

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: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</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 ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>LOCAL NO. 8 IBEW RETIREMENT PLAN & TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1967</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>05/01/1967</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>05/01/1967</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>BOARD OF TRUSTEES LOCAL NO. 8 IBEW RETIREMENT PLAN & TRUST</u> <u>727 LIME CITY ROAD</u> <u>ROSSFORD, OH 43460-1611</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-6596899</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>419-666-4450</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>238210</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-6596899</u>	2c Plan Sponsor's telephone number <u>419-666-4450</u>	2d Business code (see instructions) <u>238210</u>	
2b Employer Identification Number (EIN) <u>34-6596899</u>					
2c Plan Sponsor's telephone number <u>419-666-4450</u>					
2d Business code (see instructions) <u>238210</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.	10/12/2020	ROY B. GROSSWILER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2020	TODD T. MICHAELSEN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

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 2444
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	6a(1) 2138 6a(2) 2181 6b 204 6c 159 6d 2544 6e 6 6f 2550 6g 2550 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 111

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

2E 2F 2H 2J 2T

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan LOCAL NO. 8 IBEW RETIREMENT PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL NO. 8 IBEW RETIREMENT PLAN & TRUST	D Employer Identification Number (EIN) 34-6596899

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 MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	MR 62327	2550	01/01/2019	12/31/2019

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	(b) Total amount of fees paid
0	0

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year.....	7b	49061950
c Additions: (1) Contributions deposited during the year	7c(1)	491203
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	1721790
(4) Transferred from separate account.....	7c(4)	13846536
(5) Other (specify below)	7c(5)	-617500
▶ LN INT, LN PRIN, ROLLOVER, TRANS FO		
(6) Total additions.....	7c(6)	15442029
d Total of balance and additions (add lines 7b and 7c(6))	7d	64503979
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5177190
(2) Administration charge made by carrier	7e(2)	61
(3) Transferred to separate account.....	7e(3)	0
(4) Other (specify below)	7e(4)	13514
▶ LN DISTRIBUTION		
(5) Total deductions.....	7e(5)	5190765
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	59313214

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 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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

A Name of plan LOCAL NO. 8 IBEW RETIREMENT PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL NO. 8 IBEW RETIREMENT PLAN & TRUST	D Employer Identification Number (EIN) 34-6596899	

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
BLACKSTONE ALTERNATIVE ASSET MGMT
13-3702086

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NEW TOWER TRUST COMPANY
22-2951202

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
WILMINGTON TRUST, N.A.
16-1486454

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

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

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

GALLAGHER FIDUCIARY ADVISORS, LLC

36-7291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 51	NONE	268804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NWO ELECTRICAL ADMIN. INC.

34-1956758

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	244938	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLUMBIA MANAGEMENT INVESTMENT ADVI

13-3180631

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68 28	NONE	230527	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)

RIVER ROAD ASSET MANAGEMENT, LLC

43-2076925

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68 28	NONE	184698	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WEDGE CAPITAL MANAGEMENT LLP

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?
51 68 27	NONE	165621	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

METROPOLITAN WEST ASSET MANAGEMENT

95-3703295

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 28	NONE	150599	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)

PARAMETRIC PORTFOLIO ASSOCIATES

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	123451	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRANDES INVESTMENT PARTNERS, L.P.

33-0704072

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68 28	NONE	58976	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SHUMAKER, LOOP & KENDRICK, LLP

34-4439491

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	52191	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)

NUVEEN ASSET MANAGEMENT

27-4357327

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68 28	NONE	46736	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MSPC CPAS & ADVISORS, P.C.

22-2951202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	34266	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 10001-2402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 51 64 72	NONE	15975	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)

INNOVATIVE SOFTWARE SOLUTIONS, INC

23-2182079

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	10658	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMPUTOL INC

34-1645631

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6492	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
60 62 68 52 64 67 72	CONTRACT ADMINISTRATOR	905	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)

ALLIANZ GLOBAL INVESTORS

06-1349805

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

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

AMERICAN FUNDS

52-0792143

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

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

BLACKROCK

13-3806694

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

BRANDES

33-0635360

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

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

CHEVY CHASE TRUST

13-3204887

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

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

JANUS

84-0592523

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

MFS INVESTMENT MANAGEMENT

04-3158862

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

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

NATIXIS FUNDS

52-2257782

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

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

T. ROWE PRICE

52-1151266

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

WCM INVESTMENT MANAGEMENT

39-1657495

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

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

BAIRD FUNDS

39-6037917

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

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

WILMINGTON TRUST

26-3783687

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

METROPOLITAN WEST ASSET MANAGEMENT

95-4597302

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

(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
MASSACHUSETTS MUTUAL LIFE INS. CO.	67	0

(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.
IBEW 8 CONSERVATIVE FUND 04-1590850	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	67	0

(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.
IBEW 8 MAIN FUND 04-1590850	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0

(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.
SAGIC 62327 04-1590850	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(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.
IBEW 8 MFS VALUE 04-3158862	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	67	0

(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.
IBEW 8 LOOMIS SAYLES STRATEG 52-2257782	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0

(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.
PREM U.S. GOVT MNY MKT FD BA 04-3212059	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	67	0

(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.
IBEW 8 ALLIANZGI NFJ SMALL C 06-1349805	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	67	0

(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.
IBEW 8 IBEW-NECA EQUITY INDE 13-3204887	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	67	0

(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.
IBEW 8 BR STRATEGIC INCOME O 13-3806694	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	67	0

(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.
IBEW 8 AF GROWTH FUND OF AME 52-0792143	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60 67	0

(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.
IBEW 8 T. ROWE PRICE BALANCE 52-1151266	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60 67	0

(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.
IBEW 8 T. ROWE PRICE RET2015 52-1151266	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60 67	0

(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.
IBEW 8 T. ROWE PRICE RET2020 52-1151266	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60 67	0

(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.
IBEW 8 T. ROWE PRICE RET2025 52-1151266	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60 67	0

(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.
IBEW 8 T. ROWE PRICE RET2030 52-1151266	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60 67	0

(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.
IBEW 8 T. ROWE PRICE RET2035 52-1151266	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60 67	0

(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.
IBEW 8 T. ROWE PRICE RET2040 52-1151266	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60 67	0

(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.
IBEW 8 T. ROWE PRICE RET2045 52-1151266	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60 67	0

(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.
IBEW 8 T. ROWE PRICE RET2050 52-1151266	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60 67	0

(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.
IBEW 8 T. ROWE PRICE RET2055 52-1151266	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	67	0

(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.
IBEW 8 JANUS TRITON 84-0592523	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0

(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.
IBEW 8 WCM FOCUSED INTL GR F 39-1657495	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALLIANZ GLOBAL INVESTORS	52	0

(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.
IBEW 8 ALLIANZGI NFJ SMALL C 06-1349805	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0

(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.
IBEW 8 AF GROWTH FUND OF AME 52-0792143	BASIS POINTS * PLAN ASSETS

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
BLACKROCK	52	0
(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.	
IBEW 8 BR STRATEGIC INCOME O 13-3806694	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BRANDES	52	0
(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.	
BRANDES INTERNATIONAL EQUITY 33-0635360	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHEVY CHASE TRUST	52	0
(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.	
IBEW 8 IBEW-NECA EQUITY INDE 13-3204887	BASIS POINTS * PLAN ASSETS	

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
JANUS	52	0
(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.	
IBEW 8 JANUS TRITON 84-0592523	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MFS INVESTMENT MANAGEMENT	52	0
(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.	
IBEW 8 MFS VALUE 04-3158862	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIXIS FUNDS	52	0
(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.	
IBEW 8 LOOMIS SAYLES STRATEG 52-2257782	BASIS POINTS * PLAN ASSETS	

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
T. ROWE PRICE	52	0

(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.
IBEW 8 T. ROWE PRICE BALANCE 52-1151266	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WCM INVESTMENT MANAGEMENT	52	0

(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.
WCM INTERNATIONAL GROWTH FD 39-1657495	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WCM INVESTMENT MANAGEMENT	52	0

(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.
IBEW 8 WCM FOCUSED INTL GR F 803 WEST MICHIGAN STREET MILWAUKEE, WI 53233	BASIS POINTS * PLAN ASSETS

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
BAIRD FUNDS	52	0

(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.
BAIRD CORE PLUS BOND FUND 39-6037917	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WILMINGTON TRUST	52	0

(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.
INT'L FUNDAMENTAL VALUE FUND 26-3783687	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	67	0

(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.
IBEW 8 MFS NEW DISCOVERY VAL 04-3158862	BASIS POINTS * PLAN ASSETS

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
MFS INVESTMENT MANAGEMENT	52	0
(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.	
IBEW 8 MFS NEW DISCOVERY VAL 04-3158862	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
MET WEST INTERMEDIATE BOND F 95-4597302	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52 67	0
(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.	
IBEW 8 MM SELECT TRP 2005 82-3347422	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	52 67	0

(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.
IBEW 8 MM SELECT TRP 2010 82-3355639	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52 67	0

(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.
IBEW 8 MM SELECT TRP 2015 82-3382389	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52 67	0

(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.
IBEW 8 MM SELECT TRP 2020 82-3396422	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	52 67	0

(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.
IBEW 8 MM SELECT TRP 2025 82-3417420	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52 67	0

(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.
IBEW 8 MM SELECT TRP 2030 82-3430358	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52 67	0

(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.
IBEW 8 MM SELECT TRP 2035 82-3439837	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	52 67	0

(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.
IBEW 8 MM SELECT TRP 2040 82-3451779	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52 67	0

(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.
IBEW 8 MM SELECT TRP 2045 82-3472295	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52 67	0

(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.
IBEW 8 MM SELECT TRP 2050 82-3481715	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	52 67	0

(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.
IBEW 8 MM SELECT TRP 2055 82-3502011	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52 67	0

(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.
IBEW 8 MM SELECT TRP 2060 82-3525148	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	67	0

(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.
IBEW 8 BRANDES INTL EQ FUND 33-0635360	BASIS POINTS * PLAN ASSETS

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
METROPOLITAN WEST ASSET MANAGEMENT	52	0

(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.	
METWEST INTERMEDIATE BOND FU 95-4597302	BASIS POINTS * PLAN ASSETS	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <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 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>LOCAL NO. 8 IBEW RETIREMENT PLAN & TRUST</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>BOARD OF TRUSTEES LOCAL NO. 8 IBEW RETIREMENT PLAN & TRUST</u>	D Employer Identification Number (EIN) <u>34-6596899</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTIEMPLOER PROPERTY TRUST</u>		
b Name of sponsor of entity listed in (a): <u>NEW TOWER TRUST COMPANY</u>		
c EIN-PN <u>51-6218800-001</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>22495828</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BUILD FUND OF AMERICA TRUST</u>		
b Name of sponsor of entity listed in (a): <u>AMERISERVE TRUST & FINANCIAL COMPANY</u>		
c EIN-PN <u>25-1689052-008</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>36577</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IBEW-NECA EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>31-1772714-003</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>18355750</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PARAMETRIC DEFENSE EQUITY FUND LLC</u>		
b Name of sponsor of entity listed in (a): <u>PARAMETRIC PORTFOLIO ASSOCIATES LLC</u>		
c EIN-PN <u>45-2531297-001</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>37758178</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WILMINGTON TRUST CIT INT'L FND. VAL</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST, N.A.</u>		
c EIN-PN <u>26-3783687-920</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>31525563</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan LOCAL NO. 8 IBEW RETIREMENT PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL NO. 8 IBEW RETIREMENT PLAN & TRUST	D Employer Identification Number (EIN) 34-6596899	

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	224727	637118
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1543216	2049671
(2) Participant contributions.....	1b(2)	295669	379709
(3) Other.....	1b(3)	319898	250084
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	4572337	4632775
(2) U.S. Government securities	1c(2)	30682040	35909078
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	18215821	15377273
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	124500747	100453836
(5) Partnership/joint venture interests	1c(5)	52940726	20451357
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	597384	757035
(9) Value of interest in common/collective trusts	1c(9)	44197240	72413718
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		37758178
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	115136950	165567475
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	49061950	59313214
(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		
f Total assets (add all amounts in lines 1a through 1e)	1f	442288705	515950521

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	644258	458883
i Acquisition indebtedness	1i		
j Other liabilities	1j	2495491	928631
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3139749	1387514

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	439148956	514563007
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	19891988	
(B) Participants	2a(1)(B)	4420773	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		24312761
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	741684	
(B) U.S. Government securities	2b(1)(B)	516116	
(C) Corporate debt instruments	2b(1)(C)	804544	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	36729	
(F) Other	2b(1)(F)	1834186	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3933259
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	648846	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4958588	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5607434
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	318248565	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	307873530	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		10375035
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	21628718	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		21628718

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		15460270
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		18889517
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		100206994

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	23115436	
(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)		23115436
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)	86787	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1139920	
(4) Other	2i(4)	450800	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1677507
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24792943

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		75414051
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) ☒ Unmodified (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: **MSPC, CPA'S AND ADVISORS, P.C.**

(2) EIN: **22-2951202**

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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 _____. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan LOCAL NO. 8 IBEW RETIREMENT PLAN & TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES LOCAL NO. 8 IBEW RETIREMENT PLAN & TRUST		D Employer Identification Number (EIN) 34-6596899
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
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) 2019 v. 190130		

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

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

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

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

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

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

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Local No. 8, International Brotherhood of Electrical
Workers Retirement Plan and Trust
Rossford, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of Local No. 8, International Brotherhood of Electrical Workers Retirement Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related 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 Financial Statements

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

Auditor's Responsibility

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

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

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



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Local No. 8, International Brotherhood of Electrical Workers Retirement Plan and Trust as of December 31, 2019 and 2018, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for the purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



