc	Equity	N/A	N/A	23,527	449,310	406,311
	Owens Ill Inc	Equity	N/A	N/A	31,100	618,532	537,097
	Owens Ill Inc	Equity	N/A	N/A	136,155	3,324,449	2,351,397
	Oxford Immunotec Global Plc	Equity	N/A	N/A	3,551	50,149	48,862
	Paccar Inc	Equity	N/A	N/A	49,515	3,418,080	3,548,245
	Paccar Inc	Equity	N/A	N/A	10,300	669,789	738,098
	Pacific Andes Resources	Equity	N/A	N/A	1,533,000	434,271	24,007
	Packging Corp Pkg	Equity	N/A	N/A	4,000	197,683	381,280
	Packging Corp Pkg	Equity	N/A	N/A	26,336	1,916,071	2,510,348
	Pacwest Bancorp	Equity	N/A	N/A	20,519	574,364	796,753
	Paragon Group Of Co Plc	Equity	N/A	N/A	84,600	404,996	471,438
	Paramount Group Inc	Equity	N/A	N/A	101,360	1,029,413	1,420,054
	Park Hotels & Resorts Inc-	Equity	N/A	N/A	191,582	5,917,774	5,280,000
	Parker Hannifin Corp	Equity	N/A	N/A	4,890	785,385	831,349
	Parker Hannifin Corp	Equity	N/A	N/A	38,302	6,079,239	6,511,723
	Patrick Industries Inc	Equity	N/A	N/A	26,282	1,153,809	1,292,812
	Pattern Energy Group Inc	Equity	N/A	N/A	14,864	369,889	343,210
	Paychex Inc	Equity	N/A	N/A	27,240	1,015,009	2,241,580
	Paylocity Holding Corp	Equity	N/A	N/A	7,860	238,262	737,425
	Paypal Holdings Inc-W/I	Equity	N/A	N/A	61,953	3,047,458	7,091,140
	Paypal Holdings Inc-W/I	Equity	N/A	N/A	61,440	4,683,644	7,032,422
	Pbf Energy Inc	Equity	N/A	N/A	43,555	1,523,903	1,363,272
	Pdc Energy Inc	Equity	N/A	N/A	20,264	882,474	730,720
	Peabody Energy Corp	Equity	N/A	N/A	39,998	1,583,958	963,952
	Pegasystems Inc	Equity	N/A	N/A	7,368	333,338	524,675
	People'S Utah Bancorp	Equity	N/A	N/A	18,436	522,141	542,018
	Pepsico Inc	Equity	N/A	N/A	46,842	4,838,382	6,142,391
	Pepsico Inc	Equity	N/A	N/A	20,191	2,159,606	2,647,646
	Performance Food Group Co	Equity	N/A	N/A	67,942	1,997,229	2,719,718
	Pernod Ricard	Equity	N/A	N/A	946	161,657	175,483

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Perspecta Inc	Equity	N/A	N/A	33,460	\$ 778,961	\$ 783,299
	Peugeot Sa	Equity	N/A	N/A	4,864	127,990	119,854
	Pfizer Inc	Equity	N/A	N/A	284,661	10,279,927	12,331,515
	Pfizer Inc	Equity	N/A	N/A	116,163	4,461,178	5,032,181
	Pfizer Inc	Equity	N/A	N/A	2,324	98,515	100,676
	Phasebio Pharmaceuticals Inc	Equity	N/A	N/A	40,266	204,830	528,290
	Philip Morris Internat-W/I	Equity	N/A	N/A	97,859	7,583,804	7,684,867
	Philip Morris Internat-W/I	Equity	N/A	N/A	1,375	116,690	107,979
	Philips Lighting N V	Equity	N/A	N/A	15,200	567,982	449,382
	Philips Lighting N V	Equity	N/A	N/A	41,254	1,214,716	1,219,658
	Phillips 66	Equity	N/A	N/A	49,037	5,054,887	4,586,921
	Phillips 66	Equity	N/A	N/A	18,824	2,031,294	1,760,797
	Piedmont Office Realty Tru A	Equity	N/A	N/A	49,100	884,496	978,563
	Pilgrim'S Pride Corp	Equity	N/A	N/A	24,675	383,741	626,498
	Pinnacle Financial	Equity	N/A	N/A	14,014	382,179	805,525
	Pinnacle Financial	Equity	N/A	N/A	20,456	1,273,698	1,175,811
	Pioneer Nat Res Co	Equity	N/A	N/A	5,400	872,801	830,844
	Pitney Bowes Inc	Equity	N/A	N/A	35,900	532,862	153,652
	Planet Fitness Inc - Cl A	Equity	N/A	N/A	9,267	549,779	671,301
	Plantronics Inc New	Equity	N/A	N/A	73,282	3,174,476	2,714,365
	Plexus Corp	Equity	N/A	N/A	111,360	3,285,023	6,500,083
	Pnm Res Inc	Equity	N/A	N/A	45,065	2,217,750	2,294,259
	Polyone Corporation	Equity	N/A	N/A	38,715	1,064,006	1,215,264
	Popular Inc	Equity	N/A	N/A	78,512	3,606,761	4,258,491
	Popular Inc	Equity	N/A	N/A	22,333	741,359	1,211,342
	Portland General Electric Co	Equity	N/A	N/A	72,109	3,358,944	3,906,145
	Portola Pharmaceuticals Inc	Equity	N/A	N/A	13,695	344,015	371,545
	Post Holdings Inc-W Class I	Equity	N/A	N/A	7,941	406,094	825,626
	Poste Italiane Spa	Equity	N/A	N/A	12,289	123,658	129,398
	Postnl Nv	Equity	N/A	N/A	98,300	432,176	170,317
	Potlatchdeltic Corp	Equity	N/A	N/A	10,071	441,397	392,568
	Power Integrations Inc	Equity	N/A	N/A	66,107	3,583,167	5,300,459
	Ppl Corporation	Equity	N/A	N/A	22,200	688,187	688,422
	Pra Group Inc	Equity	N/A	N/A	32,117	1,067,045	903,772
	Preferred Apartment Commun-A	Equity	N/A	N/A	26,700	481,927	399,165
	Prima Meat Packers Ltd	Equity	N/A	N/A	26,000	326,207	495,330
	Principal Financial Group	Equity	N/A	N/A	37,537	1,535,235	2,174,143
	Principal Financial Group	Equity	N/A	N/A	12,700	347,480	735,584
	Principia Biopharma Inc	Equity	N/A	N/A	5,686	99,828	188,718
	Priority Technology Holdings	Equity	N/A	N/A	14,829	157,530	116,408
	Proassurance Corporation	Equity	N/A	N/A	20,552	698,783	742,133
	Procter & Gamble Co	Equity	N/A	N/A	9,730	1,054,888	1,066,895
	Procter & Gamble Co	Equity	N/A	N/A	44,571	4,062,392	4,887,210
	Progressive Corp Ohio	Equity	N/A	N/A	4,074	222,868	325,635
	Prologis Inc	Equity	N/A	N/A	28,941	1,646,493	2,318,174
	Propetro Holding Corp	Equity	N/A	N/A	18,790	302,891	388,953
	Proqr Therapeutics Nv	Equity	N/A	N/A	9,857	119,695	89,699
	Prosperity Bancshares Inc	Equity	N/A	N/A	15,670	641,964	1,035,004
	Proteostasis Therapeutics In	Equity	N/A	N/A	22,050	143,720	21,499
	Proto Labs Inc	Equity	N/A	N/A	34,960	1,553,206	4,056,059

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Prudential Financial Inc.	Equity	N/A	N/A	47,281	\$ 4,575,746	\$ 4,775,381
	Prudential Financial Inc.	Equity	N/A	N/A	21,409	2,141,579	2,162,309
	Prudential Plc	Equity	N/A	N/A	104,314	1,672,528	2,295,951
	Prysmian Spa	Equity	N/A	N/A	43,205	1,253,886	887,863
	Ps Business Pks Inc	Equity	N/A	N/A	18,037	1,760,382	3,039,776
	Public Service Enterprise Group Inc	Equity	N/A	N/A	78,010	3,852,453	4,588,548
	Public Service Enterprise Group Inc	Equity	N/A	N/A	20,800	670,189	1,223,456
	Pvh Corp	Equity	N/A	N/A	5,200	560,576	492,128
	Pvh Corp	Equity	N/A	N/A	18,301	1,996,941	1,732,007
	Q2 Holdings Inc	Equity	N/A	N/A	5,900	383,045	450,524
	Qantas Airways Ltd	Equity	N/A	N/A	151,000	-	572,452
	Qbe Insurance Group Ltd	Equity	N/A	N/A	13,790	120,641	114,529
	Qinetiq Group Plc	Equity	N/A	N/A	36,827	118,811	130,671
	Qualcomm	Equity	N/A	N/A	6,400	556,030	486,848
	Qualcomm	Equity	N/A	N/A	57,495	4,839,879	4,373,645
	Quanta Svcs Inc	Equity	N/A	N/A	38,035	1,432,836	1,452,557
	Quidel Corp	Equity	N/A	N/A	10,968	450,563	650,622
	Qurate Retail Inc Series A	Equity	N/A	N/A	43,791	702,704	542,570
	Qurate Retail Inc Series A	Equity	N/A	N/A	157,205	2,855,597	1,947,770
	Ra Pharmaceuticals Inc	Equity	N/A	N/A	23,279	353,492	700,000
	Radian Group Inc	Equity	N/A	N/A	118,406	2,259,392	2,705,577
	Radius Health Inc	Equity	N/A	N/A	17,899	527,136	436,020
	Ralph Lauren Corp	Equity	N/A	N/A	17,480	3,094,175	1,985,553
	Rambus Inc Del	Equity	N/A	N/A	36,249	506,002	436,438
	Range Res Corp	Equity	N/A	N/A	15,740	63,532	109,865
	Rapid7 Inc	Equity	N/A	N/A	20,441	723,070	1,182,307
	Raven Industries Inc	Equity	N/A	N/A	21,726	417,819	779,529
	Raymond James Financial Inc	Equity	N/A	N/A	2,078	199,411	175,695
	Realpage Inc.	Equity	N/A	N/A	79,168	1,922,633	4,659,037
	Recruit Holdings Co Ltd	Equity	N/A	N/A	53,100	274,151	1,770,082
	Red Hat Inc	Equity	N/A	N/A	21,667	37,950	4,068,196
	Red River Bancshares Inc	Equity	N/A	N/A	9,142	311,424	442,930
	Redrow Plc	Equity	N/A	N/A	75,198	-	519,509
	Redwood Tr Inc	Equity	N/A	N/A	74,384	1,088,851	1,229,568
	Regal Beloit Corp	Equity	N/A	N/A	14,825	1,228,354	1,211,351
	Regal Beloit Corp	Equity	N/A	N/A	7,300	556,166	596,483
	Regenxbio Inc	Equity	N/A	N/A	4,815	320,954	247,347
	Regions Financial Corp	Equity	N/A	N/A	102,200	1,358,719	1,526,868
	Reinsurance Group Of America	Equity	N/A	N/A	35,845	4,054,764	5,592,895
	Reinsurance Group Of America	Equity	N/A	N/A	7,139	357,269	1,113,898
	Reinsurance Group Of America	Equity	N/A	N/A	3,900	586,740	608,517
	Reliance Stl & Alum Co	Equity	N/A	N/A	12,882	1,128,077	1,218,895
	Reliance Stl & Alum Co	Equity	N/A	N/A	7,900	433,204	747,498
	Renault Sa	Equity	N/A	N/A	11,400	686,233	716,721
	Repligen Corp	Equity	N/A	N/A	10,633	497,808	913,906
	Repsol Sa	Equity	N/A	N/A	60,500	1,451,741	948,333
	Repsol Sa	Equity	N/A	N/A	60,500	-	33,562
	Republic Svcs Inc	Equity	N/A	N/A	42,146	1,882,168	3,651,529
	Resona Holdings Inc	Equity	N/A	N/A	188,700	960,682	785,149
	Restaurant Brands Intern	Equity	N/A	N/A	12,867	770,761	894,771