MSpc

Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
October 12, 2020

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST
EIN #34-6596899
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
Interest Bearing Cash Accounts:				
Fidelity Institutional Money Market Funds Government Institutional Class	4,632,775	\$ 4,632,775	\$ 4,632,775	
U.S. Government Securities:				
Fannie Mae Ser 19-79 CI Fa	250,000 0.672% 01/25/50	249,257	249,279	
Federal Home Ln Mtg Corp Pool # G1-8581	106,512 2.500% 01/01/31	105,131	107,997	
Federal Home Ln Mtg Corp Pool #G0-3601	18,508 6.000% 07/01/37	18,748	21,242	
Federal Home Ln Mtg Corp Pool #G1-2393	3,056 5.500% 10/01/21	3,058	3,098	
Federal Home Ln Mtg Corp Pool #G1-8713	444,719 3.500% 11/01/33	452,394	461,569	
Federal Home Ln Mtg Corp Pool #Go-8849	71,216 5.000% 11/01/48	74,518	76,204	
Federal Home Ln Mtg Corp Ser 2174 CI Pn	10,075 6.000% 07/15/29	10,272	11,050	
Federal National Mortgage Assn	988 7.000% 09/01/31	1,026	1,100	
Federal National Mtg Assn Pass-Thru Int 20 Year Pool #Ma1982	27,110 3.500% 08/01/34	28,258	28,383	
Federal National Mtg Assn Pool #582521	11,787 7.000% 05/01/31	12,364	13,113	
Federal National Mtg Assn Pool #735686	176 6.500% 12/01/22	179	196	
Federal National Mtg Assn Pool #764388	10,350 3.192% 03/01/34	10,353	10,824	
Federal National Mtg Assn Pool #918445	2,179 3.565% 05/01/37	2,182	2,218	
Federal National Mtg Assn Pool #A10851	20,836 6.000% 10/01/40	22,599	23,894	
Federal National Mtg Assn Pool #A15866	115,206 2.747% 08/01/22	117,952	117,369	
Federal National Mtg Assn Pool #Ma1527	26,373 3.000% 08/01/33	26,225	27,172	
Federal National Mtg Assn Ser 2001-52	23,061 6.500% 10/25/31	23,470	26,248	
FHLMC PC Gold Comb Pool #G1-6756	235,794 3.500% 01/01/34	240,067	245,266	
FHLMC PC Gold Pool #J0-6246	869 5.500% 10/01/21	871	879	
FHLMC Remic Series Ser K-S08 CL A-2	165,000 3.291% 03/25/27	169,165	173,044	
FNCL 30 Yr (Jan)	75,000 5.000% N/A	80,244	80,180	
FNMA	382,470 2.500% 11/01/34	385,354	385,977	
FNMA Pass Pool 109491	115,000 3.500% 08/01/28	115,349	123,426	
FNMA Pass Pool 109492	115,000 3.500% 08/01/28	115,349	123,426	
FNMA Pass Thru Pool #AN1161	165,000 3.050% 04/01/28	165,353	173,163	
FNMA Pass Thru Pool #AN1282	65,000 3.010% 04/01/28	65,923	68,026	
FNMA Pass-Thru Lng Pool #BM4299	104,831 3.000% 03/01/30	106,772	107,416	
FNMA Pass-Thru Lng Pool #BM4304	101,671 3.000% 02/01/30	103,498	104,179	
FNMA Pass-Thru Lng Pool #CA2208	95,487 4.500% 08/01/48	99,314	100,646	
FNMA Pass-Thru Pool #387869	250,000 3.840% 08/01/30	264,258	276,083	
FNMA Pass-Thru Pool #AM8645	226,973 2.690% 05/01/27	213,663	231,515	
FNMA Pass-Thru Pool #AN0854	65,000 3.280% 02/01/28	65,591	68,972	
FNMA Pass-Thru Pool #AN4833	75,000 3.320% 04/01/27	78,024	79,476	
FNMA Pass-Thru Pool #AN9572	115,000 3.770% 07/01/30	116,620	125,897	
FNMA Pass-Thru Pool #AN9612	115,000 3.715% 07/01/33	115,262	126,179	
FNMA Pass-Thru Pool #AN9715	120,000 3.480% 08/01/28	120,109	128,592	
FNMA Pass-Thru Pool #BL0242	100,000 3.820% 11/01/30	100,623	110,095	
FNMA Pool #CA1710	72,084 4.500% 05/01/48	74,933	76,001	
FNMA Pool #MA3427	79,037 4.000% 06/01/33	81,165	82,546	

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LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST
EIN #34-6596899
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
FNMA Pool #MA3537	66,627 4.500% 12/01/48	69,187	70,106	
FNMA Pool #MA3811	248,120 3.000% 10/01/49	249,051	249,669	
FNMA Pool #MA3834	496,552 3.000% 11/01/49	504,136	503,737	
FNMA Pool #MA3905	89,744 3.000% 12/01/49	90,796	91,029	
GNMA Pass-Thru M Single Family Pool #MA4454M	63,828 5.000% 05/20/47	68,327	68,373	
GNMA Pass-Thru M Single Family Pool #MA5466M	27,424 4.000% 09/20/48	28,163	28,572	
GNMA Pass-Thru M Single Family Pool #MA5530M	72,050 5.000% 10/20/48	75,247	75,792	
GNMA Pass-Thru M Single Family Pool #MA6209M	253,897 3.000% 10/20/49	255,563	256,977	
GNMA Pass-Thru Pool #080968M	7,350 3.250% 07/20/34	7,389	7,675	
GNMA Pass-Thru Pool #MA4838M	59,325 4.000% 11/20/47	62,202	61,941	
GNMA Pass-Thru Pool #MA4901M	16,513 4.000% 12/20/47	17,042	17,242	
GNMA Pass-Thru Pool #MA5399M	143,714 4.500% 08/20/48	148,837	151,224	
GNMAII Jumbo TBA	450,000 3.000% 01/15/50	463,002	462,321	
Government Nat'l Mtg Assn Remic Trust 2010-4 20400116 Flt	104,550 6.223% 01/16/40	16,409	20,224	
Government Nat'l Mtg Assn Trust 2011-146	97,579 5.000% 11/16/41	23,253	19,303	
U S Treasury Note (Tips)	453,828 0.250% 07/15/29	454,424	459,118	
U S Treasury Note (Tips)	420,567 0.125% 10/15/24	421,121	423,674	
U S Treasury Note	4,941,000 1.500% 10/31/21	4,930,645	4,934,231	
U S Treasury Note	4,867,000 1.500% 10/31/24	4,845,649	4,826,507	
U S Treasury Note	2,680,000 1.750% 11/15/29	2,657,489	2,641,676	
U S Treasury Note	4,305,000 1.500% 11/30/21	4,294,425	4,299,274	
U S Treasury Note	9,875,000 1.500% 11/30/24	9,825,478	9,795,111	
U S Treasury Note	1,715,000 1.625% 11/30/26	1,701,120	1,693,288	
U S Treasury Note Frn Tnote 2021	380,000 0.315% 07/31/21	379,814	380,163	
U S Treasury Note Tips	75,738 12.500% 07/15/24	75,940	76,312	
UMBS 30 Yr TBA	125,000 2.500% 01/15/50	124,014	123,599	
Total U.S. Government Securities		35,824,216	35,909,078	
Corporate Bonds:				
Abbvie Inc	100,000 3.600% 05/14/25	102,184	105,648	
Aercap Ireland Capital Limited Sr Glbl Nt	75,000 3.950% 02/01/22	77,347	77,493	
American Campus Cmnty Oper	80,000 3.350% 10/01/20	79,849	80,665	
American Wtr Cap Corp	70,000 3.450% 06/01/29	69,845	74,052	
Amgen Inc Sr Nt	80,000 3.625% 05/15/22	82,771	82,674	
Anheuser-Busch Inbev Wldw Inc Sr Nt	95,000 4.750% 01/23/29	94,701	110,121	
Apple Inc Sr Glbl Nt	45,000 3.250% 02/23/26	44,902	47,658	
AT&T INC	50,000 3.875% 01/15/26	48,402	53,585	
AT&T INC	70,000 3.800% 02/15/27	69,731	74,622	
AT&T Inc Glbl Nt	100,000 3.400% 05/15/25	96,548	104,727	

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**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST
EIN #34-6596899
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
Bacardi Ltd Sr Gbl 144a 28	20,000 4.700% 05/15/28	19,675	21,802	
Bank New York Fr	50,000 2.500% 04/15/21	49,954	50,346	
Bank of America Corp	107,000 3.004% 12/20/23	111,096	109,498	
Bank of America Corp	75,000 3.970% 03/05/29	74,059	81,733	
Bank of America Corp	45,000 3.559% 04/23/27	45,000	47,567	
Bat Cap Corp	80,000 2.764% 08/15/22	80,000	81,179	
Bat Cap Corp	80,000 3.557% 08/15/27	71,870	81,682	
Bat Cap Corp	50,000 3.462% 09/06/29	50,000	50,583	
Baylor Scott & White Hldgs Tax	115,000 2.650% 11/15/26	107,465	114,322	
Becton Dickinson & Co	70,000 3.363% 06/06/24	67,312	72,908	
Berkshire Hathaway Inc Sr Nt	100,000 3.125% 03/15/26	99,906	105,401	
Black Hills Corp Sr Gbl Nt	50,000 3.950% 01/15/26	49,849	52,656	
Broadcom Corp	65,000 3.000% 01/15/22	65,742	65,961	
Brooklyn Union Gas Co Sr Gbl	100,000 3.407% 03/10/26	100,000	104,000	
California St Var Purp	100,000 7.950% 03/01/36	116,104	100,946	
Canadian Natural Resources Ltd Nt	16,000 3.850% 06/01/27	15,825	17,041	
CBS Corp Sr Gbl Nt	75,000 2.500% 02/15/23	70,620	75,476	
Charter Communications Oper Sr Sec Nt	115,000 4.908% 07/23/25	121,289	126,636	
Cigna Corp Sr Gbl Nt	60,000 4.375% 10/15/28	65,818	66,473	
Cigna Corp Sr Gbl Nt	180,000 4.125% 11/15/25	183,732	195,343	
Citigroup Inc Sr Gbl	125,000 3.142% 01/24/23	125,000	127,449	
Comcast Corp	85,000 2.750% 03/01/23	84,870	86,842	
Crane Co Sr Nt	60,000 4.450% 12/15/23	62,026	64,192	
CVS Health Corporation	25,000 4.300% 03/25/28	24,988	27,311	
CVS Health Corporation	60,000 5.050% 03/25/48	59,658	71,102	
CVS Health Corporation Sr Gbl Nt	85,000 2.875% 06/01/26	84,268	86,247	
CVS Health Corporation Sr Nt	170,000 3.250% 08/15/29	168,465	172,778	
Duke Energy Corp	75,000 2.650% 09/01/26	74,769	75,365	
Enbridge Energy Partners LP	40,000 5.875% 10/15/25	39,861	46,658	
Energy Transfer Operating	60,000 5.500% 06/01/27	67,629	67,456	
Energy Transfer Partners LP	50,000 4.900% 02/01/24	50,240	53,661	
Glp Cap LP/Glp Fing II Inc Sr Nt	75,000 3.350% 09/01/24	74,924	76,553	
Goldman Sachs Group Inc Sr Gbl Nt	125,000 2.625% 04/25/21	122,428	126,091	
Goldman Sachs Group Inc Sr Gbl Nt	70,000 2.750% 09/15/20	70,239	70,330	
HCA Inc Sr Sec Nt	110,000 4.125% 06/15/29	109,447	116,719	
HCP Inc Note	55,000 4.200% 03/01/24	57,261	58,816	
HCP Inc Note	10,000 4.250% 11/15/23	10,381	10,672	
HCP Inc Sr Gbl Nt	50,000 3.250% 07/15/26	49,953	51,860	
Healthcare Realty Trust Inc	50,000 3.750% 04/15/23	51,124	51,630	
Hudson Pac Ppty LP	50,000 3.950% 11/01/27	46,227	52,370	
Humana Inc Sr Gbl Nt	80,000 3.950% 03/15/27	79,902	86,102	
Humana Inc Sr Gbl Nt	60,000 3.850% 10/01/24	63,242	63,788	
IHS Markit Ltd Sr Gbl Nt	95,000 4.125% 08/01/23	94,722	100,944	
ITC Holdings Corp Fr	100,000 3.650% 06/15/24	99,338	104,704	
JP Morgan Chase Bank Na	190,000 3.960% 01/29/27	190,000	206,213	

See Independent Auditors' Report.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST
EIN #34-6596899
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
Kraft Heinz Foods Co Sr Gbl	90,000 4.625% 01/30/29	92,745	99,018	
Kraft Heinz Foods Co Sr Gbl Nt	105,000 3.000% 06/01/26	104,271	105,030	
L3 Technologies Inc	80,000 3.850% 06/15/23	79,843	83,386	
MidAmerican Energy Co Mtg Bds	67,000 3.500% 10/15/24	69,250	71,043	
NiSource Finance Corp	50,000 2.650% 11/17/22	49,937	50,614	
Northrop Grumman Corp	135,000 2.930% 01/15/25	127,979	139,212	
Oracle Corp	10,000 3.250% 11/15/27	9,989	10,599	
Oracle Corp Sr Nt	70,000 2.400% 09/15/23	69,988	71,169	
Plains All Amer Pipeline	40,000 3.850% 10/15/23	39,395	41,426	
Relx Capital Inc Sr Nt	50,000 4.000% 03/18/29	49,420	54,309	
Sabine Pass Liquefaction LLC Sr Sec Nt	35,000 5.750% 05/15/24	36,526	39,050	
Spectra Energy Partners LP	50,000 4.750% 03/15/24	50,730	54,447	
Spire Inc	120,000 3.543% 02/27/24	120,000	123,017	
TC Pipelines LP Sr Gbl Nt	100,000 3.900% 05/25/27	95,588	104,564	
Texas Estn Transmission	50,000 2.800% 10/15/22	48,210	50,500	
Tucson Elec Pwr Co	100,000 3.850% 03/15/23	102,483	104,048	
Union Pacific Corp	40,000 3.950% 09/10/28	39,900	44,200	
US Bancorp Mtns Bk Ent Fr	195,000 2.625% 01/24/22	194,664	198,093	
Ventas Realty LP Cap Corp Sr Nt	65,000 3.250% 08/15/22	64,245	66,715	
Walgreens Boots Alliance Inc Sr Nt	115,000 3.800% 11/18/24	116,915	119,876	
Wells Fargo & Co Sr Nt	225,000 3.069% 01/24/23	225,641	229,644	
Welltower Inc	125,000 3.950% 09/01/23	124,959	131,938	
Wrkco Inc Sr Gbl	45,000 4.650% 03/15/26	44,934	49,531	
Air Lease Corp Sr Gbl Nt	100,000 3.500% 01/15/22	99,290	102,770	
Air Lease Corp Sr Nt	65,000 4.750% 03/01/20	67,423	65,260	
Alimentation Couche Tard Sr Gbl 144A 27	50,000 3.550% 07/26/27	50,682	51,432	
Analog Devices Inc	60,000 2.850% 03/12/20	59,884	60,082	
Anthem Inc Sr Gbl Sr Nt	95,000 3.125% 05/15/22	94,905	97,388	
AstraZeneca Plc	50,000 3.375% 11/16/25	51,101	53,143	
Banc of America Merrill Lynch Ser 2018 Park	70,000 4.091% 08/10/28	72,335	77,530	
Bank New York Mellon Corp Fr	125,000 3.450% 08/11/23	124,977	131,409	
Barings Clo Ltd Ser 2013-I Cl Ar	80,000 2.766% 01/20/28	80,000	79,718	
BBCMS Tr 2013-Tysn 20320908 Ser 2013	30,000 3.756% 09/08/32	31,412	30,162	
BB-UBS Trust Ser 212-Show Cl A	45,000 3.430% 11/07/36	44,198	46,694	
Brazos Higher Ed Auth Ser 2010-I Cl A-2	80,000 1.560% 02/25/35	76,832	79,781	
Brazos Higher Ed Auth Ser 2011-2 Cl A-3	80,000 1.991% 10/27/36	77,192	79,923	
Broadcom Corp	75,000 2.375% 01/15/20	74,118	75,004	
Comm Mtg Tr Ser 2013-300p Cl A1	30,000 4.353% 08/12/30	32,104	31,756	
Comm Mtg Tr Ser 2014-277p Cl A	30,000 3.611% 08/12/49	31,172	31,601	
Comm Mtg Tr Ser 2016-787s Cl A	35,000 3.545% 02/12/36	35,945	36,688	
Continental Airlines Inc Pass Thru Cert Ser A	64,721 5.983% 04/19/22	56,642	68,084	
Credit-Based Asset Serv & Sec Ser 2003-Cb3	64,432 3.379% 12/25/32	57,400	65,072	
Daimler Finance North Amer LLC Sr Gbl	60,000 3.000% 02/22/21	59,364	60,590	
Delta Air Lines Ser 2002-1 Cl G-1	55,353 6.718% 07/02/24	62,317	58,186	
Dryden 30-R Sr Ln Fd Ser 2013-30r Cl A-R	45,000 3.436% 11/15/28	44,915	44,957	