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Restaurant Group Plc	Equity	N/A	N/A	148,510	\$ 325,344	\$ 248,576
	Retail Opportunity Investmen	Equity	N/A	N/A	55,706	857,618	954,244
	Retail Value Inc - W/I	Equity	N/A	N/A	3,557	114,146	123,784
	Rexford Industrial Realty In	Equity	N/A	N/A	24,834	603,607	1,002,549
	Rexford Industrial Realty In	Equity	N/A	N/A	56,072	1,290,819	2,263,627
	Rexnord Corp	Equity	N/A	N/A	7,652	196,524	231,243
	Rheinmetall Ag	Equity	N/A	N/A	8,200	732,730	1,001,888
	Rhi Magnesita Nv	Equity	N/A	N/A	14,343	385,319	880,875
	Rhythm Pharmaceuticals Inc	Equity	N/A	N/A	8,041	145,096	176,902
	Rigel Pharmaceuticals Inc	Equity	N/A	N/A	43,977	152,210	114,780
	Rio Tinto Ltd	Equity	N/A	N/A	1,686	95,401	119,689
	Rio Tinto Plc	Equity	N/A	N/A	38,866	1,940,886	2,408,919
	Robert Half International Inc	Equity	N/A	N/A	57,925	3,522,444	3,302,304
	Roche Holding Ag	Equity	N/A	N/A	12,200	3,001,127	3,411,364
	Roche Holding Ag	Equity	N/A	N/A	17,972	4,934,843	5,025,331
	Roche Holding Ag	Equity	N/A	N/A	12,410	3,197,469	3,470,084
	Rocket Pharmaceuticals Inc	Equity	N/A	N/A	10,579	135,615	158,685
	Rogers Corp	Equity	N/A	N/A	2,591	108,341	447,155
	Rogers Corp	Equity	N/A	N/A	9,360	569,976	1,615,349
	Roku Inc	Equity	N/A	N/A	7,656	556,517	693,480
	Roper Technologies Inc	Equity	N/A	N/A	9,466	2,171,443	3,467,017
	Ross Stores Inc	Equity	N/A	N/A	31,208	2,187,627	3,093,337
	Royal Caribbean Cruises Ltd	Equity	N/A	N/A	14,300	1,385,208	1,733,303
	Royal Caribbean Cruises Ltd	Equity	N/A	N/A	46,770	1,634,583	5,668,992
	Royal Caribbean Cruises Ltd	Equity	N/A	N/A	20,132	2,428,825	2,440,200
	Royal Dutch Shell Plc A Shs	Equity	N/A	N/A	30,423	999,954	991,790
	Royal Dutch Shell Plc B Shs	Equity	N/A	N/A	86,900	2,997,489	2,828,595
	Royal Dutch Shell Plc B Shs	Equity	N/A	N/A	24,056	801,391	783,023
	Royal Mail Plc	Equity	N/A	N/A	54,400	346,816	146,392
	Rpc Group Plc	Equity	N/A	N/A	37,400	413,621	376,455
	Rr Donnelley & Sons Co	Equity	N/A	N/A	7,933	469,325	15,628
	Ryder System Inc	Equity	N/A	N/A	7,800	390,170	454,740
	Ryman Hospitality Pptys Inc	Equity	N/A	N/A	9,939	764,041	805,954
	S&P Global Inc	Equity	N/A	N/A	6,395	1,050,947	1,456,717
	S&P Global Inc	Equity	N/A	N/A	20,194	1,783,731	4,599,991
	Sage Therapeutics Inc	Equity	N/A	N/A	11,813	1,929,068	2,162,842
	Saia Inc	Equity	N/A	N/A	7,284	487,812	471,056
	Sainsbury J Plc	Equity	N/A	N/A	179,500	784,669	444,263
	Salesforce.Com	Equity	N/A	N/A	43,549	3,112,642	6,607,690
	Salesforce.Com	Equity	N/A	N/A	106,160	5,921,876	16,107,657
	Samsonite International Sa	Equity	N/A	N/A	366,600	1,126,705	841,347
	Samsung Electronics Ltd	Equity	N/A	N/A	31,447	1,299,355	1,279,883
	Samsung Sdi Co Ltd	Equity	N/A	N/A	5,054	899,024	1,035,180
	Sandfire Resources	Equity	N/A	N/A	83,800	362,259	393,584
	Sandfire Resources	Equity	N/A	N/A	24,137	113,795	113,364
	Sandvik Ab	Equity	N/A	N/A	15,616	277,386	286,888
	Sangamo Therapeutics Inc	Equity	N/A	N/A	18,435	283,839	198,545
	Sankyu Inc	Equity	N/A	N/A	8,300	199,153	435,728
	Sanofi	Equity	N/A	N/A	29,033	2,488,172	2,463,450
	Sanofi	Equity	N/A	N/A	28,000	2,463,907	2,375,800

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(b)							
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Santen Pharmaceutical Co Ltd	Equity	N/A	N/A	108,900	\$ 1,649,656	\$ 1,802,963
	Sanyo Chemical Industries Ltd	Equity	N/A	N/A	7,600	321,910	400,390
	Sap Se	Equity	N/A	N/A	21,762	1,949,672	2,981,068
	Sap Se Sponsored Adr	Equity	N/A	N/A	16,483	2,228,633	2,310,587
	Sas Ab	Equity	N/A	N/A	152,600	290,797	203,440
	Sawai Pharmaceuticals Co Ltd	Equity	N/A	N/A	11,300	654,854	609,989
	Scandinavian Tobacco Group A	Equity	N/A	N/A	33,800	446,621	393,912
	Scentre Group	Equity	N/A	N/A	44,523	139,294	120,028
	Schindler Holding	Equity	N/A	N/A	7,072	1,338,090	1,574,212
	Schneider Electric Se	Equity	N/A	N/A	3,013	252,962	273,264
	Schneider Electric Se	Equity	N/A	N/A	25,730	1,753,218	2,333,585
	Schwab Charles Corp	Equity	N/A	N/A	36,785	1,571,841	1,478,389
	Schwab Charles Corp New	Equity	N/A	N/A	50,400	2,404,659	2,025,576
	Schweitzer Mauduit Intl Inc	Equity	N/A	N/A	15,602	664,264	517,674
	Science Applications Inte-Wi	Equity	N/A	N/A	17,421	1,259,983	1,507,962
	Sciplay Corp-Class A	Equity	N/A	N/A	41,721	669,181	571,995
	Seacoast Banking Corp Of Fla	Equity	N/A	N/A	24,205	681,100	615,775
	Seagate Technology Isin	Equity	N/A	N/A	19,500	449,394	918,840
	Sekisui Chemical Co Ltd	Equity	N/A	N/A	104,400	830,361	1,566,750
	Sekisui Chemical Co Ltd	Equity	N/A	N/A	7,400	113,522	111,053
	Sekisui House Ltd	Equity	N/A	N/A	39,500	655,784	650,487
	Select Bancorp Inc	Equity	N/A	N/A	41,700	503,386	477,048
	Select Medical Holdings Corp	Equity	N/A	N/A	44,045	794,061	698,994
	Semgroup Corp Cl A	Equity	N/A	N/A	28,490	928,225	341,880
	Sempra Energy	Equity	N/A	N/A	9,727	1,201,829	1,336,879
	Senior Housing Ppty Trust	Equity	N/A	N/A	54,300	900,541	449,061
	Senseonics Holdings Inc	Equity	N/A	N/A	117,063	377,159	238,809
	Service Now Inc	Equity	N/A	N/A	26,492	1,949,906	7,273,908
	Service Now Inc	Equity	N/A	N/A	16,050	3,651,512	4,406,849
	Servicemaster Global Holding	Equity	N/A	N/A	14,517	552,842	756,191
	Sgs Sa	Equity	N/A	N/A	491	1,232,927	1,250,888
	Shake Shack Inc - Class A	Equity	N/A	N/A	7,952	409,056	574,134
	Shenzhen Intl Holdings	Equity	N/A	N/A	239,500	466,783	475,276
	Sherwin-Williams Co	Equity	N/A	N/A	1,326	516,953	607,693
	Showa Denko Kk	Equity	N/A	N/A	45,800	1,736,497	1,346,621
	Sias Spa	Equity	N/A	N/A	31,900	288,514	591,621
	Siemens Ag	Equity	N/A	N/A	10,744	1,250,049	1,265,643
	Signature Bk New York N Y	Equity	N/A	N/A	5,940	171,766	717,790
	Signature Bk New York N Y	Equity	N/A	N/A	20,610	2,759,409	2,490,512
	Silgan Hldgs Inc	Equity	N/A	N/A	18,013	540,358	569,391
	Silgan Hldgs Inc	Equity	N/A	N/A	19,100	567,736	584,460
	Silicon Laboratories Inc	Equity	N/A	N/A	300	31,610	31,212
	Sinclair Broadcast Group Inc	Equity	N/A	N/A	39,787	1,189,758	2,133,777
	Site Centers Corp	Equity	N/A	N/A	34,650	829,127	458,766
	Skandinaviska Enskilda	Equity	N/A	N/A	193,076	1,958,830	1,786,750
	Skanska Ab-B Shs	Equity	N/A	N/A	6,700	116,504	121,018
	Skf Ab-B Shares	Equity	N/A	N/A	42,300	762,840	777,795
	Skf Ab-B Shares	Equity	N/A	N/A	29,256	531,737	537,947
	Sky Network Television Ltd	Equity	N/A	N/A	97,200	489,151	77,052
	Sky Perfect Jsat Holdings Inc	Equity	N/A	N/A	92,600	518,915	360,729

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Skyline Champion Corp	Equity	N/A	N/A	63,769	\$ 1,532,043	\$ 1,745,995
	Sleep Number Corp	Equity	N/A	N/A	111,340	2,422,519	4,497,023
	Smc Corp	Equity	N/A	N/A	4,100	1,020,750	1,530,120
	Smith & Nephew Plc	Equity	N/A	N/A	5,862	106,405	126,846
	Smith & Nephew Plc	Equity	N/A	N/A	105,306	1,937,999	2,278,678
	Smurfit Kappa Group Plc	Equity	N/A	N/A	20,900	393,689	632,397
	Snam Spa	Equity	N/A	N/A	200,252	936,666	995,305
	Snap On Inc	Equity	N/A	N/A	4,300	623,417	712,252
	Sojitz Corp	Equity	N/A	N/A	199,600	773,300	640,347
	Solvay Sa	Equity	N/A	N/A	6,800	774,189	704,411
	Sony Corp	Equity	N/A	N/A	28,800	753,535	1,545,696
	Sopra Group	Equity	N/A	N/A	2,400	371,335	279,727
	South Plains Financial Inc	Equity	N/A	N/A	11,200	196,000	184,800
	Southwest Airlines Co	Equity	N/A	N/A	25,313	1,420,427	1,285,394
	Southwest Gas Holdings Inc	Equity	N/A	N/A	20,189	1,570,610	1,809,338
	Southwestern Energy Co	Equity	N/A	N/A	661,026	4,348,685	2,088,842
	Sparebank 1 Smn	Equity	N/A	N/A	25,725	270,056	294,630
	Spark Therapeutics Inc	Equity	N/A	N/A	2,353	152,908	240,900
	Spirit Aerosystems Hold Cl A	Equity	N/A	N/A	21,784	1,753,366	1,716,579
	Spirit Aerosystems Hold Cl A	Equity	N/A	N/A	15,300	718,412	1,244,961
	Spirit Airlines Inc	Equity	N/A	N/A	14,053	553,239	670,750
	Splunk Inc	Equity	N/A	N/A	21,331	2,350,134	2,682,373
	Splunk Inc	Equity	N/A	N/A	38,501	1,007,586	4,841,501
	Square Inc - A	Equity	N/A	N/A	54,941	3,674,202	3,984,871
	Src Energy Inc	Equity	N/A	N/A	92,371	739,790	458,160
	Src Energy Inc	Equity	N/A	N/A	118,000	804,447	585,280
	Src Energy Inc	Equity	N/A	N/A	41,611	278,235	206,391
	St Barbara Ltd	Equity	N/A	N/A	111,800	335,613	230,757
	Stamps.Com Inc	Equity	N/A	N/A	45,006	3,678,750	2,037,422
	Starbucks Corp	Equity	N/A	N/A	66,303	4,641,990	5,558,180
	Starwood Property Trust Inc	Equity	N/A	N/A	1,300	52,957	29,536
	State Str Corp	Equity	N/A	N/A	28,751	2,194,488	1,611,781
	Steel Dynamics Inc	Equity	N/A	N/A	108,969	4,102,320	3,290,864
	Steris Plc	Equity	N/A	N/A	1,959	222,044	291,656
	Stewart Information Services Corp	Equity	N/A	N/A	6,941	288,434	281,041
	Stifel Finl Corp	Equity	N/A	N/A	16,644	412,406	982,995
	Stoke Therapeutics Inc	Equity	N/A	N/A	5,679	77,177	165,656
	Stryker Corp	Equity	N/A	N/A	38,539	5,284,922	7,922,848
	Sturm Ruger & Co Inc	Equity	N/A	N/A	2,700	147,580	149,148
	Sumitomo Electric Industries	Equity	N/A	N/A	8,000	125,424	104,958
	Sumitomo Heavy Industrials	Equity	N/A	N/A	3,600	119,172	123,712
	Sumitomo Mitsui Construction Co	Equity	N/A	N/A	17,900	111,726	99,117
	Sumitomo Mitsui Financial Gr	Equity	N/A	N/A	24,600	872,122	868,410
	Sumitomo Mitsui Trust Holding	Equity	N/A	N/A	43,200	1,525,522	1,565,081
	Summit Materials Inc -Cl A	Equity	N/A	N/A	16,501	380,088	317,644
	Sun Hung Kai Properties	Equity	N/A	N/A	7,000	114,089	118,747
	Suntrust Banks Inc	Equity	N/A	N/A	24,500	939,851	1,539,825
	Suntrust Banks Inc	Equity	N/A	N/A	34,138	1,607,559	2,145,573
	Super Micro Computer Inc	Equity	N/A	N/A	178,018	4,648,480	3,444,648
	Super Retail Group Ltd	Equity	N/A	N/A	84,500	457,990	488,230

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Supernus Pharmaceuticals Inc	Equity	N/A	N/A	21,228	\$ 753,052	\$ 702,435
	Suzuken Co Ltd	Equity	N/A	N/A	17,700	1,017,727	1,037,555
	Suzuki Motor Corp	Equity	N/A	N/A	27,200	919,694	1,277,566
	Svenska Handelsbanken Ab Publ	Equity	N/A	N/A	11,564	121,829	115,582
	Svmk Inc	Equity	N/A	N/A	54,516	652,587	900,059
	Swedbank Ab A Shares	Equity	N/A	N/A	28,700	461,204	430,987
	Swedish Match Ab	Equity	N/A	N/A	9,022	312,247	380,849
	Swire Pacific Ltd - Cl A	Equity	N/A	N/A	153,500	1,710,275	1,880,375
	Swiss Life Holding Ag	Equity	N/A	N/A	3,200	-	1,577,600
	Swiss Life Holding Ag-Reg	Equity	N/A	N/A	285	54,527	140,505
	Swiss Re Ltd	Equity	N/A	N/A	11,300	312,613	1,142,995
	Swiss Re Ltd	Equity	N/A	N/A	20,499	1,968,196	2,073,474
	Swisscom Ag	Equity	N/A	N/A	280	130,570	139,664
	Sydbank A/S	Equity	N/A	N/A	19,100	681,475	364,009
	Syndax Pharmaceuticals Inc	Equity	N/A	N/A	23,780	236,900	221,392
	Syneos Health Inc	Equity	N/A	N/A	27,086	1,228,837	1,383,824
	Synlogic Inc	Equity	N/A	N/A	36,454	319,083	331,731
	Synnex Corp	Equity	N/A	N/A	7,000	429,181	688,800
	Synopsys Inc	Equity	N/A	N/A	2,914	341,026	375,003
	Synovus Financial Corp	Equity	N/A	N/A	25,562	924,693	894,670
	Taisei Corp	Equity	N/A	N/A	39,900	1,735,813	1,448,857
	Taiwan Semiconductor Mtg Co	Equity	N/A	N/A	13,838	354,740	542,034
	Takeda Pharmaceuticals Co Ltd	Equity	N/A	N/A	58,400	2,296,028	2,046,336
	Tarkett	Equity	N/A	N/A	18,800	438,457	440,376
	Tarkett Sa	Equity	N/A	N/A	18,800	-	21,056
	Tate & Lyle Plc	Equity	N/A	N/A	62,200	604,445	583,271
	Tate & Lyle Plc	Equity	N/A	N/A	174,760	1,571,009	1,638,784
	Taylor Wimpey Plc	Equity	N/A	N/A	199,300	530,777	399,268
	Tcf Financial Corp	Equity	N/A	N/A	79,180	929,730	1,646,152
	Td Ameritrade Holding Corp	Equity	N/A	N/A	87,137	3,976,899	4,349,879
	Tech Data Corp	Equity	N/A	N/A	5,600	481,619	585,760
	Tegna Inc	Equity	N/A	N/A	113,609	1,592,583	1,721,176
	Tegna Inc	Equity	N/A	N/A	27,000	363,659	409,050
	Teijin Ltd	Equity	N/A	N/A	44,700	825,082	761,618
	Teladoc Health Inc	Equity	N/A	N/A	21,520	547,802	1,429,143
	Teledyne Technologies Inc	Equity	N/A	N/A	7,514	1,330,552	2,057,859
	Telefonica Sa	Equity	N/A	N/A	11,701	102,546	96,416
	Telenor Asa	Equity	N/A	N/A	33,523	707,866	711,508
	Telephone And Data Systems Inc	Equity	N/A	N/A	69,332	2,046,665	2,107,693
	Television Francaise	Equity	N/A	N/A	47,000	509,213	494,888
	Teliasonera Ab	Equity	N/A	N/A	27,760	125,149	123,283
	Telstra Corp Ltd	Equity	N/A	N/A	697,529	1,486,420	1,883,328
	Tenaris Sa	Equity	N/A	N/A	100,966	1,581,571	1,321,640
	Tencent Holdings Ltd	Equity	N/A	N/A	21,100	608,630	957,560
	Tencent Holdings Ltd	Equity	N/A	N/A	184,966	4,109,607	8,394,127
	Tencent Holdings Ltd Unspn Adr	Equity	N/A	N/A	186,534	5,381,556	8,442,529
	Teradata Corp	Equity	N/A	N/A	82,189	2,999,040	2,946,476
	Terumo Corp	Equity	N/A	N/A	33,500	749,181	997,403
	Tesla Inc	Equity	N/A	N/A	20,804	5,169,932	4,648,862
	Texas Cap Bancshares Inc	Equity	N/A	N/A	6,136	275,229	376,566