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Duquesne Light Holdings Inc Sr 144a	100,000 6.400% 09/15/20	115,760	102,898	
EQT Corporation	10,000 3.900% 10/01/27	8,700	9,304	
Ford Motor Credit Co LLC	250,000 5.596% 01/07/22	250,000	263,470	
Ford Motor Credit Co LLC	155,000 3.012% 01/09/20	155,121	155,022	
Ford Motor Credit Co LLC	35,000 3.813% 10/12/21	35,523	35,649	
Ford Motor Credit Co LLC Gbl Nt	155,000 2.343% 11/02/20	150,308	154,715	
Ford Motor Credit Co LLC Sr Gbl Fl Nt	70,000 1.636% 08/03/22	69,373	68,838	
Ford Motor Credit Co LLC Sr Unsec Note	60,000 5.875% 08/02/21	62,971	62,816	
GCO Elf Trust Ser 2006-1 Cl A-9l	14,975 2.070% 05/25/26	14,585	14,964	
GE Capital International Fdg	235,000 2.342% 11/15/20	229,577	235,190	
GE Capital International Fdg	120,000 4.418% 11/15/35	113,304	128,367	
General Elec Cap Corp	125,000 6.750% 03/15/32	149,693	160,589	
General Elec Cap Corp Medium Term Note	135,000 4.625% 01/07/21	137,596	138,069	
General Elec Cap Corp Mtn Senior Note	100,000 4.375% 09/16/20	99,395	101,550	
General Mtrs Co Sr Nt	70,000 4.875% 10/02/23	75,664	75,128	
General Mtrs Finl Co Inc	40,000 3.550% 04/09/21	39,984	40,758	
Ginnie Mae Remic Tr Ser 2019-119 Cl Je	34,592 3.000% 09/20/49	34,895	35,091	
GLP Cap LP/Glp Fing II Inc Sr Nt	65,000 5.375% 11/01/23	67,485	70,725	
GLP Cap LP/Glp Fing II Inc Sr Gbl	75,000 5.250% 06/01/25	78,004	82,320	
GLP Cap LP/Glp Fing II Inc Sr Gbl Nt 21	25,000 4.375% 04/15/21	25,388	25,486	
Goldentree Ln Opp 2014-9r2	115,000 3.619% 10/29/29	115,000	114,778	
Goldman Sachs Group Inc Senior Note	90,000 5.375% 03/15/20	89,218	90,610	
HCA Inc Sr Sec Nt	60,000 5.000% 03/15/24	61,320	65,590	
Higher Education Fdg I 2014-1 20340525 Flt	71,653 1.410% 05/25/34	71,653	71,589	
JGWPT XXX LLC Ser 2013-3 CL A	36,620 4.080% 01/17/73	36,623	39,042	
JGWPT XXXII LLC Ser 2014-2 CL A	46,982 3.610% 01/17/73	46,951	48,660	
JP Morg Chase Cmbd 2016-Nine 20380909 Flt	45,000 2.949% 09/09/38	42,324	45,684	
JPMBB Coml Mtg Sec Tr 2014-C19	185,000 3.669% 04/17/47	193,192	187,943	
Los Angeles Calif Dept Wtr & Pwr Rev Bds	100,000 5.516% 07/01/27	117,976	120,665	
Los Angeles Calif Uni Sch Dist Go Bds	125,000 5.750% 07/01/34	151,637	160,076	
Metropolitan Life Global Fdg Fr	150,000 3.875% 04/11/22	149,840	156,295	
Metropolitan Transn Auth NY R Rev Bds	55,000 6.548% 11/15/31	71,435	70,760	
Navient Student Ln Tr 2014-1 20310625 Flt	124,869 0.695% 06/25/31	124,869	122,474	
Navient Student Ln Tr 2014-2 20430325 Flt	93,407 0.825% 03/25/43	93,407	90,961	
Navient Student Ln Tr 2014-3 20430325 Flt	98,484 0.805% 03/25/43	98,484	96,160	
Navient Student Ln Tr 2014-4 20430325 Flt	48,947 0.805% 03/25/43	48,947	47,612	
Navient Student Ln Tr 2014-7 20430325 Flt	186,999 0.795% 03/25/43	186,111	182,136	
Navient Student Ln Tr 2016-2 20650625 Flt	230,000 1.672% 06/25/65	237,762	234,753	
Navient Student Ln Tr 2017-3 20660726 Flt	100,000 1.222% 07/26/66	100,000	99,217	
Navient Student Ln Tr 2018-3 20670325 Flt	150,000 0.972% 03/25/67	150,836	146,971	
NCUA Guar Nts Tr 2010-R3	50,434 1.576% 12/08/20	50,434	50,458	
NCUA Guar Nts Tr 20200108 Flt	21,842 2.221% 01/08/20	21,841	21,842	
NCUA Guar Nts Tr	56,930 1.576% 12/08/20	56,930	56,978	
Nelnet St Ln Tr 2014-4 20431125 Flt	80,000 1.210% 11/25/43	80,000	78,192	
New York Life Global Fdg Mtn 144A Nt	115,000 3.000% 01/10/28	107,905	119,220	

See Independent Auditors' Report.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST
EIN #34-6596899
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
New York NY City Tran Fin Auth Tax Sec.	120,000 5.267% 05/01/27	137,740	141,664	
Nextera Energy Cap Hldgs Inc Sr Gbl Fl	195,000 1.036% 05/04/21	195,000	195,267	
Northstar Guarantee Inc Fin 2007-1 20460129	53,510 2.545% 01/29/46	49,965	52,841	
Octagon Inv Ptns 2015-25r 20261020 Flt	55,000 3.269% 10/20/26	54,727	54,848	
Oregon St Go Pension Bds	50,714 5.762% 06/01/23	55,718	54,491	
Pemex Proj Fdg Master Tr Company Guarnt	100,000 6.625% 06/15/35	90,805	102,450	
Pernod Ricard-Spons Adr Gbl 144a 22	75,000 4.450% 01/15/22	79,682	78,463	
Petroleos Mexicanos	25,000 6.500% 03/13/27	23,500	26,543	
Petroleos Mexicanos	90,000 6.500% 01/23/29	87,274	94,680	
Petroleos Mexicanos Fr	25,000 5.350% 02/12/28	21,263	24,875	
Queens Ctr Mtg	50,000 3.275% 01/13/37	48,821	51,592	
RBS Coml Fd Inc Ser 2013-Gsp Cl A	30,000 3.834% 01/15/32	31,574	31,294	
Reckson Operating Prtshp	75,000 7.750% 03/15/20	88,875	75,826	
Residential Accredit Loans, Inc Ser 2005-	70,024 0.972% 10/25/45	46,464	64,537	
Residential Asset Mortgage Prod	6,720 7.000% 11/25/31	6,947	7,196	
Residential Asset Secur Tr Flt	6,659 3.618% 10/25/34	6,735	6,614	
Residential Asset Secur Tr Flt	8,423 0.972% 11/25/34	8,422	8,144	
Ruby Pipeline LLC	73,485 6.000% 04/01/22	78,967	75,975	
Salle Mae Student Loans	25,000 2.095% 07/25/29	24,037	24,185	
Santander UK Plc	150,000 2.785% 08/05/21	146,673	151,398	
Santander UK Plc Sr Gbl Coco 24	50,000 4.796% 11/15/24	49,560	53,997	
SLM Student Loan Trust	25,000 2.095% 04/25/29	22,654	24,364	
SLM Student Ln Tr 2012-7 Ser 2012-7 Cl A-3	57,632 0.822% 05/26/26	57,632	55,670	
SLM Student Ln Tr	25,000 2.495% 10/25/75	25,044	24,747	
SLM Student Loan	25,000 1.445% 04/25/29	24,269	23,754	
SLM Student Loan	25,000 2.095% 07/25/73	21,746	24,558	
SLM Student Loan	25,000 2.095% 07/25/29	23,912	24,159	
SLM Student Loan	31,907 1.745% 04/25/23	32,301	31,995	
SLM Student Loan	25,000 2.495% 10/25/29	25,045	24,736	
SLM Student Loan	100,000 0.405% 01/25/41	88,699	94,739	
SLM Student Loan Ser 2011-2 CL A-2	75,000 1.372% 10/25/34	72,147	75,938	
SLM Student Loan Trust	25,000 1.445% 01/25/29	22,220	23,212	
SLM Student Loan Trust	87,453 0.415% 01/25/41	78,982	83,365	
Sprint Spectrum Co	80,000 5.152% 09/20/29	78,600	87,200	
UnitedHealth Group Inc	98,000 3.750% 07/15/25	99,082	105,865	
US Airways Pt Trust	76,053 5.900% 04/01/26	83,298	84,466	
US Airways Pt Trust Ser 2012-2 Cl A	59,010 4.625% 12/03/26	62,824	63,658	
Utilicorp Utd Inc	150,000 8.270% 11/15/21	139,500	166,342	
VNO Mortgage Tr Ser 2012-6ave Cl A	35,000 2.996% 11/15/30	35,170	35,622	
Vodafone Group Plc	35,000 3.750% 01/16/24	34,297	37,023	
Vodafone Group Plc	60,000 4.375% 05/30/28	59,221	66,525	
Wamu Mtge Pass-Through Certs Ser 2002	2,352 4.101% 01/25/33	2,352	2,393	
Washington St Go	85,000 5.040% 08/01/31	97,509	100,480	
Wells Fargo & Co Sr Nt	55,000 3.000% 10/23/26	52,883	56,370	
Wells Fargo & Company Mtn Be Fr	235,000 3.300% 09/09/24	235,000	246,287	
Total Corporate Bonds		14,859,535	15,377,273	

See Independent Auditors' Report.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

EIN #34-6596899

PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
Common Stocks:				
	Air Transport Services Group Inc	31,674	507,052	743,072
	Allegheny Technologies Inc	8,303	156,281	171,540
	American National Insurance Co	1,819	192,272	214,060
	Arcosa Inc	4,376	145,897	194,951
	Argan Inc	9,451	372,391	379,363
	Armstrong World Industries Inc.	4,843	205,483	455,097
	Atkore Intl Group Inc Com	3,683	89,383	149,014
	Avaya Hldgs Corp Com	25,700	563,946	346,950
	Barrett Business Services Inc	2,587	128,231	234,020
	Biglari Holdings Inc	628	175,460	71,856
	Biglari Holdings Inc	90	122,167	54,000
	BJS Whsl Club Hldgs Inc Com	20,488	489,012	465,897
	Callon Pete Co Del	12,365	59,230	59,723
	Cannae Hldgs Inc Com	37,069	392,690	1,378,596
	Cinemark Holdings Inc	6,654	227,732	225,238
	Colfax Corporation	11,050	304,739	401,999
	Comfort Systems USA Inc Com	8,337	326,754	415,599
	Computer Programs & Systems Inc	11,804	301,398	311,625
	Computer Services Inc	11,724	183,000	521,718
	Conduent Inc Com	20,562	378,249	127,484
	Core-Mark Holding Company Inc	5,244	136,612	142,584
	Cubic Corp	6,950	339,352	441,812
	Evolution Petroleum Corp Com	24,976	161,496	136,619
	Extended Stay Amer Inc Com Class B	36,063	594,828	535,896
	FGL Hldgs Ord Shs	30,470	292,764	324,506
	First Citizens Bancshares Inc Nc	448	95,379	238,430
	Forward Air Corp	3,874	162,822	270,986
	Genworth Financial Inc	19,568	61,833	86,099
	Graftech International Ltd	25,162	286,134	292,382
	Gran Tierra Energy Inc Com	36,370	92,825	46,917
	Harsco Corp	12,953	343,379	298,049
	Health Ins Innovations Inc Cl A	5,648	162,032	108,950
	Hostess Brands Inc	55,100	692,858	801,154
	Ingles Markets Inc	9,863	342,895	468,591
	Ituran Location and Control Ltd	9,988	235,799	250,998
	J Alexanders Hldgs Inc Com	18,455	174,674	176,430
	Liberty Latin Amer Ltd	37,257	713,637	725,021
	Liberty TripAdvisor Hldgs Inc Ser A	23,749	215,789	174,555
	Modine Manufacturing Co	14,789	147,587	113,875
	Motorcar Pts Amer Inc	12,444	354,515	274,141
	MSC Industrial Direct Co	5,927	428,332	465,092
	MSG Network Inc Cl A	15,526	357,251	270,152
	Murphy USA Inc Com	3,331	200,483	389,727

See Independent Auditors' Report.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

EIN #34-6596899

PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	NCR Corp	14,652	457,302	515,164
	Newmark Group Inc Cl A	10,922	156,043	146,956
	Nvent Electric Plc	12,691	266,543	324,636
	Oaktree Specialty Lending Corp	68,030	343,380	371,444
	Patterson Cos Inc	6,794	151,362	139,141
	PBF Energy Inc Cl A	8,476	240,714	265,892
	Pico Holdings Inc	16,109	300,213	179,132
	Premier Inc Com Cl A	22,845	728,082	865,369
	Qep Res Inc	7,200	86,440	32,400
	Resideo Technologies Inc Com	14,100	312,977	168,213
	Resources Connection Inc	16,109	232,188	263,060
	Six Flags Entertainment Corp	8,246	354,722	371,977
	Sp Plus Corp Com	5,535	121,538	234,850
	Tech Data Corp	2,363	200,839	339,327
	TPI Composites Inc Com	2,020	37,115	37,390
	Unifirst Corp	2,854	236,431	576,451
	Verra Mobility Corp	10,125	101,705	141,649
	Viad Corp	8,086	384,332	545,805
	Vonage Holdings Corp	15,959	162,387	118,256
	Webster Financial Corp	4,706	207,287	251,112
	White Mountains Insurance Group Ltd	815	431,264	909,141
	World Fuel Services Corp	6,271	226,176	272,287
	Yelp Inc Cl A	7,399	245,036	257,707
	Abbvie Inc Com	4,544	351,556	402,326
	Accenture Plc A	2,246	401,948	472,940
	Agco Corp	1,738	94,106	134,260
	Allison Transmission Hlds Inc	3,005	138,165	145,202
	Ally Fin Inc Com	9,547	287,006	291,756
	Altria Group Inc	7,958	392,472	397,184
	American Electric Power Co Inc	2,304	193,397	217,751
	Ameriprise Financial Inc	1,828	123,333	304,508
	AmerisourceBergen Corp	4,788	447,619	407,076
	Amgen Inc	1,650	301,031	397,766
	Ansys Inc	1,686	278,164	433,993
	Apple Inc	1,594	409,558	468,078
	Applied Materials Inc	7,252	438,944	442,662
	Aptiv Pls Shs	1,501	96,065	142,550
	Archer-Daniels-Midland Co	1,683	64,580	78,007
	Aspen Technology Inc	3,567	349,570	431,357
	Autoliv Inc	1,661	124,681	140,205
	AutoZone Inc	263	238,412	313,315
	Bank of America Corp	9,137	159,579	321,805
	Best Buy Co Inc	3,809	312,724	334,430
	Biogen Inc	1,272	328,242	377,441
	BorgWarner Inc	3,172	123,996	137,601