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Texas Instruments Inc	Equity	N/A	N/A	10,600	\$ 1,136,394	\$ 1,216,456
	Textron Inc	Equity	N/A	N/A	15,100	754,600	800,904
	The Travelers Cos Inc	Equity	N/A	N/A	11,321	1,537,552	1,692,716
	Thermo Fisher Scientific Inc	Equity	N/A	N/A	7,715	1,532,885	2,265,741
	Thermo Fisher Scientific Inc	Equity	N/A	N/A	15,528	2,415,699	4,560,263
	Third Point Reinsurance Ltd	Equity	N/A	N/A	36,826	414,152	380,044
	Thk Co Ltd	Equity	N/A	N/A	46,000	1,091,705	1,098,285
	Thor Industries Inc	Equity	N/A	N/A	5,968	343,175	348,830
	Tjx Companies Inc New	Equity	N/A	N/A	211,240	5,324,975	11,170,371
	T-Mobile Us Inc	Equity	N/A	N/A	15,760	1,073,840	1,168,446
	Toagosei Co Ltd	Equity	N/A	N/A	37,100	315,080	389,530
	Toho Holding Co Ltd	Equity	N/A	N/A	7,700	139,010	172,405
	Tokai Rika Co Ltd	Equity	N/A	N/A	32,300	682,275	532,366
	Tokyo Gas Co Ltd	Equity	N/A	N/A	4,700	123,527	113,740
	Tongda Group Holdings Ltd	Equity	N/A	N/A	2,290,000	317,373	175,872
	Topbuild Corp	Equity	N/A	N/A	43,173	1,840,987	3,572,997
	Toppan Printing Co Ltd	Equity	N/A	N/A	7,600	112,806	115,253
	Tosoh Corp	Equity	N/A	N/A	55,800	839,564	783,838
	Total Sa	Equity	N/A	N/A	41,700	1,835,859	2,320,605
	Total Sa	Equity	N/A	N/A	61,841	3,559,732	3,441,452
	Total Sa	Equity	N/A	N/A	2,232	125,560	124,211
	Towa Pharmaceutical Co Ltd	Equity	N/A	N/A	19,800	421,943	502,461
	Toyo Tire & Rubber Co Ltd	Equity	N/A	N/A	20,300	-	266,800
	Toyota Industries Corp	Equity	N/A	N/A	4,300	233,291	236,507
	Toyota Motor Corporation	Equity	N/A	N/A	31,500	1,927,317	1,975,365
	Toyota Motor Corporation	Equity	N/A	N/A	48,000	3,042,318	3,010,080
	Toyota Tsusho Corp	Equity	N/A	N/A	14,600	459,037	441,993
	Tpi Composites Inc	Equity	N/A	N/A	30,058	516,105	743,034
	Transdigm Group Inc	Equity	N/A	N/A	10,059	1,987,499	4,866,544
	Tri Pointe Group Inc	Equity	N/A	N/A	67,039	998,868	802,457
	Tricida Inc	Equity	N/A	N/A	11,205	305,476	442,149
	Trinet Group Inc	Equity	N/A	N/A	41,986	1,154,112	2,846,651
	Trinity Mirror Plc	Equity	N/A	N/A	76,300	731,141	75,483
	Trinseo S A	Equity	N/A	N/A	24,123	1,899,097	1,021,368
	Trinseo S A	Equity	N/A	N/A	12,600	866,755	533,484
	Tripadvisor Inc Class I	Equity	N/A	N/A	20,460	1,408,288	947,093
	Triton International Ltd	Equity	N/A	N/A	41,830	1,453,194	1,370,351
	Triumph Bancorp Inc	Equity	N/A	N/A	29,833	511,695	866,649
	Triumph Bancorp Inc	Equity	N/A	N/A	56,087	1,827,360	1,629,327
	Trupanion Inc	Equity	N/A	N/A	67,791	1,799,818	2,449,289
	Ts Tech Co Ltd	Equity	N/A	N/A	11,100	-	11,100
	Tsubakimoto Chain Co	Equity	N/A	N/A	9,000	-	293,419
	Ttm Technologies	Equity	N/A	N/A	61,361	737,008	625,882
	Ttm Technologies	Equity	N/A	N/A	33,900	553,958	345,780
	Turkiye Garanti Bankasi	Equity	N/A	N/A	368,450	610,901	578,713
	Twilio Inc - A	Equity	N/A	N/A	6,151	771,542	838,689
	Two Harbors Investment-Wi	Equity	N/A	N/A	29,900	660,879	378,833
	Tyson Foods Inc Class A	Equity	N/A	N/A	74,618	4,591,124	6,024,657
	Tyson Foods Inc Class A	Equity	N/A	N/A	17,700	1,070,602	1,429,098
	Tyson Foods Inc Class A	Equity	N/A	N/A	19,107	1,170,434	1,542,699

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Ube Industries Ltd	Equity	N/A	N/A	20,800	\$ 606,121	\$ 430,990
	Uber Technologies Inc	Equity	N/A	N/A	37,297	1,678,365	1,729,835
	Ubiquiti Networks Inc	Equity	N/A	N/A	68,860	2,364,090	9,055,090
	Ubs Group Ag	Equity	N/A	N/A	28,700	487,517	340,095
	Ubs Group Ag	Equity	N/A	N/A	104,299	1,800,491	1,235,943
	Ucb Sa	Equity	N/A	N/A	7,600	637,914	630,172
	Ugi Holding Corp New	Equity	N/A	N/A	49,547	1,437,097	2,646,305
	Ullico Inc Class A	Equity	N/A	N/A	2,012,767	35,004,712	45,226,875
	Ultra Beauty Inc	Equity	N/A	N/A	1,990	607,808	690,311
	Ultra Petroleum	Equity	N/A	N/A	399,800	4,876,081	71,964
	Ultragenyx Pharmaceutical In	Equity	N/A	N/A	6,090	223,525	386,715
	Umicore	Equity	N/A	N/A	20,551	585,105	658,993
	Under Armour Inc Class A	Equity	N/A	N/A	98,900	1,730,060	2,507,115
	Unilever Plc	Equity	N/A	N/A	45,454	2,055,547	2,804,466
	Unilever Plc	Equity	N/A	N/A	1,832	114,991	113,033
	Union Pacific Corp	Equity	N/A	N/A	3,329	511,149	562,967
	United Airlines Holdings Inc	Equity	N/A	N/A	61,056	5,272,340	5,345,453
	United Airlines Holdings Inc	Equity	N/A	N/A	19,400	1,010,818	1,698,470
	United Airlines Holdings Inc	Equity	N/A	N/A	22,399	1,792,650	1,961,032
	United Financial Bancorp Inc	Equity	N/A	N/A	6,400	87,792	90,752
	United Therapeutics Corp Del	Equity	N/A	N/A	5,183	452,017	404,585
	Unitedhealth Group Inc	Equity	N/A	N/A	5,332	1,072,296	1,301,061
	Unitedhealth Group Inc	Equity	N/A	N/A	36,292	5,085,637	8,855,611
	Universal Health Services Inc Class B	Equity	N/A	N/A	5,320	698,822	693,675
	Universal Health Services Inc Class B	Equity	N/A	N/A	37,805	4,222,801	4,929,394
	Unum Group	Equity	N/A	N/A	28,500	787,913	956,175
	Upwork Inc	Equity	N/A	N/A	8,133	154,387	130,779
	Urban Outfitters Inc	Equity	N/A	N/A	39,560	1,414,975	899,990
	Urban Outfitters Inc	Equity	N/A	N/A	29,714	927,510	675,994
	Urban Outfitters Inc	Equity	N/A	N/A	19,651	465,306	447,060
	Valeo	Equity	N/A	N/A	6,600	229,943	214,639
	Valero Energy Corp	Equity	N/A	N/A	56,154	3,522,346	4,807,344
	Valero Energy Corp	Equity	N/A	N/A	13,500	322,045	1,155,735
	Valmet Oyj	Equity	N/A	N/A	43,594	1,055,242	1,086,590
	Vapotherm Inc	Equity	N/A	N/A	10,553	233,804	242,719
	Varex Imaging Corp -W/I	Equity	N/A	N/A	28,383	963,698	869,939
	Varian Medical Systems Inc	Equity	N/A	N/A	25,399	3,307,123	3,457,566
	Varian Medical Systems Inc	Equity	N/A	N/A	34,270	2,034,379	4,665,175
	Veolia Environment	Equity	N/A	N/A	4,875	115,999	118,739
	Vereit Inc	Equity	N/A	N/A	56,445	440,461	508,569
	Vereit Inc	Equity	N/A	N/A	133,100	1,066,471	1,199,231
	Verint Sys Inc	Equity	N/A	N/A	13,096	537,501	704,303
	Verisign Inc	Equity	N/A	N/A	16,696	2,157,518	3,492,135
	Verizon Communications Inc	Equity	N/A	N/A	221,886	11,356,308	12,676,347
	Verizon Communications Inc	Equity	N/A	N/A	87,807	4,476,094	5,016,414
	Versum Materials Inc	Equity	N/A	N/A	11,196	398,355	577,490
	Vertex Pharmaceuticals Inc	Equity	N/A	N/A	30,238	3,382,658	5,545,044
	Vertex Pharmaceuticals Inc	Equity	N/A	N/A	27,456	2,805,939	5,034,881
	Vestas Wind Systems A/S	Equity	N/A	N/A	1,384	107,698	118,899
	Vestas Wind Systems A/S	Equity	N/A	N/A	23,879	1,500,693	2,051,445

**PLUMBERS AND PIPEFITTERS NATIONAL
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SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Vesuvius Plc	Equity	N/A	N/A	45,400	\$ 247,255	\$ 315,954
	V-F Corp	Equity	N/A	N/A	6,700	560,679	585,245
	Viacom Inc Class B	Equity	N/A	N/A	14,600	833,254	436,102
	Viacom Inc Class B	Equity	N/A	N/A	53,875	1,789,798	1,609,246
	Viad Corp	Equity	N/A	N/A	23,693	679,002	1,569,424
	Viasat Inc	Equity	N/A	N/A	50,106	3,457,008	4,049,567
	Viavi Solutions Inc -W/I	Equity	N/A	N/A	46,266	306,177	614,875
	Vicinity Centres Mgmt Svcs	Equity	N/A	N/A	105,280	183,801	181,084
	Viewray Inc	Equity	N/A	N/A	27,810	317,694	245,006
	Vinci Sa	Equity	N/A	N/A	6,971	647,363	714,528
	Viper Energy Partners Lp	Equity	N/A	N/A	27,076	808,082	834,482
	Visa Inc Class A Shares	Equity	N/A	N/A	78,361	3,725,641	13,599,552
	Visa Inc Class A Shares	Equity	N/A	N/A	88,730	1,036,476	15,399,092
	Vishay Intertechnology Inc	Equity	N/A	N/A	64,800	686,848	1,070,496
	Vistra Energy Corp	Equity	N/A	N/A	50,727	1,183,611	1,148,459
	Vivendi Sa	Equity	N/A	N/A	58,596	1,564,375	1,616,371
	Vmware Inc Class A	Equity	N/A	N/A	16,091	2,506,881	2,690,576
	Voestal Pine Ag	Equity	N/A	N/A	11,200	274,089	346,024
	Volkswagen Ag	Equity	N/A	N/A	5,800	876,889	986,870
	Volvo Ab B Shs	Equity	N/A	N/A	69,800	716,164	1,107,566
	Volvo Ab B Shs	Equity	N/A	N/A	8,021	117,858	127,275
	Voya Finl Inc Com	Equity	N/A	N/A	100,247	5,311,774	5,543,659
	Wageworks Inc	Equity	N/A	N/A	11,082	478,687	562,855
	Waitr Holdings Inc	Equity	N/A	N/A	26,413	304,146	166,138
	Warrior Met Coal Inc	Equity	N/A	N/A	16,119	358,316	421,028
	Wartsila Oyj Abp	Equity	N/A	N/A	67,464	1,131,995	979,941
	Washington Prime Group Inc	Equity	N/A	N/A	56,700	571,651	216,594
	Waste Management Inc	Equity	N/A	N/A	25,247	1,966,029	2,912,746
	Waters Corp	Equity	N/A	N/A	2,221	511,053	478,048
	Wave Life Sciences Ltd	Equity	N/A	N/A	12,552	323,945	327,482
	Wellcare Health Plans Inc.	Equity	N/A	N/A	7,233	1,960,065	2,061,911
	Wells Fargo & Company	Equity	N/A	N/A	69,003	3,284,747	3,265,222
	Wells Fargo & Company	Equity	N/A	N/A	26,567	1,268,598	1,257,150
	Wesco International Inc	Equity	N/A	N/A	35,766	2,322,822	1,811,548
	Wesfarmers Ltd	Equity	N/A	N/A	23,350	839,159	592,766
	Western Union Co - W/I	Equity	N/A	N/A	45,200	900,882	899,028
	Westrock Co	Equity	N/A	N/A	16,300	653,115	594,461
	Wex Inc	Equity	N/A	N/A	5,706	144,363	1,187,419
	Wh Group Ltd	Equity	N/A	N/A	738,500	577,059	849,275
	Wh Group Ltd	Equity	N/A	N/A	162,000	164,098	186,300
	Wharf Real Estate Investment	Equity	N/A	N/A	17,000	116,584	119,801
	Wheelock & Co Ltd	Equity	N/A	N/A	61,000	422,586	437,293
	Wheelock & Co Ltd	Equity	N/A	N/A	41,000	182,477	293,918
	Whirlpool Corp	Equity	N/A	N/A	6,600	408,027	939,576
	Whitebread Plc	Equity	N/A	N/A	27,779	1,863,676	1,633,021
	Wienerberger Ag	Equity	N/A	N/A	4,872	113,828	120,217
	Wiley John A Sons Inc Class A	Equity	N/A	N/A	11,710	427,671	537,021
	Willis Towers Watson Plc	Equity	N/A	N/A	17,629	2,582,085	3,376,659
	Wilmar International Ltd	Equity	N/A	N/A	177,000	425,828	484,035
	Wingstop Inc	Equity	N/A	N/A	9,430	523,024	893,493
	Wintrust Finl Corp	Equity	N/A	N/A	28,560	2,205,627	2,089,450
	Wintrust Finl Corp	Equity	N/A	N/A	14,865	514,783	1,087,523
	Wolters Kluwer Nv	Equity	N/A	N/A	1,680	99,939	121,771

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value							
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Wolverine World Wide Inc	Equity	N/A	N/A	30,300	\$ 930,671	\$ 834,462
	Woodside Petroleum Ltd	Equity	N/A	N/A	81,552	2,120,929	2,081,740
	Workday Inc Cl A	Equity	N/A	N/A	22,400	2,309,725	4,604,992
	Workday Inc Cl A	Equity	N/A	N/A	35,596	1,441,920	7,317,826
	Worldline Sa	Equity	N/A	N/A	2,920	174,213	212,501
	Worldpay Inc	Equity	N/A	N/A	20,877	1,724,810	2,558,476
	Worthington Industries Inc	Equity	N/A	N/A	15,902	723,699	640,215
	Wright Medical Group N V	Equity	N/A	N/A	12,851	342,695	383,217
	Wyndham Destinations Inc	Equity	N/A	N/A	7,402	35,924	324,948
	Wyndham Destinations Inc	Equity	N/A	N/A	4,200	177,445	184,380
	Wyndham Destinations Inc	Equity	N/A	N/A	50,620	1,658,724	2,222,218
	Wynn Resorts Ltd	Equity	N/A	N/A	2,605	307,743	322,994
	Xcel Energy Inc	Equity	N/A	N/A	59,984	2,768,543	3,568,448
	Xenia Hotels & Resorts Inc	Equity	N/A	N/A	25,300	498,649	527,505
	Xenia Hotels & Resorts Inc	Equity	N/A	N/A	97,559	2,314,897	2,034,105
	Xero Limited	Equity	N/A	N/A	24,482	721,724	1,030,224
	Xerox Corporation	Equity	N/A	N/A	30,325	1,136,318	1,073,808
	Xilinx Inc	Equity	N/A	N/A	4,000	295,400	471,680
	Xylem Inc	Equity	N/A	N/A	350	25,398	29,274
	Yamaha Motor Co Ltd	Equity	N/A	N/A	22,700	373,109	403,195
	Yangzijiang Shipbuilding	Equity	N/A	N/A	357,500	381,215	404,268
	Yeti Holdings Inc	Equity	N/A	N/A	11,549	317,605	334,344
	Yokohama Rubber Co Ltd	Equity	N/A	N/A	34,200	-	628,076
	Yue Yuen Industrial Hldg	Equity	N/A	N/A	174,000	637,757	476,670
	Yue Yuen Industrial Hldg	Equity	N/A	N/A	100,000	317,017	273,948
	Yum! Brands Inc	Equity	N/A	N/A	38,488	3,482,617	4,719,934
	Yum! Brands Inc	Equity	N/A	N/A	14,300	956,328	1,582,581
	Zimmer Biomet Holdings Inc	Equity	N/A	N/A	34,226	3,539,020	4,029,769
	Zions Bancorporation N.A.	Equity	N/A	N/A	11,500	304,894	528,770
	Zoetis Inc	Equity	N/A	N/A	2,187	244,922	248,203
	Zoom Video Communications-A	Equity	N/A	N/A	949	34,164	84,262
	Zscaler Inc	Equity	N/A	N/A	1,493	242,790	114,424
	Zumiez Inc.	Equity	N/A	N/A	15,197	357,469	396,642
	Zurich Financial Services	Equity	N/A	N/A	4,400	1,011,888	1,536,700
	Total common and preferred stocks					1,996,908,096	2,562,651,119

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

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<u>Common collective trusts and mutual funds</u>							
	AFL-CIO Equity Index Fund	Mutual Fund	N/A	N/A	4,144,236	\$ 99,206,065	\$ 108,573,170
	Bell Australia Trust	Mutual Fund	N/A	N/A	2,143,244	32,310,268	220,198,365
	Bell International Trust	Mutual Fund	N/A	N/A	910,438	9,102,839	24,499,453
	Bluebay Global Funds SPC	Mutual Fund	N/A	N/A	916,263	81,445,805	87,823,835
	Frontier Mfg Core Infrastructure Fund	Mutual Fund	N/A	N/A	3,193,591	44,625,673	55,371,310
	Invesco Balanced Risk Allocation Trust	Mutual Fund	N/A	N/A	7,940,921	163,869,208	182,606,617
	Ishares Tr Russell 2000 Index Fund	Mutual Fund	N/A	N/A	12,971	2,545,971	2,542,209
	JP Morgan Emerging Markets Equity Fund	Mutual Fund	N/A	N/A	8,919,912	155,598,521	217,645,858
	JP Morgan Infrastructure Investments Fund	Mutual Fund	N/A	N/A	144,703,423	100,000,000	126,456,322
	Loomis Sayles Bond Nhit	Mutual Fund	N/A	N/A	7,088,544	83,552,625	108,100,301
	Lord Abbett International Small Cap Trust	Mutual Fund	N/A	N/A	75,000	75,000,000	96,874,500
	NIS Preferred Stock Fund II	Mutual Fund	N/A	N/A	9,903,541	40,000,000	55,063,751
	Northern Trust Aggregate Bond Index Fund	Mutual Fund	N/A	N/A	466,054	60,709,848	69,483,936
	Northern Trust Russell 2000 Growth Index	Mutual Fund	N/A	N/A	303,865	85,964,112	113,755,341
	RBC Emerging Markets Fund	Mutual Fund	N/A	N/A	127,685,374	121,430,792	127,685,374
	Schroder Diversified Growth Trust Fund	Mutual Fund	N/A	N/A	16,702,278	168,497,237	176,376,058
	Vanguard REIT Index Fund	Mutual Fund	N/A	N/A	2,416,945	41,554,070	46,405,342
	Voya Senior Loan Trust Fund	Mutual Fund	N/A	N/A	6,374,629	93,341,392	112,273,865
	Total common collective trusts and mutual funds					1,458,754,426	1,931,735,607
<u>Real estate funds</u>							
	AFL-CIO Building Investment Trust	CCT	N/A	N/A	28,425	37,976,171	216,166,184
	Multi Employer Property Trust	CCT	N/A	N/A	18,618	29,631,364	218,533,698
	Ullico J for Jobs Mortgage Fund	PSA	N/A	N/A	6,941,434	83,973,870	108,079,059
	Total real estate funds					151,581,405	542,778,941
<u>Limited partnerships</u>							
	Boyd Watterson GSA Fund, LP	LP	N/A	N/A	N/A	48,000,000	61,598,059
	Entrust Cap Div C Class Fund, LP	LP	N/A	N/A	N/A	4,227,329	1,475,355
	Gerding Edlen Green Cities II, LP	LP	N/A	N/A	N/A	10,878,094	14,835,839
	Gerding Edlen Green Cities III, LP	LP	N/A	N/A	N/A	22,909,899	28,416,197
	Gerding Edlen Green Cities IV, LP	LP	N/A	N/A	N/A	1,072,673	729,875
	GESD Investors LP	LP	N/A	N/A	N/A	5,650,534	40,199
	Grosvenor CIS II Offshore Feeder Fund LP	LP	N/A	N/A	N/A	38,172,505	47,935,516
	Grosvenor Secondary Opps Feeder Fund II LP	LP	N/A	N/A	N/A	8,520,988	9,727,836
	Hamilton Lane Secondary Fund IV LP	LP	N/A	N/A	N/A	31,791,150	41,346,970
	Harrison Street Real Estate Partners IV, LP	LP	N/A	N/A	N/A	4,604,040	12,000,099
	Harrison Street Real Estate Partners VII, LP	LP	N/A	N/A	N/A	2,306,664	1,810,142
	Landmark Equity Partners XVI, LP	LP	N/A	N/A	N/A	2,012,482	3,083,159
	Mesirow Finl Real Estate Value Fund, LP	LP	N/A	N/A	N/A	260,405	4,531,096
	Mesirow Finl Real Estate Value Fund II, LP	LP	N/A	N/A	N/A	37,398,917	55,570,732
	Mesirow Finl Real Estate Value Fund III, LP	LP	N/A	N/A	N/A	17,669,897	18,636,128
	Mesirow Finl Private Equity Partnership Fd VI	LP	N/A	N/A	N/A	66,279,536	102,844,152
	Potomac Energy Fund, LP	LP	N/A	N/A	N/A	26,070,000	-
	Potomac Energy Fund II, LP	LP	N/A	N/A	N/A	41,990,135	-
	Realty Associate Fund VIII	LP	N/A	N/A	N/A	48,844,652	113,512
	Ullico Infrastructure Fund LP	LP	N/A	N/A	N/A	25,146,523	34,215,814
	Total limited partnerships					443,806,423	438,910,680

**PLUMBERS AND PIPEFITTERS NATIONAL
PENSION FUND AND SUBSIDIARY**

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2019

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b) Identity of issuer, borrower, lessor or similar party		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
(a)							
<u>Investment contract with insurance company</u>							
Brighthouse Financial Annuity Insurance		GIC	N/A	N/A	N/A	\$ 1,931,038	\$ 1,931,038
Total assets held (at end of year)						<u>\$ 4,681,230,355</u>	<u>\$ 6,109,124,035</u>

Exhibit 6

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

AGE/SERVICE DISTRIBUTION OF ACTIVE PARTICIPANTS

PARTICIPANTS AS OF JULY 1, 2018

AGE	COMPLETED YEARS OF CREDITED SERVICE										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	2,105	742	0	0	0	0	0	0	0	2,847
25 to 29	0	2,958	3,596	495	0	0	0	0	0	0	7,049
30 to 34	0	2,255	3,414	3,430	328	0	0	0	0	0	9,427
35 to 39	0	1,578	2,492	3,660	2,391	225	0	0	0	0	10,346
40 to 44	0	1,050	1,603	2,710	2,547	1,620	123	0	0	0	9,653
45 to 49	0	709	1,168	2,077	2,237	2,166	1,091	159	0	0	9,607
50 to 54	0	456	752	1,589	1,860	1,787	1,465	994	133	0	9,036
55 to 59	0	352	567	1,269	1,555	1,506	1,169	1,354	987	6	8,765
60 to 64	0	138	274	647	729	713	563	593	794	17	4,468
65 to 69	0	23	81	134	152	123	80	82	117	8	800
70 & up	0	11	8	7	5	5	3	4	11	1	55
Total	0	11,635	14,697	16,018	11,804	8,145	4,494	3,186	2,042	32	72,053
Average Age =				43.5	Average Service =				12.6		

FOR PLAN YEAR COMMENCING JULY 1, 2018

**ANNUAL CERTIFICATION OF PLAN STATUS UNDER SECTION 432(b) OF THE
INTERNAL REVENUE CODE, (SEC. 305(b) OF THE EMPLOYEE RETIREMENT
INCOME SECURITY ACT OF 1974)**

FOR

PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND

EIN: 52-6152779

PN: 001

Plan Year 7/1/2018

Fund Contact

Toni C. Inscoe

Administrator

(703) 739-9020

September 28, 2018

Board of Trustees
Plumbers & Pipefitters National Pension Fund
103 Oronoco Street
Alexandria, Virginia 22314

September 28, 2018
EIN: 52-6152779
PN: 001
Phone: 703.739.9020

***Re: Annual Certification of Plan Status under Internal Revenue Code §432(b)
and Employee Retirement Income Security Act of 1974 §305(b)***

Dear Board of Trustees:

CERTIFICATION

As required by Section 432(b)(3) of the Internal Revenue Code ("Code") and Section 305(b)(3) of the Employee Retirement Income Security Act of 1974 ("ERISA"), we certify, for the plan year beginning July 1, 2018, that the Fund is classified as being in Endangered status as these terms are defined in Section 432(b) of the Code and Section 305(b) of ERISA as amended by the Multiemployer Pension Reform Act of 2014. In addition, the Fund is not projected to be classified as being in Critical status for the following five plan years.