See Independent Auditors' Report.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST
EIN #34-6596899
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	BP Plc Sponsored Adr	4,321	187,578	163,075
	Burlington Stores Inc Com	1,374	170,390	313,313
	Cadence Design Systems Inc	6,296	313,571	436,691
	Campbell Soup Company	8,578	373,319	423,925
	Carlisle Cos Inc	898	88,395	145,332
	CarMax Inc	3,184	278,480	279,141
	CDW Corp Com	3,091	307,567	441,518
	Celanese Corp Series A	621	43,403	76,458
	Cerner Corp	6,279	443,745	460,816
	Chevron Corp	1,303	121,585	157,025
	CIT Group Inc	6,389	306,529	291,530
	Citigroup Inc	4,092	237,931	326,910
	Citizens Finl Group Inc Com	7,971	300,772	323,702
	Comerica Inc	4,399	306,748	315,628
	ConocoPhillips	2,628	133,436	170,899
	Crane Co	1,781	143,338	153,843
	Crown Holdings Inc	1,008	48,842	73,120
	Cummins Inc	771	85,570	137,978
	Davita Inc	5,890	337,332	441,927
	Deckers Outdoor Corp	1,861	254,060	314,248
	Delta Air Lines Inc	2,505	120,058	146,492
	Discover Financial Services	3,722	166,924	315,700
	Dollar General Corp	2,164	339,804	337,541
	Dover Corp	1,302	83,577	150,069
	Dr Horton Inc	5,487	275,213	289,439
	Eastman Chemical Co	933	56,752	73,950
	Emerson Electric Co	1,961	102,301	149,546
	Evergy Inc	3,368	218,481	219,223
	Exelon Corp	4,703	192,395	214,410
	Exxon Mobil Corp	2,354	190,607	164,262
	Fair Isaac Corp	1,237	423,159	463,479
	Fiserv Inc	3,732	227,959	431,531
	Franklin Resources Inc	10,875	360,354	282,533
	Garmin Ltd Shs	3,200	303,647	312,192
	General Mills Inc	7,726	329,375	413,805
	Gentex Corp	4,592	84,414	133,076
	Gilead Sciences Inc	6,417	460,928	416,977
	Global Payments Inc	2,425	216,120	442,708
	Goldman Sachs Group Inc	1,310	214,795	301,208
	Helmerich & Payne Inc	4,168	212,557	189,352
	Hilton Worldwide Hldgs Inc Com	2,916	251,818	323,414
	Hologic Inc	7,724	303,622	403,270
	Huntington Ingalls Inds Inc	1,844	470,758	462,623
	Huntsman Corp	3,217	72,271	77,723
	Ingredion Inc Com	916	76,476	85,142

See Independent Auditors' Report.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST
EIN #34-6596899
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	Intel Corp	7,536	430,989	451,030
	International Paper Co	1,763	70,896	81,186
	Jacobs Engineering Group Inc	1,640	89,684	147,321
	Jazz Pharmaceuticals Plc	2,941	391,174	439,032
	JetBlue Airways Corp	7,685	127,008	143,863
	Johnson & Johnson	2,723	312,065	397,204
	JP Morgan Chase & Co Com	2,352	106,502	327,869
	Keysight Technologies Inc Com	4,134	300,545	424,272
	Kimberly Clark Corp	2,850	375,232	392,018
	Laboratory Corp America Holdings	2,431	403,092	411,252
	Lam Research Corp	1,530	418,937	447,372
	Lear Corporation	1,029	123,461	141,179
	Leggett & Platt Inc	6,286	344,808	319,517
	Lincoln National Corp In	5,241	202,524	309,271
	Lyondellbasell Industries Nv Shs Class A	842	75,304	79,552
	Marathon Oil Corp	13,366	190,324	181,510
	Masco Corp	3,233	100,538	155,152
	McKesson Corp	2,991	426,734	413,715
	MetLife Inc	6,363	253,273	324,322
	Microsoft Corp	2,838	312,722	447,553
	Morgan Stanley	6,063	231,362	309,941
	Motorola Solutions Inc	2,897	340,051	466,823
	Murphy Oil Corp	6,938	210,545	185,938
	Northrop Grumman Corp	1,350	485,094	464,360
	NRG Energy Inc	5,485	149,635	218,029
	Nucor Corp	1,372	79,905	77,216
	NVR Inc	79	280,340	300,864
	O Reilly Automotive Inc	694	222,608	304,152
	Oge Energy Corp	4,921	174,339	218,837
	Oracle Corp	8,093	406,075	428,767
	Owens Corning Inc	1,163	72,958	75,735
	Packaging Corp of America	684	58,277	76,601
	Parker Hannifin Corp	689	58,586	141,810
	Paychex Inc	5,158	359,067	438,739
	Paycom Software Inc Com	1,731	261,493	458,300
	Pfizer Inc	10,288	403,140	403,084
	Philip Morris International Inc	4,669	372,573	397,285
	Portland General Electric Co	3,787	194,833	211,277
	Principal Financial Group Inc	5,279	223,688	290,345
	Prudential Financial Inc	3,130	194,060	293,406
	Public Service Enterprise Group Inc	3,602	173,194	212,698
	Pulte Group Inc	7,611	252,314	295,307
	Regions Financial Corp	18,519	171,923	317,786
	Reliance Steel & Aluminum Co	640	41,805	76,646
	RH Com	1,486	355,014	317,261

See Independent Auditors' Report.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

EIN #34-6596899

PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	Royal Dutch Shell Plc Adr	2,836	169,790	167,267
	S&P Global Inc Com	1,127	198,942	307,727
	Skyworks Solutions Inc	3,842	433,884	464,421
	Sonoco Products Co	1,347	73,484	83,137
	Southwest Airlines Co	2,631	149,013	142,021
	Synchrony Finl Com	8,268	261,092	297,731
	T Mobile Us Inc Com	2,673	153,834	209,617
	Target Corp	2,454	209,491	314,627
	Tempur-Sealy International, Inc	3,609	282,597	314,200
	Teradyne Inc	6,364	301,765	433,961
	Total Sa Adr	3,268	180,642	180,720
	Transocean Ltd	28,333	265,428	194,931
	United Contrl Hldgs Inc	1,515	80,610	133,456
	United Rentals Inc	917	87,197	152,928
	Unum Group	10,396	317,033	303,147
	V F Corp	3,430	289,224	341,834
	Valvoline Inc Com	3,398	72,742	72,751
	Verizon Communications Inc	3,198	169,298	196,357
	Voya Finl Inc Com	4,757	277,343	290,082
	Western Union Co	15,392	421,502	412,198
	Westlake Chemical Corp	1,129	73,629	79,199
	Activision Blizzard Inc	29,216	1,215,767	1,736,015
	Adobe Systems Inc	4,949	410,445	1,632,230
	Alexion Pharmaceuticals Inc	9,484	1,128,087	1,025,695
	Alibaba Group Hldg Ltd Sponsored Ads	9,339	1,052,429	1,980,802
	Align Technology Inc	3,795	844,360	1,058,957
	Amazon Com Inc Sr	974	458,777	1,799,796
	Applied Materials Inc	23,013	1,138,752	1,404,714
	Booking Hldgs Inc	764	888,334	1,569,050
	Bristol-Myers Squibb Co	25,757	1,346,121	1,653,342
	Disney Walt Co Disney Walt Co Com	6,548	881,886	947,037
	Edwards Lifesciences Corp	4,624	418,212	1,078,733
	Exact Sciences Corp	11,383	782,921	1,052,700
	Facebook Inc Class A	9,634	775,925	1,977,379
	Idexx Laboratories Inc	5,229	1,000,548	1,365,449
	Illumina Inc	4,480	721,517	1,486,195
	Intuit Inc	3,363	877,196	880,871
	MSCI Inc	5,478	850,367	1,414,310
	New Oriental Education & Tech. Group Adr	11,536	853,699	1,398,740
	Nike Inc	15,219	785,479	1,541,837
	Nvidia Corp	7,423	940,622	1,746,632
	PayPal Hldgs Inc Com	12,314	927,609	1,332,005
	Pioneer Natural Resources Co	5,191	896,732	785,762
	Planet Fitness Inc Com	9,672	734,414	722,305
	Roku Inc	3,481	593,189	466,106

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LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST
EIN #34-6596899
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>		<u>Cost</u>	<u>Current Value</u>
Salesforce Com Inc	9,582		614,744	1,558,416
Sarepta Therapeutics Inc	6,292		774,913	811,920
Servicenow Inc Sr Cv	5,395		404,944	1,523,116
Splunk Inc	8,801		574,599	1,318,126
Square Inc Cl A	17,328		1,246,234	1,084,040
Trip Com Group Ltd	21,745		984,381	729,327
UnitedHealth Group Inc	5,397		1,052,058	1,586,610
Visa Inc Class A Shares	7,221		289,007	1,356,826
Total Common Stocks			<u>75,552,322</u>	<u>100,453,836</u>
Limited Partnerships:				
Blackstone BPIF Non-Taxable L.P.	12,000,000		16,362,981	18,992,568
Rocket Venture Fund, LLC	60		2,120,488	1,458,789
Total Limited Partnerships			<u>18,483,469</u>	<u>20,451,357</u>
Common Collective Trusts:				
Build Fund of America	337		126,067	36,577
Multi-Employer Property Trust	1,887		13,511,621	22,495,828
IBEW-NECA Equity Index Fund	277,730		13,117,322	18,355,750
Wilmington Trust CIT Intl Fundamental Value Fund	476,145		30,002,869	31,525,563
Common Collective Trusts			<u>56,767,879</u>	<u>72,413,718</u>
103-12-Investment Entity:				
Parametric Defensive Equity Fund LLC	32,478,392		32,478,392	37,758,178
Registered Investment Companies:				
AFL-CIO Housing Investment Trust	7,218		8,050,643	8,230,297
Blackrock Strategic Income Opportunities	3,481,420		34,307,080	34,744,571
Blackrock Strategic Income Opportunities	430,795		4,259,241	4,299,331
Blackrock Strategic Income Opportunities	135,664		1,333,132	1,353,925
Baird Core Plus Bond Inst	383,492		4,469,446	4,433,166
Brandes International Equity Fund R6	35,917		609,056	624,234
Growth Fund of America R6	18,277		846,234	934,518
Growth Fund of America R6	53,406		2,662,603	2,730,629
Janus Triton Fund	784,718		24,570,719	24,812,793
Janus Triton Fund	115,795		3,481,860	3,661,439
Loomis Sayles Strategic Income	48,612		694,176	702,925
* MassMutual Select T. Rowe Price Ret. 2015	109,948		1,754,537	1,716,292
* MassMutual Select T. Rowe Price Ret. 2020	277,045		4,436,456	4,355,153
* MassMutual Select T. Rowe Price Ret. 2025	409,284		6,575,070	6,523,990
* MassMutual Select T. Rowe Price Ret. 2030	276,183		4,445,996	4,427,206
* MassMutual Select T. Rowe Price Ret. 2035	217,635		3,506,983	3,514,810

See Independent Auditors' Report.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST
EIN #34-6596899
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>		<u>Cost</u>	<u>Current Value</u>
* MassMutual Select T. Rowe Price Ret. 2040	213,151		3,437,537	3,461,569
* MassMutual Select T. Rowe Price Ret. 2045	165,395		2,671,055	2,695,943
* MassMutual Select T. Rowe Price Ret. 2050	69,448		1,121,880	1,133,387
* MassMutual Select T. Rowe Price Ret. 2055	41,014		662,553	668,522
* MassMutual Select T. Rowe Price Ret. 2060	1,437		23,422	23,383
MetWest Intermediate Bond I	417,169		4,452,559	4,409,474
MFS Value R4	20,551		780,028	912,880
MFS Value R4	34,498		1,375,763	1,532,423
MFS New Discovery Value R5	54,241		843,245	905,275
PIMCO Inflation Res M/A-INS	72		625	589
PIMCO Inflation Res M/A-INS	24		204	192
RBC Small Cap Core Fund-I	9,946		344,693	322,359
T Rowe Price Retirement 2015	25		367	366
T Rowe Price Retirement 2020	47		1,023	1,033
T Rowe Price Retirement 2025	80		1,367	1,424
T Rowe Price Retirement 2030	35		845	901
T Rowe Price Retirement 2035	38		673	730
T Rowe Price Retirement 2040	27		677	729
T Rowe Price Retirement 2045	29		499	546
T Rowe Price Retirement 2050	14		209	223
T Rowe Price Retirement 2055	9		133	139
T Rowe Price Retirement Income	56,430		843,387	874,664
Vanguard Mid Cap Index-Adm	2,477		451,315	546,647
WCM Focused International Growth Instl	1,997,570		27,542,075	37,774,054
WCM Focused International Growth Instl	29,831		457,942	564,112
WCM Focused International Growth Instl	36,523		592,216	690,644
Wells Fargo Shrt Trm Hi Yld-Inst	245,048		1,971,535	1,979,988
Registered Investment Companies			<u>153,581,059</u>	<u>165,567,475</u>
Guaranteed Investment Contract:				
* Mass Mutual SAGIC			<u>59,313,214</u>	<u>59,313,214</u>
*Participant Loans	Various Maturities 4.25% - 6.50%		<u>757,035</u>	<u>757,035</u>
Totals			<u>\$ 452,239,896</u>	<u>\$ 512,633,939</u>

* A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

See Independent Auditors' Report.