The Funding Improvement Period began July 1, 2012 when initially classifies as Seriously Endangered status and ends June 30, 2027. Based on the reasonably anticipated experience and actuarial assumptions, the Funding Improvement Plan is currently projected to meet the required funded status (81.45%) by the end of the Funding Improvement Period as defined by the PPA. The Trustees will continue to monitor this and make changes when deemed appropriate.

To the best of our knowledge, this certification is complete and has been prepared in accordance with the requirements of Section 432 of the Code, Section 305 of ERISA, and generally recognized and accepted actuarial principles and practices that are consistent with the Code of Professional Conduct and applicable Actuarial Standards of Practice set out by the Actuarial Standards Board. Furthermore, as credentialed actuaries, we meet the Qualification Standards of the American Academy of Actuaries to render the opinion contained herein. This certification does not address any contractual or legal issues. We are not attorneys, and our firm does not provide any legal services or advice.

This status certification was prepared exclusively for the Board of Trustees of the Plumbers and Pipefitters National Pension Fund and the Secretary of Treasury. It only certifies the condition of the Fund under Code Section 432 as added by the Pension Protection Act of 2006 and should be used only for that purpose. Other users of this certification are not intended users as defined in the Actuarial Standards of Practice, and Cheiron assumes no duty or liability to any other user.

In preparing this certification, we have relied without audit, on information supplied by the Fund Office and the Fund's auditor. This information includes, but is not limited to, Plan provisions, employee data, financial information, and expectations of future industry activity. The material presented is based on the same Plan provisions, actuarial assumptions and data used in preparing the July 1, 2017 actuarial valuation of the Plan, unless otherwise noted.

Future reports may differ significantly from the current results presented in this report due to such factors as the following: plan experience differing from that anticipated by the assumptions; changes in assumptions; and, changes in plan provisions or applicable law.

The attached appendices show the results for the statutory tests and describe the methodologies and assumptions used to perform the tests. Please contact the undersigned with any questions.

Thank you.

Sincerely,



Kenneth A. Kent, FSA, FCA, EA (17-3776)



Kevin J. Woodrich, FSA, FCA, EA (17-7086)

cc: Secretary of the Treasury

Attachments

- Appendix I: Tests of Fund Status
- Appendix II: Detail for Actuarial Certification
- Appendix III: Methodology and Assumptions

APPENDIX I - TESTS OF FUND STATUS

Critical Status – The Fund will be certified as critical if it meets the conditions of any one of the five following tests: **Condition Met?**

- | | |
|---|----|
| 1 The Fund has a funded ratio of less than 65%, and the value of Fund assets plus projected contributions is less than the value of projected Fund benefits and expenses to be paid for the current and six succeeding plan years. | NO |
| 2 The Fund has a funded ratio of less than 65%, and is projected to have an accumulated funding deficiency for the current year or the next four plan years. | NO |
| 3 The Fund is projected to have an accumulated funding deficiency for the current plan year or the next three plan years. | NO |
| 4 Normal cost plus interest on the unfunded liabilities exceeds contributions, the present value of vested benefits of inactive exceeds the present value of vested benefits of actives, and the Fund is projected to have a funded deficiency for the current plan year or the next four plan years. | NO |
| 5 The value of Plan assets plus projected contributions is less than the value of projected benefits and expenses to be paid for the current and four succeeding plan years. | NO |

Critical and Declining Status – The Fund will be certified as critical and declining if it meets test 6.

- | | |
|--|-----|
| 6 The Fund is critical and projected to become insolvent within the current or the next 14 (19 if the Fund's number of inactive is more than twice the number of actives or if the funding level is below 80%) plan years. | N/A |
|--|-----|

Projected Critical Status – If the Fund is not in critical status, it will be eligible to elect to be in critical status for the year if it meets test 7 below:

- | | |
|--|----|
| 7 The Fund is projected to meet one of the tests above (1-5) in the following five plan years. | NO |
|--|----|

Endangered Status – The Fund will be certified as endangered if it is not in critical status and it meets either test 8 or test 9 below:

- | | |
|---|-----|
| 8 The ratio of assets to liabilities is less than 80% on the first day of the plan year. | YES |
| 9 The Fund is projected to have an accumulated funding deficiency for the current plan year or in any of the six succeeding plan years. | NO |

Seriously Endangered Status – The Fund will be certified as seriously endangered if it is not in critical status and meets both test 8 and test 9 above.

The Fund is certified as being in Endangered status for the Plan Year beginning July 1, 2018. The Fund is also not projected to be classified as being in Critical status for the following five plan years.

APPENDIX II - DETAIL FOR ACTUARIAL CERTIFICATION

A. DETERMINATION OF FUNDED PERCENTAGE as of July 1, 2018 (used in Tests 1, 2, and 8)

Assets at Market Value as of June 30, 2018:

1. Most recent reported Market Value of Plan Assets ¹	\$	6,150,901,284
--	----	---------------

Development of Actuarial Value of Assets:

1. Most recent reported Market Value of Plan Assets	\$	6,150,901,284
2. 75% of 2017-18 Preliminary (Gain)/Loss		(91,325,785)
3. 50% of 2016-17 (Gain)/Loss		(111,360,597)
4. 25% of 2015-16 (Gain)/Loss		126,930,270
5. Preliminary Actuarial Value of Assets (1+2+3+4+5)	\$	6,075,145,172
6. Corridor for Actuarial Value of Assets	\$	4,920,721,027
a. 80% of Market Value of Plan Assets	\$	7,381,081,541
b. 120% of Market Value of Plan Assets		
7. Actuarial Value of Assets (Greater of 6 and 7a, but not greater than 7b)	\$	6,075,145,172

Development of Unit Credit Liabilities:

1. Unit Credit Liabilities from Actuarial Valuation as of July 1, 2017		
a. Active liability	\$	2,636,648,125
b. Inactive liability		5,368,241,904
2. Adjustments ²		
a. To active liability		34,027,688
b. To inactive liability		69,280,711
3. Unit Credit Liabilities as of June 30, 2018 [1a. + 1b. + 2a. + 2b.]	\$	8,108,198,428

FUNDED PERCENTAGE = Actuarial Value of Assets / Unit Credit Liabilities	74.93%
--	--------

¹ The Market Value of Plan Assets is based on the estimated value of Plan assets at time of certification based on reports provided by the Fund Office.

² The Unit Credit Liabilities have been adjusted for the following:

- Accrual of benefits
- Accrual of interest
- Benefit payments

APPENDIX II - DETAIL FOR ACTUARIAL CERTIFICATION

B. PROJECTIONS

1a. Funding Standard Account Credit Balance without 431(d)(1) Extension (Used in Tests 2, 3, 4 and 7)

<u>Date</u>	<u>Credit Balance</u>	adjusted with interest to end of year		
		<u>Charges</u>	<u>Credits</u>	<u>Contributions</u>
7/1/2018	\$ 522,158,021	\$ 525,314,096	\$ 169,581,946	\$ 436,245,251
7/1/2019	641,832,974	502,726,885	103,966,319	438,426,477
7/1/2020	729,636,358	497,091,515	44,773,541	440,618,610
7/1/2021	772,659,720	498,703,355	48,724,922	442,821,703
7/1/2022	823,452,468	500,348,319	49,245,052	445,035,811
7/1/2023	879,143,947	498,682,344	49,613,251	447,260,990
7/1/2024	943,271,640	492,887,614	49,727,555	449,497,295
7/1/2025	1,020,354,249	494,668,747	49,757,545	451,744,782
7/1/2026	1,103,714,397	496,487,512	49,770,422	454,003,506
7/1/2027	1,193,779,392	491,830,272	49,774,414	456,273,523
7/1/2028	1,297,530,512			

1b. Funding Standard Account Credit Balance with 431(d)(1) Extension (Used in Test 9)

<u>Date</u>	<u>Credit Balance</u>	adjusted with interest to end of year		
		<u>Charges</u>	<u>Credits</u>	<u>Contributions</u>
7/1/2018	\$ 1,388,313,851	\$ 814,131,267	\$ 169,581,946	\$ 436,245,251
7/1/2019	1,284,133,320	820,156,902	103,966,319	438,426,477
7/1/2020	1,102,679,213	614,405,238	44,773,541	440,618,610
7/1/2021	1,056,367,066	600,766,242	48,724,922	442,821,703
7/1/2022	1,026,374,979	556,574,465	49,245,052	445,035,811
7/1/2023	1,041,059,501	524,462,404	49,613,251	447,260,990
7/1/2024	1,091,550,800	503,951,171	49,727,555	449,497,295
7/1/2025	1,168,690,789			

The projected funding standard account is based on the methods and assumptions set out in Appendix III. In addition, the projection of future contributions is based on the Trustees' estimate of future industry activity multiplied by the contribution rates contained in the collective bargaining agreements under which the Plan is maintained.

APPENDIX II - DETAIL FOR ACTUARIAL CERTIFICATION

2. Asset Projection (used in Tests 1, 5 and 7)

Date	Market Value Assets	Projected Contributions	Projected Benefits and Expenses	Projected Investment Earnings
7/1/2018	\$ 6,150,901,284	\$ 420,752,282	\$ 638,710,714	\$ 453,291,916
7/1/2019	6,386,234,768	422,856,043	661,475,385	470,181,150
7/1/2020	6,617,796,576	424,970,324	681,598,621	486,885,159
7/1/2021	6,848,053,438	427,095,175	699,540,219	503,572,018
7/1/2022	7,079,180,413	429,230,651	713,949,508	520,454,594
7/1/2023	7,314,916,150	431,376,804	727,256,079	537,723,825
7/1/2024	7,556,760,699	433,533,688	738,627,745	555,522,858
7/1/2025	7,807,189,502	435,701,357	748,683,098	574,014,578
7/1/2026	8,068,222,338	437,879,864	757,802,454	593,336,464
7/1/2027	8,341,636,211	440,069,263	765,684,273	613,632,898
7/1/2028	8,629,654,099	442,269,609	772,262,701	635,073,029
7/1/2029	8,934,734,037	444,480,957	778,103,303	657,820,388
7/1/2030	9,258,932,079			

Projected benefit payments reflect both projected changes in industry activity provided by the Trustees. Expenses include a 3.5% growth for cost of living increases. Contribution projections include the assumption that total hours worked will not increase for the Plan year beginning July 1, 2018, and an estimated annual contribution rate growth assumption of 0.5%. The projections use the balance of assumptions set out in Appendix III.

APPENDIX III – METHODOLOGY AND ASSUMPTIONS

A. Actuarial Assumptions

Rationale for Economic and Demographic Assumptions

Assumptions were set on the basis of recommendations made by Cheiron as a result of an experience study presented in September 2016 to the Board of Trustees. This study analyzed experience between July 1, 2010 and June 30, 2015. This presentation is incorporated by reference as the rationale for both economic and demographic assumptions. Furthermore, the Fund's investment consultant was projecting a long-term annual return of 7.8% at the time of the experience study.

1. Rate of Investment Return

Funding and disclosure purposes: 7.50% compounded annually.

All investment returns are net of investment expenses.

2. Rate of Mortality

Healthy Lives – RP-2000 Combined Mortality (Blue Collar) with ages set forward two years and generational mortality improvements using 75% of Scale AA.

Disabled Lives – RP-2000 Disabled Mortality with ages set forward two years and generational mortality improvements using 75% of Scale AA.

3. Rate of Retirement

Annual retirements for eligible members (male and female) are based on the following table:

Age	Retirement Probability	Age	Retirement Probability
55	10.0 %	63	30.0 %
56	10.0	64	30.0
57	10.0	65	35.0
58	10.0	66	45.0
59	15.0	67	45.0
60	20.0	68	32.5
61	25.0	69	32.5
62	40.0	70	100.0

Terminated vested participants are assumed to retire as follows:

Age	Retirement Probability
62	50.0 %
63	30.0
64	30.0
65	100.0

APPENDIX III – METHODOLOGY AND ASSUMPTIONS

4. Rate of Turnover

Illustrative rates of terminations are shown below:

Years of Service	Rate (%)
1	15.00
2	13.00
3	11.00
4	9.00
5-12	7.00
13-14	6.00
15	5.50
16-18	5.00
19-27	4.00
28-38	3.00
39 & Up	2.50

5. Disability

Illustrative disability incidence rates are shown below:

Age	Rate (%)
25	0.026
30	0.033
35	0.045
40	0.067
45	0.109
50	0.367
55	0.762
60	1.229
62	1.473
65	0.000

6. Percent Married

Social Security awards during 1972. Sample rates as follows:

Age	Percent Married	
	Males	Females
40-44	71.4%	63.1%
45-49	73.3	61.0
50-54	75.7	64.0
55-59	77.0	57.6
60-64	74.0	49.5
65-69	69.9	22.7

APPENDIX III – METHODOLOGY AND ASSUMPTIONS

7. Spouse's Age

It was assumed that husbands are three years older than their spouses.

8. Administrative Expenses

\$20,500,000 as of the beginning of the year is added to the normal cost. The administrative expenses are assumed to increase by 3.5% per year for purposes of performing projections.

9. Average Annual Service Credits

It was assumed actives will earn 1.02 years of service per year based on the average annual hours of service.

10. Load for New Entrants

A 2.5% load was applied to the normal cost to anticipate accruals for new entrants in the upcoming plan year.

11. Assumption for Suspended Retirees

Benefit payments were assumed to resume on the valuation date for suspended retirees.

12. Future Benefit Accruals

The benefit accrual rate is calculated based on the contribution rate and benefit accrual schedule in effect as of January 1, 2017. We were provided information on those employers adopting the higher contribution rate for their members to be eligible for an accrual under Schedule D of the Plan. Employers who did not adopt the higher contribution rate for their members would be eligible for accrual under Schedule G of the Plan, which is a 75% reduction of the accruals under Schedule D. We assumed that this rate remained the same for benefit accruals on future service.

13. Changes in Assumptions Since Last Valuation

The assumed administrative expenses were also increased for this valuation from \$19.5 million as of July 1, 2016 to \$20.5 million as of July 1, 2017 to better reflect anticipated experience.

APPENDIX III – METHODOLOGY AND ASSUMPTIONS

B. Actuarial Methods

1. Asset Valuation Method

Actuarial Value of Assets is based on the Market Value of Plan Assets less a portion of the actual market value returns that are more or less than expected returns. The gain or loss for the year equals the actual market value net investment income less the expected return on an actuarial value based on the net investment return assumption. 25% of the gain or loss is recognized each year for four years. The actuarial value is further adjusted to be within 20% of market value. If such a further adjustment is necessary, the gain or loss in the following year is adjusted by an amount equal to the adjustment, but of the opposite sign.

2. Funding Method for Funding: Unit Credit Cost Method

The cost method for valuation of liabilities used for this valuation is the Unit Credit method. This is one of a family of valuation methods known as accrued benefit methods. The chief characteristic of accrued benefit methods is that the funding pattern follows the pattern of benefit accrual. The normal cost is determined as that portion of each participant's benefit attributable to service expected to be earned in the upcoming plan year. The Actuarial Liability, which is determined for each participant as of each valuation date, represents the actuarial present value of the portion of each participant's benefit attributable to service earned prior to the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the Unit Credit method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost would increase over time.

3. Funding Method for Accrued Benefits:

Same as for funding.

4. Active Participants

- a. Active Data Collection Date: January 1, 2017
- b. Active participants include all employees who had at least one year of earned future service credit as of the data collection date.
- c. For purposes of the valuation, the active data was rolled forward by six months to the valuation date.

APPENDIX III – METHODOLOGY AND ASSUMPTIONS

5. PRA 2010 Funding Relief

The Fund's Board of Trustees elected funding relief under § 431(b)(8) of the Code and § 304(b)(8) of ERISA, specifically:

- The “special amortization rule,” which allows the Plan’s investment losses for the plan year ended June 30, 2009 to be separately amortized over 29 years, whereas they were previously required to be amortized over 15 years.
- The “special asset valuation rule” in determining the actuarial value of plan assets which allows the Plan to recognize the 2009 loss over 10 years, at 10% per year. Prior to the relief, this investment loss would be recognized over four years, or 25% per year.

6. Changes in Methods since the Last Valuation

None.

Exhibit 1

Schedule MB, Line 3 – Withdrawal Liability amounts

Date	Amount
January-2019	\$41,031

Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status

The ratio of assets to liabilities was less than 80% on the first day of the Plan year. Further support can be found on the attached actuarial certification.

Schedule MB, Line 4c – Documentation Regarding Progress under Funding Improvement Plan or Rehabilitation Plan

The Plan's Funding Improvement Plan (FIP) began on July 1, 2012. The funded ratio was 76.8% as of this date. In the year in which the FIP was adopted, the Plan was certified as Seriously Endangered. Based on the Plan's reasonably anticipated experience and actuarial assumptions, the Plan is projected to have a funded ratio greater than 81.4% by June 30, 2027 and no funding deficiency is expected. At the time the actuarial certification for the current Plan year (July 1, 2019 – June 30, 2020) was prepared, the Plan was projected to have a funded ratio of 91.0% as of June 30, 2027. Therefore, the Funding Improvement Plan is making the scheduled progress as required by the Pension Protection Act.

Exhibit 7

Schedule MB, Line 9c and 9h - Schedule of Funding Standard Account Bases

Table IV-5 Schedule of Amortizations Required for Minimum Required Contribution as of July 1, 2018				
Type of Base	Date Established	7/1/2018 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES				
1. Change Assumptions	7/1/2001	\$ 6,626,220	18	\$ 635,062
2. Experience Loss	7/1/2001	39,660,189	3	14,186,825
3. Plan Amendment	7/1/2001	205,525,095	18	19,697,708
4. Combined Base	7/1/2001	372,300,910	2	192,878,789
5. Plan Amendment	7/1/2002	104,802,941	19	9,789,169
6. Experience Loss	7/1/2002	153,522,201	4	42,638,827
7. Plan Amendment	7/1/2003	107,931,100	20	9,848,557
8. Experience Loss	7/1/2003	136,715,337	5	31,433,683
9. Benefit Level Increase	7/1/2004	87,722,585	21	7,836,228
10. Experience Loss	7/1/2004	104,436,751	6	20,697,409
11. Experience Loss	7/1/2005	30,638,060	7	5,380,907
12. Benefit Change	7/1/2006	25,898,468	23	2,229,322
13. Plan Amendment	7/1/2007	16,223,761	24	1,374,116
14. Change Assumptions	7/1/2007	65,326,756	24	5,533,029
15. Plan Merger	7/1/2008	4,169,331	10	565,034
16. Experience Loss	7/1/2008	15,402,867	10	2,087,425
17. Plan Merger	7/1/2009	14,261,440	11	1,813,491
18. Recognized Eligible Net Investment Loss	7/1/2009	779,530,555	20	71,131,032
19. Bifurcation Base	7/1/2009	33,455,563	11	4,254,225
20. Recognized Eligible Net Investment Loss	7/1/2010	48,007,115	20	4,380,579
21. Recognized Eligible Net Investment Loss	7/1/2012	68,528,090	20	6,253,088
22. Bifurcation Base	7/1/2012	41,453,149	9	6,045,109
23. Recognized Eligible Net Investment Loss	7/1/2013	231,703,040	20	21,142,566
24. Change Assumptions	7/1/2014	9,290,554	11	1,181,391
25. Recognized Eligible Net Investment Loss	7/1/2014	244,316,396	20	22,293,517
26. Change Assumptions	7/1/2015	3,948,220	12	474,807
27. Experience Loss	7/1/2015	201,144,369	12	24,189,310
28. Plan Merger	7/1/2016	9,699,839	13	1,110,421
29. Experience Loss	7/1/2016	247,647,547	13	28,350,276
30. Experience Loss	7/1/2017	198,520,648	14	21,753,684
31. Experience Loss	7/1/2018	329,801,960	15	34,755,677
TOTAL CHARGES		\$3,938,211,057		\$ 615,941,263

Exhibit 7

Schedule MB, Line 9c and 9h - Schedule of Funding Standard Account Bases

Table IV-6 Schedule of Amortizations Required for Minimum Required Contribution as of July 1, 2018				
Type of Base	Date Established	7/1/2018 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CREDITS				
1. Combined Credit	7/1/2013	\$ 185,590,570	1.5	\$ 125,565,136
2. Bifurcation Base	7/1/2014	205,030,421	11	26,071,759
3. Change Assumptions	7/1/2016	53,405,338	13	6,113,753
TOTAL CREDITS		<u>\$ 444,026,329</u>		<u>\$ 157,750,648</u>
NET CHARGE		\$ 3,494,184,728		\$ 458,190,615

Exhibit 8

Schedule MB, Line 11 - Justification for Changes in Actuarial Assumptions

The interest assumption for the measurement of the current liabilities for minimum funding was decreased from 3.04% to 3.00%. Pursuant to regulation, the mortality table for RPA '94 current liability calculations was also changed.