**LOCAL NO. 8, INTERNATIONAL
BROTHERHOOD OF
ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

FINANCIAL STATEMENTS

**FOR THE YEARS ENDED
DECEMBER 31, 2019 AND 2018**



An independent firm associated with
Moore Global Network Limited

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Local No. 8, International Brotherhood of Electrical
Workers Retirement Plan and Trust
Rossford, Ohio

Report on the Financial Statements

We have audited the accompanying financial statements of Local No. 8, International Brotherhood of Electrical Workers Retirement Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related 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 Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Local No. 8, International Brotherhood of Electrical Workers Retirement Plan and Trust as of December 31, 2019 and 2018, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) is presented for the purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



MSpc

Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
October 12, 2020

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

Statements of Net Assets Available for Benefits

	December 31,	
	<u>2019</u>	<u>2018</u>
Assets:		
Investments at Fair Value:		
Interest Bearing Cash Accounts	\$ 4,632,775	\$ 4,572,337
Common Stocks	100,453,836	124,500,747
U.S. Government Securities	35,909,078	30,682,040
Corporate Bonds	15,377,273	18,215,821
Limited Partnerships	20,451,357	19,826,728
Common Collective Trusts	72,413,718	44,197,240
103-12 Investment Entity	37,758,178	33,113,998
Mutual Funds	<u>165,567,475</u>	<u>115,136,950</u>
Total Investments at Fair Value	452,563,690	390,245,861
Investments at Contract Value:		
Guaranteed Investment Contract	<u>59,313,214</u>	<u>49,061,950</u>
Total Investments	<u>511,876,904</u>	<u>439,307,811</u>
Receivables:		
Employers' Contributions	2,049,671	1,543,216
Participants' Contributions	379,709	295,669
Notes Receivable from Participants	757,035	597,384
Interest and Dividends	<u>246,395</u>	<u>314,189</u>
Total Receivables	<u>3,432,810</u>	<u>2,750,458</u>
Other Assets:		
Prepaid Expenses	<u>3,689</u>	<u>5,709</u>
Cash	<u>637,118</u>	<u>224,727</u>
Total Assets	<u>515,950,521</u>	<u>442,288,705</u>
Liabilities:		
Accounts Payable	458,883	644,258
Due to Related Parties	134,110	23,036
Due to Broker	<u>794,521</u>	<u>2,472,455</u>
Total Liabilities	<u>1,387,514</u>	<u>3,139,749</u>
Net Assets Available for Benefits	<u>\$ 514,563,007</u>	<u>\$ 439,148,956</u>

See Accompanying Notes to Financial Statements.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

Statements of Changes in Net Assets Available for Benefits

	<u>Years ended</u> <u>December 31,</u>	
	<u>2019</u>	<u>2018</u>
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 66,353,540	\$ (24,217,852)
Interest and Dividends	<u>9,503,964</u>	<u>9,351,659</u>
Totals	75,857,504	(14,866,193)
Less: Investment Fees	<u>1,139,920</u>	<u>1,358,284</u>
Net Investment Income (Loss)	<u>74,717,584</u>	<u>(16,224,477)</u>
Interest Income on Notes Receivable from Participants	<u>36,729</u>	<u>27,149</u>
Contributions:		
Employers - Net	19,891,988	18,138,933
Participants	4,420,773	3,381,541
Rollovers	<u>--</u>	<u>274,344</u>
Total Contributions	<u>24,312,761</u>	<u>21,794,818</u>
Total Additions	<u>99,067,074</u>	<u>5,597,490</u>
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	<u>23,115,436</u>	<u>20,966,468</u>
Administrative Expenses:		
Consultants	284,779	267,043
Salaries	73,482	101,929
Legal	52,192	60,235
Fringe Benefits	36,475	46,251
Audit	34,595	29,886
Computer Programming and Maintenance	17,823	36,064
Insurance	9,663	11,841
Payroll Taxes	6,113	9,240
Miscellaneous	5,815	8,645
Rent	4,721	6,531
Travel and Education	3,708	7,276
Office Supplies	2,349	3,861
Telephone	2,270	2,543
Postage	2,025	4,673
Third Party Record Keeper Fees	905	652
Trustee Meetings	<u>672</u>	<u>2,593</u>
Total Administrative Expenses - Net	<u>537,587</u>	<u>599,263</u>
Total Deductions	<u>23,653,023</u>	<u>21,565,731</u>
Net Increase (Decrease) in Net Assets Available for Benefits	75,414,051	(15,968,241)
Net Assets Available for Benefits - Beginning of Years	<u>439,148,956</u>	<u>455,117,197</u>
Net Assets Available for Benefits - End of Years	<u>\$ 514,563,007</u>	<u>\$ 439,148,956</u>

See Accompanying Notes to Financial Statements.

LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS RETIREMENT PLAN AND TRUST

Notes to Financial Statements

(1) Description of the Plan

The following description of the Local No. 8, International Brotherhood of Electrical Workers (the "Union") Retirement Plan and Trust (the "Plan") is provided for general information purposes only. Participants should refer to the summary plan description for a more complete description of the Plan's provisions.

General - The Plan is a multiemployer collectively bargained defined contribution retirement plan. The Plan was established under the provisions of Agreement and Declaration of Trust between Local No. 8, International Brotherhood of Electrical Workers and the Toledo Electrical Contractors Association, Inc. dated May 1, 1967 and amended at various times thereafter. The Plan operates as a trust to provide eligible participants and/or their beneficiaries with additional security upon retirement or death and is administered by a Board of Trustees comprised of union officials and management of certain employers. The Trustees have overall responsibility for the operation and administration of the Plan, including the appropriateness of the Plan's investment elections and monitoring investment performance. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Employer Contributions - Contributions are made by employers on behalf of their employees working in employment covered by collective bargaining agreements with the Union at the rates per hour worked specified in such agreements. Subject to the rules of the Flex Pension, participants may elect to have less than the base amount for their classification contributed on their behalf, thereby increasing their hourly wages. In addition, signatory employers to the collective bargaining agreements may make contributions to the Plan on behalf of their non-collectively bargained employees pursuant to written participation agreements with the Plan and in accordance with rules established by the Plan's Trustees. As revised effective May 1, 1994, these rules require employers entering into participation agreements: (i) to cover all of their non-collectively bargained employees who have satisfied minimum age and service requirements specified therein and (ii) to make contributions which constitute a uniform percentage of covered employees' compensation (not to exceed 15%). All contributions are credited to the individual account of each employee on whose behalf the contributions are made.

Participant Contributions - Participants may also elect to contribute up to fifteen percent (15%) of pretax compensation as defined in the plan document, for each plan year.

Rollover contributions are permitted, subject to various conditions.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

Notes to Financial Statements

(1) Description of the Plan (Continued)

Participants' Accounts - Individual accounts are maintained for each participant segregated by employer and participant elective contributions. The employer contribution account value includes the employer contributions earned by the participant and received by the Plan; plus, a pro-rata share of earnings, net forfeitures, and gains and losses from the investments of the Plan, net of expenses.

The default investment of employer contributions is called the Main Fund. All contributions prior to attaining age 50 are invested in the Main Fund. A participant, upon attainment of age 50, shall be permitted to transfer all or a portion of their individual account balance to one of the other investment options offered, to be invested by the Trustees, or at their discretion. These investment options are segregated from the general assets of the Plan, which are invested in the Main Fund. The other investment options include the Stable Value Fund and the Conservative Fund which are intended to provide for safety of principal and stability of income for participants nearing retirement age.

The participant elective contribution account is credited with the participant's contributions and allocations of plan earnings or losses, and reduced by distributions and expenses. The participants' contributions are allocated to the various investment options offered by the Plan as the participant directs.

Vesting - Participants are fully vested in their employer contributions as of the first day worked in Covered Employment for an employer obligated by the Collective Bargaining Agreement to make contributions to the Plan.

Participants are 100% vested immediately in their elective contributions plus actual earnings thereon.

Notes Receivable from Participants - Participants may apply for loans not to exceed the lesser of \$50,000 or 50% of the vested portion of the participant's elective deferral account balance. The minimum loan amount is \$1,000. Repayment schedules for loans are determined by the Plan administrator, but cannot be longer than five years unless the loan is for the purchase of a principal residence, in which case the period may be extended. Loan repayments must be made by direct payments to the Plan. Interest paid on loans is based on a reasonable annual percentage rate as determined by the Plan administrator. Loans are secured by a signed promissory note and 50% of the participants vested account balance.

Benefit Payments Employer Contributions - The default method to pay benefits is for the Plan to purchase an annuity, unless the participant's account balance is \$5,000 or less. The participant must make a written election to elect out of the default payment method. Participants may also elect the following payment methods: lump-sum, partial distribution, installment and 100% rollover. Benefits are payable upon death, disability and termination of employment (no contributions for six consecutive months).

Benefit Payments Participant Contributions - Participants who reach the normal retirement age of 60 or meet the requirements for early retirement are eligible for a single lump-sum payment from their account or equal installments over a period not exceed their assumed life expectancy. Benefits are also payable upon death, disability and termination of employment (no contributions for twelve consecutive months).

Participants that satisfy certain financial hardship conditions, as described by the Plan, are entitled to a distribution. Participants receiving hardship distributions will not be allowed to make additional deferrals until the first payroll beginning at least six months after receiving the distribution.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

Notes to Financial Statements

(2) Summary of Significant Accounting Policies

Basis of Accounting - The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Certain investments are reported at fair value. 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. Plan management determines the Plan's valuation policies utilizing information principally provided by the Plan's custodian. Fully benefit-responsive contracts held by the Plan are recorded at contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Fund's gains and losses on investment bought and sold as well as held during the year. Certain costs incurred by the plan for investment management services and transaction fees are included in net appreciation in fair value of investments, rather than as direct payments.

Employers' Contributions - Employers contributions reported in the financial statements are reflected on the accrual basis net of reciprocal contributions and payments. Employers' contributions receivable are determined based upon subsequent employers' remittance reports and cash receipts.

The Board of Trustees has established a program to review participating employer records in order to determine compliance with contribution provisions of the collective bargaining agreement. As a result of this program, previously unreported contributions are identified related to current and prior fiscal years. However, due to the collection efforts required by the Plan, including litigation, the ultimate realization of any additional contribution receivable cannot be reasonably estimated until the collection process is completed. Accordingly, the Plan primarily recognizes these previously unreported contributions in the fiscal year in which the settlement proceeds are received.

Participants' Contributions - Contributions are reflected on the accrual basis.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses has been recorded as of December 31, 2019 or 2018. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits - Benefits are recorded when paid.

Reclassification - Certain items in the prior year's financial statements were reclassified to conform to the current year's presentation.

Subsequent Events - The Plan has evaluated subsequent events through October 12, 2020, the date the financial statements were available to be issued.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

Notes to Financial Statements

(3) Investments

During the years ended December 31, 2019 and 2018, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the years) appreciated (depreciated) in value by \$66,353,540 and \$(24,217,852), respectively.

(4) Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; 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 full term of the asset or liability.

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Interest Bearing Cash Accounts: The carrying amount approximates fair value because of the short term maturity of these investments.

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

U.S. Government Securities: Valued at the closing price reported on the active market on which the individual securities are traded (Level 1). Other U.S. Government Securities are valued using pricing models maximizing the use of observable inputs for similar securities (Level 2).

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

Notes to Financial Statements

(4) Fair Value Measurements (Continued)

Limited Partnerships: Valued based on the Plan's ownership percentage and the value of the partnerships' investments per the last reported sales price on the last business day of the Plan year or the last quoted bid price. Certain investments are valued at NAV as a practical expedient and are not classified within the fair value hierarchy.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Other mutual funds are valued as of the close of business of the major bond markets in New York City on the last business day of each month. Those mutual funds not valued on a daily basis are classified as level 2 within the fair value hierarchy.

Common Collective Trusts: Valued at the net asset value (NAV) of units of a collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor 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 preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018.

	<u>Assets at Fair Value as of December 31, 2019</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Interest Bearing Cash Accounts	\$ --	\$ 4,632,775	\$ --	\$ 4,632,775
Common Stock	100,453,836	--	--	100,453,836
Corporate Bonds	--	15,377,273	--	15,377,273
U.S. Government Securities	29,529,354	6,379,724	--	35,909,078
Limited Partnerships	--	--	1,458,789	1,458,789
Mutual Funds	<u>157,337,178</u>	<u>8,230,297</u>	<u>--</u>	<u>165,567,475</u>
Total Assets in the Fair Value Hierarchy	<u>\$287,320,368</u>	<u>\$ 34,620,069</u>	<u>\$ 1,458,789</u>	323,399,226
Investments Measured at Net Asset Value*				<u>129,164,464</u>
<u>Total Assets at Fair Value</u>				<u>\$452,563,690</u>

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

Notes to Financial Statements

(4) Fair Value Measurements (Continued)

	<u>Assets at Fair Value as of December 31, 2018</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Interest Bearing Cash Accounts	\$ --	\$ 4,572,337	\$ --	\$ 4,572,337
Common Stock	124,500,747	--	--	124,500,747
Corporate Bonds	--	18,215,821	--	18,215,821
U.S. Government Securities	24,680,122	6,001,918	--	30,682,040
Limited Partnerships	--	--	2,024,236	2,024,236
Mutual Funds	<u>107,500,846</u>	<u>7,636,104</u>	<u>--</u>	<u>115,136,950</u>
Total Assets in the Fair Value Hierarchy	<u>\$256,681,715</u>	<u>\$ 36,426,180</u>	<u>\$ 2,024,236</u>	295,132,131
Investments Measured at Net Asset Value*				<u>95,113,730</u>
<u>Total Assets at Fair Value</u>				<u>\$390,245,861</u>

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

The following tables set forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2019 and 2018:

	<u>Year ended December 31, 2019</u>
	<u>Limited Partnerships</u>
Balance at Beginning of Year	\$ 2,024,236
Realized Gains/(Losses)	--
Unrealized Gains/(Losses) Relating to Instruments Still Held at the Reporting Date	(116,467)
Purchases	--
Sales	<u>(448,980)</u>
<u>Balance - End of Year</u>	<u>\$ 1,458,789</u>

	<u>Year ended December 31, 2018</u>
	<u>Limited Partnerships</u>
Balance at Beginning of Year	\$ 2,409,642
Realized Gains/(Losses)	--
Unrealized Gains/(Losses) Relating to Instruments Still Held at the Reporting Date	(385,406)
Purchases	--
Sales	<u>--</u>
<u>Balance - End of Year</u>	<u>\$ 2,024,236</u>

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

Notes to Financial Statements

(4) Fair Value Measurements (Continued)

The following table sets forth additional disclosures of Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2019 and 2018:

	December 31, 2019			
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common Collective Trusts:				
IBEW-NECA Equity Index Fund (b)	\$ 18,355,750	None	Daily	Same Day
Multi-Employer Property Trust (c)	22,495,828	None	Quarterly	One Day
BUILD Fund of America (a)	36,577	None	(a)	N/A
Wilmington Trust CIT International Fundamental Value Fund (f)	31,525,563	None	Daily	Same Day
103-12-Investment Entity:				
Parametric Defensive Equity Fund LLC (e)	37,758,178	None	(e)	N/A
Limited Partnerships:				
BPIF Non-Taxable L.P. (d)	<u>18,992,568</u>	None	Semiannual	95 days
<u>Total</u>	<u>\$129,164,464</u>			

	December 31, 2018			
	<u>Fair Value</u>	<u>Unfunded Commitment</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Common Collective Trusts:				
IBEW-NECA Equity Index Fund (b)	\$ 22,460,656	None	Daily	Same Day
Multi-Employer Property Trust (c)	21,700,684	None	Quarterly	One Day
BUILD Fund of America (a)	35,900	None	(a)	N/A
103-12-Investment Entity:				
Parametric Defensive Equity Fund LLC (e)	33,113,998	None	(e)	N/A
Limited Partnerships:				
BPIF Non-Taxable L.P. (d)	<u>17,802,492</u>	None	Semiannual	95 days
<u>Total</u>	<u>\$ 95,113,730</u>			

(a) The BUILD Fund of America is currently in a state of liquidation. The Fund will liquidate individual assets in a manner to maximize value. Due to the liquidation status, redemptions from the Fund are not allowed. The Fund does not have a defined date of termination; however, upon termination, the Fund will distribute all assets to unit holders.

(b) The IBEW-NECA Equity Index Fund is a collective investment fund established on June 1, 2001, solely for the benefit of those certain pension trusts which are joint labor management (Taft-Hartley) trusts that, along with other participants, cover International Brotherhood of Electrical Workers represented employees working for National Electrical Contractors Association affiliated employers in the electrical industry. The investment objective of the IBEW-NECA Equity index fund is to replicate the performance of the Standard and Poor's 500 Index.

(c) The Multi-Employer Property Trust (MEPT) is an open-ended, commingled real estate fund, established in 1982 as a means for the collective investment in real estate loans and properties by funds of retirement, pension, profit sharing, and other organizations that are exempt from federal income taxes. The trust is managed by New Tower Trust Company. Redemption requests must be in the form of a written request administered no later than the last business day of the calendar quarter.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

Notes to Financial Statements

(4) Fair Value Measurements (Continued)

(d) Blackstone BPIF Non-Taxable L.P. is a Delaware limited partnership which was formed on June 13, 1996 and commenced operations on July 1, 1996. The Partnership was organized for the primary purpose of developing and actively managing an investment portfolio of non-traditional portfolio managers by investing substantially all of its assets through a "master-feeder" structure in Blackstone Partners Non-Taxable Offshore Master Fund Ltd., an exempted company incorporated under the laws of the Cayman Islands.

(e) Parametric Defensive Equity Fund LLC (the "Fund") is a Delaware limited liability company which commenced operations on January 20, 2012. The Fund's investment objective is to provide favorable risk-adjusted performance relative to the S&P 500 index over the long term and is intended to produce the strongest relative performance when the S&P 500 is experiencing negative returns. The Fund seeks to achieve its investment objectives by employing an options based strategy that utilizes a fully covered option strangle (selling out-of-the-money put and call options). The Fund is not designed to generate a regular or fixed stream of income and does not make regular distributions to investors. The Fund may, at any time and from time to time, but shall not be required to, make a distribution to investors.

(f) Wilmington Trust CIT International Fundamental Value Fund (the "Fund") is an exempt trust under Section 501(a) of the Internal Revenue Code of 1986, as amended. Brandes Investment Partners, L.P. is sub-advisor to the Fund and provides investment advice and recommendations with respect to investment of the Fund's assets. The investment objective of the Fund is to generate a total return in excess of the MSCI EAFE NR USD Index benchmark over a full market cycle. The Fund requires investors to provide advance written notice of five business days for withdrawals which will exceed \$1 million or 10% of the assets invested in the Fund.

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

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2019 and 2018, there were no significant transfers in or out of levels 1, 2, or 3.

(5) Investment Contract with Massachusetts Mutual Life Insurance Company

The Plan has a guaranteed investment contract with Massachusetts Mutual Life Insurance Company. The guaranteed investment contract is fully benefit-responsive and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The guaranteed interest rate is reset quarterly and in no instance will fall below 0%.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

Notes to Financial Statements

(5) Investment Contract with Massachusetts Mutual Life Insurance Company (Continued)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

(6) Related Party and Party-In-Interest Transactions

The Plan shares an office with the Toledo Electrical Welfare Fund (the "Fund"). This Fund is related by virtue of common plan co-sponsors. The Plan and the Fund share certain common costs (payroll, office costs, etc.), allocated based upon a written Multiple Fund Sharing agreement entered into by the Trustees of each Plan pursuant to Department of Labor guidelines and based on the Board of Trustees' estimates of effort expended or estimates of a pro rata share of actual costs incurred. N.W.O. Electrical Administrators, Inc. is the entity that administers these common costs. The total amount of costs allocated to the Plan for the years ended December 31, 2019 and 2018 was \$244,938 and \$336,047, respectively.

The Plan had an amount due to N.W.O. Electrical Administrators, Inc. of \$123,818 and \$12,744 as of December 31, 2019 and 2018, respectively. The Plan had an amount due to the Welfare Plan for shared common expenses in the amount of \$10,292 as of December 31, 2019 and 2018.

(7) Service Provider Agreements

In February 2017, the Plan entered into a contract with Mass Mutual for third party record keeper services. The agreement with Mass Mutual may be terminated by the Plan at any time with 60 days' notice. The fees received by Mass Mutual are not paid directly by the Plan, but are instead generally paid through a revenue sharing arrangement where the fees reduce the Mutual Fund's fair market value or they are paid through a deduction from the participants' accounts.

(8) Tax Status

The Plan has received a favorable determination letter from the Internal Revenue Service stating that the Plan is qualified under applicable Sections of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its tax-exempt status. Plan management believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

Notes to Financial Statements

(9) Plan Termination

The Trustees have reserved the right to amend or terminate the Plan at any time. Upon termination, the entire interest of each participant's account is non-forfeitable.

(10) Risks and Uncertainties

Investment Risk - 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 Statements of Net Assets Available for Benefits.

(11) Subsequent Events

In December 2019, a novel strain of coronavirus surfaced, and has spread around the world, with resulting business and social disruption. The coronavirus was declared a Public Health Emergency of International Concern by the World Health Organization on January 30, 2020. The operations of the Plan could indirectly be materially adversely affected due to the negative economic impact of employers subject to the collective bargaining agreement and decline in financial markets. The extent to which the coronavirus may impact the activity of the Plan will depend on future developments, which are uncertain and cannot be predicted, including new information which may emerge concerning the severity of the coronavirus and the actions required to contain the coronavirus or treat its impact, among others.

In response to the coronavirus pandemic, the United States government passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act economic relief package. The CARES Act made available a coronavirus hardship distribution from defined contribution retirement plans including the Local No. 8, International Brotherhood of Electrical Workers Retirement Plan and Trust through December 30, 2020. The maximum distribution available under the act is the lesser of either 100% of a participant's account balance or \$100,000. Effective July 15, 2020, the Trustees reduced the total coronavirus hardship distribution to the lesser of either 100% of a participant's account balance or \$50,000. In order to qualify for a coronavirus hardship distribution a participant must satisfy one or more of the following conditions:

- The participant is diagnosed with COVID-19.
- The participant's spouse or dependent is diagnosed with COVID-19.
- The participant has experienced adverse financial consequences as a result of being quarantined, furloughed, laid off, having work hours reduced, being unable to work due to lack of childcare or closing or reducing hours of a business that they own or operate, due to COVID-19.

The CARES Act allows the following special provisions regarding a coronavirus hardship distribution:

- The normal ten percent (10%) early distribution penalty Federal Income Tax has been waived.
- While the distributions are still taxable as income, the Federal Income Tax can be paid ratably over a three-year period.
- Participants can repay the distributed amount within a three-year period, beginning on the day immediately following the date on which the distribution was received. Repaid amounts will be treated as roll over contributions. Repayment of the hardship distribution is not a requirement.

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SUPPLEMENTARY INFORMATION

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST
EIN #34-6596899
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
Interest Bearing Cash Accounts:				
Fidelity Institutional Money Market Funds Government Institutional Class	4,632,775	\$ 4,632,775	\$ 4,632,775	
U.S. Government Securities:				
Fannie Mae Ser 19-79 CI Fa	250,000 0.672% 01/25/50	249,257	249,279	
Federal Home Ln Mtg Corp Pool # G1-8581	106,512 2.500% 01/01/31	105,131	107,997	
Federal Home Ln Mtg Corp Pool #G0-3601	18,508 6.000% 07/01/37	18,748	21,242	
Federal Home Ln Mtg Corp Pool #G1-2393	3,056 5.500% 10/01/21	3,058	3,098	
Federal Home Ln Mtg Corp Pool #G1-8713	444,719 3.500% 11/01/33	452,394	461,569	
Federal Home Ln Mtg Corp Pool #Go-8849	71,216 5.000% 11/01/48	74,518	76,204	
Federal Home Ln Mtg Corp Ser 2174 CI Pn	10,075 6.000% 07/15/29	10,272	11,050	
Federal National Mortgage Assn	988 7.000% 09/01/31	1,026	1,100	
Federal National Mtg Assn Pass-Thru Int 20 Year Pool #Ma1982	27,110 3.500% 08/01/34	28,258	28,383	
Federal National Mtg Assn Pool #582521	11,787 7.000% 05/01/31	12,364	13,113	
Federal National Mtg Assn Pool #735686	176 6.500% 12/01/22	179	196	
Federal National Mtg Assn Pool #764388	10,350 3.192% 03/01/34	10,353	10,824	
Federal National Mtg Assn Pool #918445	2,179 3.565% 05/01/37	2,182	2,218	
Federal National Mtg Assn Pool #A10851	20,836 6.000% 10/01/40	22,599	23,894	
Federal National Mtg Assn Pool #A15866	115,206 2.747% 08/01/22	117,952	117,369	
Federal National Mtg Assn Pool #Ma1527	26,373 3.000% 08/01/33	26,225	27,172	
Federal National Mtg Assn Ser 2001-52	23,061 6.500% 10/25/31	23,470	26,248	
FHLMC PC Gold Comb Pool #G1-6756	235,794 3.500% 01/01/34	240,067	245,266	
FHLMC PC Gold Pool #J0-6246	869 5.500% 10/01/21	871	879	
FHLMC Remic Series Ser K-S08 CL A-2	165,000 3.291% 03/25/27	169,165	173,044	
FNCL 30 Yr (Jan)	75,000 5.000% N/A	80,244	80,180	
FNMA	382,470 2.500% 11/01/34	385,354	385,977	
FNMA Pass Pool 109491	115,000 3.500% 08/01/28	115,349	123,426	
FNMA Pass Pool 109492	115,000 3.500% 08/01/28	115,349	123,426	
FNMA Pass Thru Pool #AN1161	165,000 3.050% 04/01/28	165,353	173,163	
FNMA Pass Thru Pool #AN1282	65,000 3.010% 04/01/28	65,923	68,026	
FNMA Pass-Thru Lng Pool #BM4299	104,831 3.000% 03/01/30	106,772	107,416	
FNMA Pass-Thru Lng Pool #BM4304	101,671 3.000% 02/01/30	103,498	104,179	
FNMA Pass-Thru Lng Pool #CA2208	95,487 4.500% 08/01/48	99,314	100,646	
FNMA Pass-Thru Pool #387869	250,000 3.840% 08/01/30	264,258	276,083	
FNMA Pass-Thru Pool #AM8645	226,973 2.690% 05/01/27	213,663	231,515	
FNMA Pass-Thru Pool #AN0854	65,000 3.280% 02/01/28	65,591	68,972	
FNMA Pass-Thru Pool #AN4833	75,000 3.320% 04/01/27	78,024	79,476	
FNMA Pass-Thru Pool #AN9572	115,000 3.770% 07/01/30	116,620	125,897	
FNMA Pass-Thru Pool #AN9612	115,000 3.715% 07/01/33	115,262	126,179	
FNMA Pass-Thru Pool #AN9715	120,000 3.480% 08/01/28	120,109	128,592	
FNMA Pass-Thru Pool #BL0242	100,000 3.820% 11/01/30	100,623	110,095	
FNMA Pool #CA1710	72,084 4.500% 05/01/48	74,933	76,001	
FNMA Pool #MA3427	79,037 4.000% 06/01/33	81,165	82,546	

See Independent Auditors' Report.

LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST
EIN #34-6596899
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
FNMA Pool #MA3537	66,627 4.500% 12/01/48	69,187	70,106	
FNMA Pool #MA3811	248,120 3.000% 10/01/49	249,051	249,669	
FNMA Pool #MA3834	496,552 3.000% 11/01/49	504,136	503,737	
FNMA Pool #MA3905	89,744 3.000% 12/01/49	90,796	91,029	
GNMA Pass-Thru M Single Family Pool #MA4454M	63,828 5.000% 05/20/47	68,327	68,373	
GNMA Pass-Thru M Single Family Pool #MA5466M	27,424 4.000% 09/20/48	28,163	28,572	
GNMA Pass-Thru M Single Family Pool #MA5530M	72,050 5.000% 10/20/48	75,247	75,792	
GNMA Pass-Thru M Single Family Pool #MA6209M	253,897 3.000% 10/20/49	255,563	256,977	
GNMA Pass-Thru Pool #080968M	7,350 3.250% 07/20/34	7,389	7,675	
GNMA Pass-Thru Pool #MA4838M	59,325 4.000% 11/20/47	62,202	61,941	
GNMA Pass-Thru Pool #MA4901M	16,513 4.000% 12/20/47	17,042	17,242	
GNMA Pass-Thru Pool #MA5399M	143,714 4.500% 08/20/48	148,837	151,224	
GNMAII Jumbo TBA	450,000 3.000% 01/15/50	463,002	462,321	
Government Nat'l Mtg Assn Remic Trust 2010-4 20400116 Flt	104,550 6.223% 01/16/40	16,409	20,224	
Government Nat'l Mtg Assn Trust 2011-146	97,579 5.000% 11/16/41	23,253	19,303	
U S Treasury Note (Tips)	453,828 0.250% 07/15/29	454,424	459,118	
U S Treasury Note (Tips)	420,567 0.125% 10/15/24	421,121	423,674	
U S Treasury Note	4,941,000 1.500% 10/31/21	4,930,645	4,934,231	
U S Treasury Note	4,867,000 1.500% 10/31/24	4,845,649	4,826,507	
U S Treasury Note	2,680,000 1.750% 11/15/29	2,657,489	2,641,676	
U S Treasury Note	4,305,000 1.500% 11/30/21	4,294,425	4,299,274	
U S Treasury Note	9,875,000 1.500% 11/30/24	9,825,478	9,795,111	
U S Treasury Note	1,715,000 1.625% 11/30/26	1,701,120	1,693,288	
U S Treasury Note Frn Tnote 2021	380,000 0.315% 07/31/21	379,814	380,163	
U S Treasury Note Tips	75,738 12.500% 07/15/24	75,940	76,312	
UMBS 30 Yr TBA	125,000 2.500% 01/15/50	124,014	123,599	
Total U.S. Government Securities		35,824,216	35,909,078	
Corporate Bonds:				
Abbvie Inc	100,000 3.600% 05/14/25	102,184	105,648	
Aercap Ireland Capital Limited Sr Glbl Nt	75,000 3.950% 02/01/22	77,347	77,493	
American Campus Cmnty Oper	80,000 3.350% 10/01/20	79,849	80,665	
American Wtr Cap Corp	70,000 3.450% 06/01/29	69,845	74,052	
Amgen Inc Sr Nt	80,000 3.625% 05/15/22	82,771	82,674	
Anheuser-Busch Inbev Wldw Inc Sr Nt	95,000 4.750% 01/23/29	94,701	110,121	
Apple Inc Sr Glbl Nt	45,000 3.250% 02/23/26	44,902	47,658	
AT&T INC	50,000 3.875% 01/15/26	48,402	53,585	
AT&T INC	70,000 3.800% 02/15/27	69,731	74,622	
AT&T Inc Glbl Nt	100,000 3.400% 05/15/25	96,548	104,727	

See Independent Auditors' Report.

LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST
EIN #34-6596899
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	<u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral</u> <u>Par or Maturity Value</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>	
Bacardi Ltd Sr Gbl 144a 28	20,000 4.700% 05/15/28	19,675	21,802	
Bank New York Fr	50,000 2.500% 04/15/21	49,954	50,346	
Bank of America Corp	107,000 3.004% 12/20/23	111,096	109,498	
Bank of America Corp	75,000 3.970% 03/05/29	74,059	81,733	
Bank of America Corp	45,000 3.559% 04/23/27	45,000	47,567	
Bat Cap Corp	80,000 2.764% 08/15/22	80,000	81,179	
Bat Cap Corp	80,000 3.557% 08/15/27	71,870	81,682	
Bat Cap Corp	50,000 3.462% 09/06/29	50,000	50,583	
Baylor Scott & White Hldgs Tax	115,000 2.650% 11/15/26	107,465	114,322	
Becton Dickinson & Co	70,000 3.363% 06/06/24	67,312	72,908	
Berkshire Hathaway Inc Sr Nt	100,000 3.125% 03/15/26	99,906	105,401	
Black Hills Corp Sr Gbl Nt	50,000 3.950% 01/15/26	49,849	52,656	
Broadcom Corp	65,000 3.000% 01/15/22	65,742	65,961	
Brooklyn Union Gas Co Sr Gbl	100,000 3.407% 03/10/26	100,000	104,000	
California St Var Purp	100,000 7.950% 03/01/36	116,104	100,946	
Canadian Natural Resources Ltd Nt	16,000 3.850% 06/01/27	15,825	17,041	
CBS Corp Sr Gbl Nt	75,000 2.500% 02/15/23	70,620	75,476	
Charter Communications Oper Sr Sec Nt	115,000 4.908% 07/23/25	121,289	126,636	
Cigna Corp Sr Gbl Nt	60,000 4.375% 10/15/28	65,818	66,473	
Cigna Corp Sr Gbl Nt	180,000 4.125% 11/15/25	183,732	195,343	
Citigroup Inc Sr Gbl	125,000 3.142% 01/24/23	125,000	127,449	
Comcast Corp	85,000 2.750% 03/01/23	84,870	86,842	
Crane Co Sr Nt	60,000 4.450% 12/15/23	62,026	64,192	
CVS Health Corporation	25,000 4.300% 03/25/28	24,988	27,311	
CVS Health Corporation	60,000 5.050% 03/25/48	59,658	71,102	
CVS Health Corporation Sr Gbl Nt	85,000 2.875% 06/01/26	84,268	86,247	
CVS Health Corporation Sr Nt	170,000 3.250% 08/15/29	168,465	172,778	
Duke Energy Corp	75,000 2.650% 09/01/26	74,769	75,365	
Enbridge Energy Partners LP	40,000 5.875% 10/15/25	39,861	46,658	
Energy Transfer Operating	60,000 5.500% 06/01/27	67,629	67,456	
Energy Transfer Partners LP	50,000 4.900% 02/01/24	50,240	53,661	
Glp Cap LP/Glp Fing II Inc Sr Nt	75,000 3.350% 09/01/24	74,924	76,553	
Goldman Sachs Group Inc Sr Gbl Nt	125,000 2.625% 04/25/21	122,428	126,091	
Goldman Sachs Group Inc Sr Gbl Nt	70,000 2.750% 09/15/20	70,239	70,330	
HCA Inc Sr Sec Nt	110,000 4.125% 06/15/29	109,447	116,719	
HCP Inc Note	55,000 4.200% 03/01/24	57,261	58,816	
HCP Inc Note	10,000 4.250% 11/15/23	10,381	10,672	
HCP Inc Sr Gbl Nt	50,000 3.250% 07/15/26	49,953	51,860	
Healthcare Realty Trust Inc	50,000 3.750% 04/15/23	51,124	51,630	
Hudson Pac Ppty LP	50,000 3.950% 11/01/27	46,227	52,370	
Humana Inc Sr Gbl Nt	80,000 3.950% 03/15/27	79,902	86,102	
Humana Inc Sr Gbl Nt	60,000 3.850% 10/01/24	63,242	63,788	
IHS Markit Ltd Sr Gbl Nt	95,000 4.125% 08/01/23	94,722	100,944	
ITC Holdings Corp Fr	100,000 3.650% 06/15/24	99,338	104,704	
JP Morgan Chase Bank Na	190,000 3.960% 01/29/27	190,000	206,213	

See Independent Auditors' Report.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST
EIN #34-6596899
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
Kraft Heinz Foods Co Sr Gbl	90,000 4.625% 01/30/29	92,745	99,018	
Kraft Heinz Foods Co Sr Gbl Nt	105,000 3.000% 06/01/26	104,271	105,030	
L3 Technologies Inc	80,000 3.850% 06/15/23	79,843	83,386	
MidAmerican Energy Co Mtg Bds	67,000 3.500% 10/15/24	69,250	71,043	
NiSource Finance Corp	50,000 2.650% 11/17/22	49,937	50,614	
Northrop Grumman Corp	135,000 2.930% 01/15/25	127,979	139,212	
Oracle Corp	10,000 3.250% 11/15/27	9,989	10,599	
Oracle Corp Sr Nt	70,000 2.400% 09/15/23	69,988	71,169	
Plains All Amer Pipeline	40,000 3.850% 10/15/23	39,395	41,426	
Relx Capital Inc Sr Nt	50,000 4.000% 03/18/29	49,420	54,309	
Sabine Pass Liquefaction LLC Sr Sec Nt	35,000 5.750% 05/15/24	36,526	39,050	
Spectra Energy Partners LP	50,000 4.750% 03/15/24	50,730	54,447	
Spire Inc	120,000 3.543% 02/27/24	120,000	123,017	
TC Pipelines LP Sr Gbl Nt	100,000 3.900% 05/25/27	95,588	104,564	
Texas Estn Transmission	50,000 2.800% 10/15/22	48,210	50,500	
Tucson Elec Pwr Co	100,000 3.850% 03/15/23	102,483	104,048	
Union Pacific Corp	40,000 3.950% 09/10/28	39,900	44,200	
US Bancorp Mtns Bk Ent Fr	195,000 2.625% 01/24/22	194,664	198,093	
Ventas Realty LP Cap Corp Sr Nt	65,000 3.250% 08/15/22	64,245	66,715	
Walgreens Boots Alliance Inc Sr Nt	115,000 3.800% 11/18/24	116,915	119,876	
Wells Fargo & Co Sr Nt	225,000 3.069% 01/24/23	225,641	229,644	
Welltower Inc	125,000 3.950% 09/01/23	124,959	131,938	
Wrkco Inc Sr Gbl	45,000 4.650% 03/15/26	44,934	49,531	
Air Lease Corp Sr Gbl Nt	100,000 3.500% 01/15/22	99,290	102,770	
Air Lease Corp Sr Nt	65,000 4.750% 03/01/20	67,423	65,260	
Alimentation Couche Tard Sr Gbl 144A 27	50,000 3.550% 07/26/27	50,682	51,432	
Analog Devices Inc	60,000 2.850% 03/12/20	59,884	60,082	
Anthem Inc Sr Gbl Sr Nt	95,000 3.125% 05/15/22	94,905	97,388	
AstraZeneca Plc	50,000 3.375% 11/16/25	51,101	53,143	
Banc of America Merrill Lynch Ser 2018 Park	70,000 4.091% 08/10/28	72,335	77,530	
Bank New York Mellon Corp Fr	125,000 3.450% 08/11/23	124,977	131,409	
Barings Clo Ltd Ser 2013-I Cl Ar	80,000 2.766% 01/20/28	80,000	79,718	
BBCMS Tr 2013-Tysn 20320908 Ser 2013	30,000 3.756% 09/08/32	31,412	30,162	
BB-UBS Trust Ser 212-Show Cl A	45,000 3.430% 11/07/36	44,198	46,694	
Brazos Higher Ed Auth Ser 2010-I Cl A-2	80,000 1.560% 02/25/35	76,832	79,781	
Brazos Higher Ed Auth Ser 2011-2 Cl A-3	80,000 1.991% 10/27/36	77,192	79,923	
Broadcom Corp	75,000 2.375% 01/15/20	74,118	75,004	
Comm Mtg Tr Ser 2013-300p Cl A1	30,000 4.353% 08/12/30	32,104	31,756	
Comm Mtg Tr Ser 2014-277p Cl A	30,000 3.611% 08/12/49	31,172	31,601	
Comm Mtg Tr Ser 2016-787s Cl A	35,000 3.545% 02/12/36	35,945	36,688	
Continental Airlines Inc Pass Thru Cert Ser A	64,721 5.983% 04/19/22	56,642	68,084	
Credit-Based Asset Serv & Sec Ser 2003-Cb3	64,432 3.379% 12/25/32	57,400	65,072	
Daimler Finance North Amer LLC Sr Gbl	60,000 3.000% 02/22/21	59,364	60,590	
Delta Air Lines Ser 2002-1 Cl G-1	55,353 6.718% 07/02/24	62,317	58,186	
Dryden 30-R Sr Ln Fd Ser 2013-30r Cl A-R	45,000 3.436% 11/15/28	44,915	44,957	

See Independent Auditors' Report.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST
EIN #34-6596899
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
Duquesne Light Holdings Inc Sr 144a	100,000 6.400% 09/15/20	115,760	102,898	
EQT Corporation	10,000 3.900% 10/01/27	8,700	9,304	
Ford Motor Credit Co LLC	250,000 5.596% 01/07/22	250,000	263,470	
Ford Motor Credit Co LLC	155,000 3.012% 01/09/20	155,121	155,022	
Ford Motor Credit Co LLC	35,000 3.813% 10/12/21	35,523	35,649	
Ford Motor Credit Co LLC Gbl Nt	155,000 2.343% 11/02/20	150,308	154,715	
Ford Motor Credit Co LLC Sr Gbl Fl Nt	70,000 1.636% 08/03/22	69,373	68,838	
Ford Motor Credit Co LLC Sr Unsec Note	60,000 5.875% 08/02/21	62,971	62,816	
GCO Elf Trust Ser 2006-1 Cl A-9l	14,975 2.070% 05/25/26	14,585	14,964	
GE Capital International Fdg	235,000 2.342% 11/15/20	229,577	235,190	
GE Capital International Fdg	120,000 4.418% 11/15/35	113,304	128,367	
General Elec Cap Corp	125,000 6.750% 03/15/32	149,693	160,589	
General Elec Cap Corp Medium Term Note	135,000 4.625% 01/07/21	137,596	138,069	
General Elec Cap Corp Mtn Senior Note	100,000 4.375% 09/16/20	99,395	101,550	
General Mtrs Co Sr Nt	70,000 4.875% 10/02/23	75,664	75,128	
General Mtrs Finl Co Inc	40,000 3.550% 04/09/21	39,984	40,758	
Ginnie Mae Remic Tr Ser 2019-119 Cl Je	34,592 3.000% 09/20/49	34,895	35,091	
GLP Cap LP/Glp Fing II Inc Sr Nt	65,000 5.375% 11/01/23	67,485	70,725	
GLP Cap LP/Glp Fing II Inc Sr Gbl	75,000 5.250% 06/01/25	78,004	82,320	
GLP Cap LP/Glp Fing II Inc Sr Gbl Nt 21	25,000 4.375% 04/15/21	25,388	25,486	
Goldentree Ln Opp 2014-9r2	115,000 3.619% 10/29/29	115,000	114,778	
Goldman Sachs Group Inc Senior Note	90,000 5.375% 03/15/20	89,218	90,610	
HCA Inc Sr Sec Nt	60,000 5.000% 03/15/24	61,320	65,590	
Higher Education Fdg I 2014-1 20340525 Flt	71,653 1.410% 05/25/34	71,653	71,589	
JGWPT XXX LLC Ser 2013-3 CL A	36,620 4.080% 01/17/73	36,623	39,042	
JGWPT XXXII LLC Ser 2014-2 CL A	46,982 3.610% 01/17/73	46,951	48,660	
JP Morg Chase Cmb 2016-Nine 20380909 Flt	45,000 2.949% 09/09/38	42,324	45,684	
JPMBB Coml Mtg Sec Tr 2014-C19	185,000 3.669% 04/17/47	193,192	187,943	
Los Angeles Calif Dept Wtr & Pwr Rev Bds	100,000 5.516% 07/01/27	117,976	120,665	
Los Angeles Calif Uni Sch Dist Go Bds	125,000 5.750% 07/01/34	151,637	160,076	
Metropolitan Life Global Fdg Fr	150,000 3.875% 04/11/22	149,840	156,295	
Metropolitan Transn Auth NY R Rev Bds	55,000 6.548% 11/15/31	71,435	70,760	
Navient Student Ln Tr 2014-1 20310625 Flt	124,869 0.695% 06/25/31	124,869	122,474	
Navient Student Ln Tr 2014-2 20430325 Flt	93,407 0.825% 03/25/43	93,407	90,961	
Navient Student Ln Tr 2014-3 20430325 Flt	98,484 0.805% 03/25/43	98,484	96,160	
Navient Student Ln Tr 2014-4 20430325 Flt	48,947 0.805% 03/25/43	48,947	47,612	
Navient Student Ln Tr 2014-7 20430325 Flt	186,999 0.795% 03/25/43	186,111	182,136	
Navient Student Ln Tr 2016-2 20650625 Flt	230,000 1.672% 06/25/65	237,762	234,753	
Navient Student Ln Tr 2017-3 20660726 Flt	100,000 1.222% 07/26/66	100,000	99,217	
Navient Student Ln Tr 2018-3 20670325 Flt	150,000 0.972% 03/25/67	150,836	146,971	
NCUA Guarn Nts Tr 2010-R3	50,434 1.576% 12/08/20	50,434	50,458	
NCUA Guarn Nts Tr 20200108 Flt	21,842 2.221% 01/08/20	21,841	21,842	
NCUA Guarn Nts Tr	56,930 1.576% 12/08/20	56,930	56,978	
Nelnet St Ln Tr 2014-4 20431125 Flt	80,000 1.210% 11/25/43	80,000	78,192	
New York Life Global Fdg Mtn 144A Nt	115,000 3.000% 01/10/28	107,905	119,220	

See Independent Auditors' Report.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST
EIN #34-6596899
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
New York NY City Tran Fin Auth Tax Sec.	120,000 5.267% 05/01/27	137,740	141,664	
Nextera Energy Cap Hldgs Inc Sr Gbl Fl	195,000 1.036% 05/04/21	195,000	195,267	
Northstar Guarantee Inc Fin 2007-1 20460129	53,510 2.545% 01/29/46	49,965	52,841	
Octagon Inv Ptns 2015-25r 20261020 Flt	55,000 3.269% 10/20/26	54,727	54,848	
Oregon St Go Pension Bds	50,714 5.762% 06/01/23	55,718	54,491	
Pemex Proj Fdg Master Tr Company Guarnt	100,000 6.625% 06/15/35	90,805	102,450	
Pernod Ricard-Spons Adr Gbl 144a 22	75,000 4.450% 01/15/22	79,682	78,463	
Petroleos Mexicanos	25,000 6.500% 03/13/27	23,500	26,543	
Petroleos Mexicanos	90,000 6.500% 01/23/29	87,274	94,680	
Petroleos Mexicanos Fr	25,000 5.350% 02/12/28	21,263	24,875	
Queens Ctr Mtg	50,000 3.275% 01/13/37	48,821	51,592	
RBS Coml Fd Inc Ser 2013-Gsp Cl A	30,000 3.834% 01/15/32	31,574	31,294	
Reckson Operating Prtshp	75,000 7.750% 03/15/20	88,875	75,826	
Residential Accredit Loans, Inc Ser 2005-	70,024 0.972% 10/25/45	46,464	64,537	
Residential Asset Mortgage Prod	6,720 7.000% 11/25/31	6,947	7,196	
Residential Asset Secur Tr Flt	6,659 3.618% 10/25/34	6,735	6,614	
Residential Asset Secur Tr Flt	8,423 0.972% 11/25/34	8,422	8,144	
Ruby Pipeline LLC	73,485 6.000% 04/01/22	78,967	75,975	
Salle Mae Student Loans	25,000 2.095% 07/25/29	24,037	24,185	
Santander UK Plc	150,000 2.785% 08/05/21	146,673	151,398	
Santander UK Plc Sr Gbl Coco 24	50,000 4.796% 11/15/24	49,560	53,997	
SLM Student Loan Trust	25,000 2.095% 04/25/29	22,654	24,364	
SLM Student Ln Tr 2012-7 Ser 2012-7 Cl A-3	57,632 0.822% 05/26/26	57,632	55,670	
SLM Student Ln Tr	25,000 2.495% 10/25/75	25,044	24,747	
SLM Student Loan	25,000 1.445% 04/25/29	24,269	23,754	
SLM Student Loan	25,000 2.095% 07/25/73	21,746	24,558	
SLM Student Loan	25,000 2.095% 07/25/29	23,912	24,159	
SLM Student Loan	31,907 1.745% 04/25/23	32,301	31,995	
SLM Student Loan	25,000 2.495% 10/25/29	25,045	24,736	
SLM Student Loan	100,000 0.405% 01/25/41	88,699	94,739	
SLM Student Loan Ser 2011-2 CL A-2	75,000 1.372% 10/25/34	72,147	75,938	
SLM Student Loan Trust	25,000 1.445% 01/25/29	22,220	23,212	
SLM Student Loan Trust	87,453 0.415% 01/25/41	78,982	83,365	
Sprint Spectrum Co	80,000 5.152% 09/20/29	78,600	87,200	
UnitedHealth Group Inc	98,000 3.750% 07/15/25	99,082	105,865	
US Airways Pt Trust	76,053 5.900% 04/01/26	83,298	84,466	
US Airways Pt Trust Ser 2012-2 Cl A	59,010 4.625% 12/03/26	62,824	63,658	
Utilicorp Utd Inc	150,000 8.270% 11/15/21	139,500	166,342	
VNO Mortgage Tr Ser 2012-6ave Cl A	35,000 2.996% 11/15/30	35,170	35,622	
Vodafone Group Plc	35,000 3.750% 01/16/24	34,297	37,023	
Vodafone Group Plc	60,000 4.375% 05/30/28	59,221	66,525	
Wamu Mtge Pass-Through Certs Ser 2002	2,352 4.101% 01/25/33	2,352	2,393	
Washington St Go	85,000 5.040% 08/01/31	97,509	100,480	
Wells Fargo & Co Sr Nt	55,000 3.000% 10/23/26	52,883	56,370	
Wells Fargo & Company Mtn Be Fr	235,000 3.300% 09/09/24	235,000	246,287	
Total Corporate Bonds		14,859,535	15,377,273	

See Independent Auditors' Report.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

EIN #34-6596899

PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
Common Stocks:				
	Air Transport Services Group Inc	31,674	507,052	743,072
	Allegheny Technologies Inc	8,303	156,281	171,540
	American National Insurance Co	1,819	192,272	214,060
	Arcosa Inc	4,376	145,897	194,951
	Argan Inc	9,451	372,391	379,363
	Armstrong World Industries Inc.	4,843	205,483	455,097
	Atkore Intl Group Inc Com	3,683	89,383	149,014
	Avaya Hldgs Corp Com	25,700	563,946	346,950
	Barrett Business Services Inc	2,587	128,231	234,020
	Biglari Holdings Inc	628	175,460	71,856
	Biglari Holdings Inc	90	122,167	54,000
	BJS Whsl Club Hldgs Inc Com	20,488	489,012	465,897
	Callon Pete Co Del	12,365	59,230	59,723
	Cannae Hldgs Inc Com	37,069	392,690	1,378,596
	Cinemark Holdings Inc	6,654	227,732	225,238
	Colfax Corporation	11,050	304,739	401,999
	Comfort Systems USA Inc Com	8,337	326,754	415,599
	Computer Programs & Systems Inc	11,804	301,398	311,625
	Computer Services Inc	11,724	183,000	521,718
	Conduent Inc Com	20,562	378,249	127,484
	Core-Mark Holding Company Inc	5,244	136,612	142,584
	Cubic Corp	6,950	339,352	441,812
	Evolution Petroleum Corp Com	24,976	161,496	136,619
	Extended Stay Amer Inc Com Class B	36,063	594,828	535,896
	FGL Hldgs Ord Shs	30,470	292,764	324,506
	First Citizens Bancshares Inc Nc	448	95,379	238,430
	Forward Air Corp	3,874	162,822	270,986
	Genworth Financial Inc	19,568	61,833	86,099
	Graftech International Ltd	25,162	286,134	292,382
	Gran Tierra Energy Inc Com	36,370	92,825	46,917
	Harsco Corp	12,953	343,379	298,049
	Health Ins Innovations Inc Cl A	5,648	162,032	108,950
	Hostess Brands Inc	55,100	692,858	801,154
	Ingles Markets Inc	9,863	342,895	468,591
	Ituran Location and Control Ltd	9,988	235,799	250,998
	J Alexanders Hldgs Inc Com	18,455	174,674	176,430
	Liberty Latin Amer Ltd	37,257	713,637	725,021
	Liberty TripAdvisor Hldgs Inc Ser A	23,749	215,789	174,555
	Modine Manufacturing Co	14,789	147,587	113,875
	Motorcar Pts Amer Inc	12,444	354,515	274,141
	MSC Industrial Direct Co	5,927	428,332	465,092
	MSG Network Inc Cl A	15,526	357,251	270,152
	Murphy USA Inc Com	3,331	200,483	389,727

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**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

EIN #34-6596899

PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	<u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral</u> <u>Par or Maturity Value</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>	
NCR Corp	14,652	457,302	515,164	
Newmark Group Inc Cl A	10,922	156,043	146,956	
Nvent Electric Plc	12,691	266,543	324,636	
Oaktree Specialty Lending Corp	68,030	343,380	371,444	
Patterson Cos Inc	6,794	151,362	139,141	
PBF Energy Inc Cl A	8,476	240,714	265,892	
Pico Holdings Inc	16,109	300,213	179,132	
Premier Inc Com Cl A	22,845	728,082	865,369	
Qep Res Inc	7,200	86,440	32,400	
Resideo Technologies Inc Com	14,100	312,977	168,213	
Resources Connection Inc	16,109	232,188	263,060	
Six Flags Entertainment Corp	8,246	354,722	371,977	
Sp Plus Corp Com	5,535	121,538	234,850	
Tech Data Corp	2,363	200,839	339,327	
TPI Composites Inc Com	2,020	37,115	37,390	
Unifirst Corp	2,854	236,431	576,451	
Verra Mobility Corp	10,125	101,705	141,649	
Viad Corp	8,086	384,332	545,805	
Vonage Holdings Corp	15,959	162,387	118,256	
Webster Financial Corp	4,706	207,287	251,112	
White Mountains Insurance Group Ltd	815	431,264	909,141	
World Fuel Services Corp	6,271	226,176	272,287	
Yelp Inc Cl A	7,399	245,036	257,707	
Abbvie Inc Com	4,544	351,556	402,326	
Accenture Plc A	2,246	401,948	472,940	
Agco Corp	1,738	94,106	134,260	
Allison Transmission Hlds Inc	3,005	138,165	145,202	
Ally Fin Inc Com	9,547	287,006	291,756	
Altria Group Inc	7,958	392,472	397,184	
American Electric Power Co Inc	2,304	193,397	217,751	
Ameriprise Financial Inc	1,828	123,333	304,508	
AmerisourceBergen Corp	4,788	447,619	407,076	
Amgen Inc	1,650	301,031	397,766	
Ansys Inc	1,686	278,164	433,993	
Apple Inc	1,594	409,558	468,078	
Applied Materials Inc	7,252	438,944	442,662	
Aptiv Pls Shs	1,501	96,065	142,550	
Archer-Daniels-Midland Co	1,683	64,580	78,007	
Aspen Technology Inc	3,567	349,570	431,357	
Autoliv Inc	1,661	124,681	140,205	
AutoZone Inc	263	238,412	313,315	
Bank of America Corp	9,137	159,579	321,805	
Best Buy Co Inc	3,809	312,724	334,430	
Biogen Inc	1,272	328,242	377,441	
BorgWarner Inc	3,172	123,996	137,601	

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**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

EIN #34-6596899

PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	BP Plc Sponsored Adr	4,321	187,578	163,075
	Burlington Stores Inc Com	1,374	170,390	313,313
	Cadence Design Systems Inc	6,296	313,571	436,691
	Campbell Soup Company	8,578	373,319	423,925
	Carlisle Cos Inc	898	88,395	145,332
	CarMax Inc	3,184	278,480	279,141
	CDW Corp Com	3,091	307,567	441,518
	Celanese Corp Series A	621	43,403	76,458
	Cerner Corp	6,279	443,745	460,816
	Chevron Corp	1,303	121,585	157,025
	CIT Group Inc	6,389	306,529	291,530
	Citigroup Inc	4,092	237,931	326,910
	Citizens Finl Group Inc Com	7,971	300,772	323,702
	Comerica Inc	4,399	306,748	315,628
	ConocoPhillips	2,628	133,436	170,899
	Crane Co	1,781	143,338	153,843
	Crown Holdings Inc	1,008	48,842	73,120
	Cummins Inc	771	85,570	137,978
	Davita Inc	5,890	337,332	441,927
	Deckers Outdoor Corp	1,861	254,060	314,248
	Delta Air Lines Inc	2,505	120,058	146,492
	Discover Financial Services	3,722	166,924	315,700
	Dollar General Corp	2,164	339,804	337,541
	Dover Corp	1,302	83,577	150,069
	Dr Horton Inc	5,487	275,213	289,439
	Eastman Chemical Co	933	56,752	73,950
	Emerson Electric Co	1,961	102,301	149,546
	Evergy Inc	3,368	218,481	219,223
	Exelon Corp	4,703	192,395	214,410
	Exxon Mobil Corp	2,354	190,607	164,262
	Fair Isaac Corp	1,237	423,159	463,479
	Fiserv Inc	3,732	227,959	431,531
	Franklin Resources Inc	10,875	360,354	282,533
	Garmin Ltd Shs	3,200	303,647	312,192
	General Mills Inc	7,726	329,375	413,805
	Gentex Corp	4,592	84,414	133,076
	Gilead Sciences Inc	6,417	460,928	416,977
	Global Payments Inc	2,425	216,120	442,708
	Goldman Sachs Group Inc	1,310	214,795	301,208
	Helmerich & Payne Inc	4,168	212,557	189,352
	Hilton Worldwide Hldgs Inc Com	2,916	251,818	323,414
	Hologic Inc	7,724	303,622	403,270
	Huntington Ingalls Inds Inc	1,844	470,758	462,623
	Huntsman Corp	3,217	72,271	77,723
	Ingredion Inc Com	916	76,476	85,142

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**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST**

EIN #34-6596899

PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	Intel Corp	7,536	430,989	451,030
	International Paper Co	1,763	70,896	81,186
	Jacobs Engineering Group Inc	1,640	89,684	147,321
	Jazz Pharmaceuticals Plc	2,941	391,174	439,032
	JetBlue Airways Corp	7,685	127,008	143,863
	Johnson & Johnson	2,723	312,065	397,204
	JP Morgan Chase & Co Com	2,352	106,502	327,869
	Keysight Technologies Inc Com	4,134	300,545	424,272
	Kimberly Clark Corp	2,850	375,232	392,018
	Laboratory Corp America Holdings	2,431	403,092	411,252
	Lam Research Corp	1,530	418,937	447,372
	Lear Corporation	1,029	123,461	141,179
	Leggett & Platt Inc	6,286	344,808	319,517
	Lincoln National Corp In	5,241	202,524	309,271
	Lyondellbasell Industries Nv Shs Class A	842	75,304	79,552
	Marathon Oil Corp	13,366	190,324	181,510
	Masco Corp	3,233	100,538	155,152
	McKesson Corp	2,991	426,734	413,715
	MetLife Inc	6,363	253,273	324,322
	Microsoft Corp	2,838	312,722	447,553
	Morgan Stanley	6,063	231,362	309,941
	Motorola Solutions Inc	2,897	340,051	466,823
	Murphy Oil Corp	6,938	210,545	185,938
	Northrop Grumman Corp	1,350	485,094	464,360
	NRG Energy Inc	5,485	149,635	218,029
	Nucor Corp	1,372	79,905	77,216
	NVR Inc	79	280,340	300,864
	O Reilly Automotive Inc	694	222,608	304,152
	Oge Energy Corp	4,921	174,339	218,837
	Oracle Corp	8,093	406,075	428,767
	Owens Corning Inc	1,163	72,958	75,735
	Packaging Corp of America	684	58,277	76,601
	Parker Hannifin Corp	689	58,586	141,810
	Paychex Inc	5,158	359,067	438,739
	Paycom Software Inc Com	1,731	261,493	458,300
	Pfizer Inc	10,288	403,140	403,084
	Philip Morris International Inc	4,669	372,573	397,285
	Portland General Electric Co	3,787	194,833	211,277
	Principal Financial Group Inc	5,279	223,688	290,345
	Prudential Financial Inc	3,130	194,060	293,406
	Public Service Enterprise Group Inc	3,602	173,194	212,698
	Pulte Group Inc	7,611	252,314	295,307
	Regions Financial Corp	18,519	171,923	317,786
	Reliance Steel & Aluminum Co	640	41,805	76,646
	RH Com	1,486	355,014	317,261

See Independent Auditors' Report.

LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST
EIN #34-6596899
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	Royal Dutch Shell Plc Adr	2,836	169,790	167,267
	S&P Global Inc Com	1,127	198,942	307,727
	Skyworks Solutions Inc	3,842	433,884	464,421
	Sonoco Products Co	1,347	73,484	83,137
	Southwest Airlines Co	2,631	149,013	142,021
	Synchrony Finl Com	8,268	261,092	297,731
	T Mobile Us Inc Com	2,673	153,834	209,617
	Target Corp	2,454	209,491	314,627
	Tempur-Sealy International, Inc	3,609	282,597	314,200
	Teradyne Inc	6,364	301,765	433,961
	Total Sa Adr	3,268	180,642	180,720
	Transocean Ltd	28,333	265,428	194,931
	United Contrl Hldgs Inc	1,515	80,610	133,456
	United Rentals Inc	917	87,197	152,928
	Unum Group	10,396	317,033	303,147
	V F Corp	3,430	289,224	