The assumed administrative expenses were also increased for this valuation from \$20.5 million as of July 1, 2017 to \$22.5 million as of July 1, 2018 to better reflect anticipated experience.

Exhibit 4
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

A. Actuarial Assumptions

Rationale for Economic and Demographic Assumptions

Assumptions were set on the basis of recommendations made by Cheiron as a result of an experience study presented in September 2016 to the Board of Trustees. This study analyzed experience between July 1, 2010 and June 30, 2015. This presentation is incorporated by reference as the rationale for both economic and demographic assumptions. Furthermore, the Fund's investment consultant was projecting a long-term annual return of 7.8% at the time of the experience study.

1. Rate of Investment Return

Funding and disclosure purposes: 7.50% compounded annually

Current Liability under RPA 1994: Minimum funding 3.00%

All investment returns are net of investment expenses.

2. Rate of Mortality

(a) Funding:

Healthy Lives – RP-2000 Combined Mortality (Blue Collar) with ages set forward two years and generational mortality improvement using 75% of Scale AA.

Disabled Lives – RP-2000 Disabled Mortality with ages set forward two years and generational mortality improvements using 75% of Scale AA.

(b) RPA '94 Current Liability:

2018 Current Liability Mortality Table pursuant to Internal Revenue Service

3. Rate of Retirement

Annual retirements for eligible members (male and female) are based on the following table:

Age	Retirement Probability	Age	Retirement Probability
55	10.0 %	63	30.0%
56	10.0	64	30.0
57	10.0	65	35.0
58	10.0	66	45.0
59	15.0	67	45.0
60	20.0	68	32.5
61	25.0	69	32.5
62	40.0	70	100.0

Exhibit 4
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

Terminated vested participants are assumed to retire as follows:

Age	Retirement Probability
62	50.0%
63	30.0
64	30.0
65	100.0

4. Rate of Turnover

Illustrative rates of terminations are shown below:

Years of Service	Rate (%)
1	15.00
2	13.00
3	11.00
4	9.00
5-12	7.00
13-14	6.00
15	5.50
16-18	5.00
19-27	4.00
28-38	3.00
39 & Up	2.50

5. Disability

Illustrative disability incidence rates are shown below:

Age	Rate (%)
25	0.026
30	0.033
35	0.045
40	0.067
45	0.109
50	0.367
55	0.762
60	1.229
62	1.473
65	0.000

6. Percent Married

Social Security awards during 1972. Sample rates as follows:

Age	Percent Married	
	Males	Females
40-44	71.4%	63.1%
45-49	73.3	61.0
50-54	75.7	64.0
55-59	77.0	57.6
60-64	74.0	49.5
65-69	69.9	22.7

Exhibit 4
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

7. Spouse's Age

It is assumed that husbands are three-years older than their spouses.

8. Administrative Expenses

\$22,500,000 as of the beginning of the year is added to the normal cost.

For determining the Present Value of Accumulated Benefits FASB ASC 960, the mid-year expense assumption is \$150.52 per participant for the current plan year increasing at the rate of 3% per year.

9. Average Annual Service Credits

It is assumed actives will earn 1.02 years of service per year based on the average annual hours of service.

10. Load for New Entrants

A 2.5% load was applied to the normal cost to anticipate accruals for new entrants in the upcoming plan year.

11. Assumption for Suspended Retirees

Benefit payments were assumed to resume on the valuation date for retirees currently under suspension.

12. Future Benefit Accruals

The benefit accrual rate is calculated based on the contribution rate and benefit accrual schedule in effect as of January 1, 2018. We were provided information on those employers adopting the higher contribution rate for their members to be eligible for accrual under Schedule D of the Plan. Employers who did not adopt the higher contribution rate for their members would be eligible for accrual under Schedule G of the Plan, which is a 75% reduction of the accrual under Schedule D. We assumed that this rate remained the same for benefit accrual on future service.

13. Changes in Assumptions Since Last Valuation

The interest assumption for the measurement of the current liabilities for minimum funding was decreased from 3.04% to 3.00%. Pursuant to regulation, the mortality table for RPA '94 current liability calculations was also changed.

The current year assumed administrative expenses were increased for this valuation from \$20.5 million as of July 1, 2017 to \$22.5 million as of July 1, 2018 to better reflect anticipated experience.

For financial disclosure under FASB Topic ASC 960 the per participant mid-year expense assumption was changed to \$150.52. Last year \$140.56 per participant was used.

Exhibit 4
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

B. Actuarial Methods

1. Asset Valuation Method

Actuarial asset value is based on the Market Value of Assets less a portion of the actual market value returns that are more or less than expected returns. The gain or loss for the year equals the actual market value net investment income less the expected return on an actuarial value based on the net investment return assumption. 25% of the gain or loss is recognized each year for four years. However, the 2009 investment loss is recognized at a rate of 10% per Plan year due to PRA 2010 Funding Relief. The actuarial value is further adjusted to be within 20% of market value. If such a further adjustment is necessary, the gain or loss in the following year is adjusted by an amount equal to the adjustment, but of the opposite sign.

2. Funding Method: Unit Credit Cost Method

The cost method for valuation of liabilities used for this valuation is the Unit Credit method. This is one of a family of valuation methods known as accrued benefit methods. The chief characteristic of accrued benefit methods is that the funding pattern follows the pattern of benefit accrual. The normal cost is determined as that portion of each participant's benefit attributable to service expected to be earned in the upcoming plan year. The Actuarial Liability, which is determined for each participant as of each valuation date, represents the actuarial present value of the portion of each participant's benefit attributable to service earned prior to the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the Unit Credit method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost would increase over time.

3. Active Participants

- (a) Active Data Collection Date: January 1, 2018
- (b) Active participants include all employees who had at least one year of earned future service credit as of the data collection date.
- (c) For purposes of the valuation, the active data was rolled forwarded by six months to the valuation date.

4. PRA 2010 Funding Relief

The Fund's Board of Trustees elected funding relief under § 431(b)(8) of the Code and § 304(b)(8) of ERISA, specifically:

- The "special amortization rule," which allows the Plan's investment losses for the plan year ended June 30, 2009 to be separately amortized over 29 years, whereas they were previously required to be amortized over 15 years.

5. Changes in Methods Since Last Valuation

None.

Exhibit 5

Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year ending June 30,	Expected Annual Benefit Payments
2019	\$ 616,194,216
2020	\$ 639,015,324
2021	\$ 657,782,920
2022	\$ 672,130,219
2023	\$ 683,187,495
2024	\$ 689,117,178
2025	\$ 693,175,491
2026	\$ 694,683,700
2027	\$ 694,405,151
2028	\$ 691,495,987

Notes on the Expected Annual Benefit Payments:

- Based on the 2018 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions, they do not include additional accruals, new entrants or expected expenses

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**2018****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2018 or fiscal plan year beginning **07/01/2018** and ending **06/30/2019**

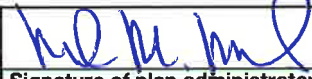
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____

Part II Basic Plan Information - enter all requested information

1a Name of plan PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 07/23/1968
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) B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND 103 ORONOCO STREET ALEXANDRIA VA 22314-2015	2b Employer Identification Number (EIN) 52-6152779 2c Plan Sponsor's telephone number 703-739-9020 2d Business code (see instructions) 525100

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

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

SIGN HERE 		MARK MCMANUS
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 		SMITTY G. BELCHER
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 (2018)
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3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></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	5 165,693
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 a (2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2), 6b, and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 78,968 6a(2) 81,667 6b 43,256 6c 37,486 6d 162,409 6e 7,505 6f 169,914 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 4,641
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ 2 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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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

2018**This Form is Open to Public
Inspection**

For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019

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

A Name of plan Plumbers and Pipefitters National Pension Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF B/O/T Plumbers & Pipefitters Nation al Pension Plan	D Employer Identification Number (EIN) 52-6152779

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 7 Day 1 Year 2018**b** Assets

(1) Current value of assets	1b(1)	6,139,088,592
(2) Actuarial value of assets for funding standard account	1b(2)	6,063,058,341

c (1) Accrued liability for plan using immediate gain methods	1c(1)	8,178,427,798
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(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)	8,178,427,798
---	--------------	---------------

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)	15,333,673,969
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(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	360,679,670
--	-----------------	-------------

(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	604,699,767
---	-----------------	-------------

(3) Expected plan disbursements for the plan year	1d(3)	639,766,586
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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	<u>3/23/2020</u> Date
Kevin Woodrich, FSA, EA	Type or print name of actuary	17-07086
Cheiron, Inc.	Firm name	Most recent enrollment number (703) 893-1456
9115 Harris Corners Parkway Suite 380 Charlotte NC 28269	Address of the firm	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) 2018
v. 171027

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	6,139,088,592
b "RPA '94" current liability/participant count breakdown:		
(1) For retired participants and beneficiaries receiving payment	(1) Number of participants	(2) Current liability
(2) For terminated vested participants	50,744	7,360,235,443
(3) For active participants:	26,701	1,922,845,611
(a) Non-vested benefits.....		327,170,013
(b) Vested benefits.....		5,723,422,902
(c) Total active	72,053	6,050,592,915
(4) Total	149,498	15,333,673,969
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	40.04 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2019	430,971,666				
Totals ▶			3(b)	430,971,666	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	74.1 %
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	E
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	3.00 %
	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)	11P+2
(2) Females	6c(2)	11FP+2
d Valuation liability interest rate	6d	7.50 %
e Expense loading	6e	17.3 % ☐ 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	3.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.0 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	329,801,960	34,755,677

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)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?.....		☐ Yes ☒ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	-288,817,169

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	152,280,519
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	3,938,211,057
(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	57,616,634
e Total charges. Add lines 9a through 9d.....	9e	825,838,416

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	1,378,815,271
g Employer contributions. Total from column (b) of line 3.....	9g	430,971,666
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	444,026,329
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	131,111,712

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	3,919,950,140
(2) "RPA '94" override (90% current liability FFL)	9j(2)	8,133,645,537
(3) FFL credit.....	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	2,098,649,297
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	1,272,810,881
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 2018 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	0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions..... ☒ Yes ☐ No

Attachments to Schedule MB (Form 5500)
Actuarial Information

Plan: Plumbers and Pipefitters National Pension Fund

PN: 001

EIN: 52-6152779

1. Schedule MB, Line 3 – Withdrawal Liability Amounts
2. Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status
3. Schedule MB, Line 4c – Documentation Regarding Progress under Funding Improvement Plan or Rehabilitation Plan
4. Schedule MB, Line 6 – Summary of Plan Provisions
5. Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods
6. Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments
7. Schedule MB, Line 8b(2) - Schedule of Active Participant Data
8. Schedule MB, Line 9c and 9h – Schedule of Funding Standard Account Bases
9. Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions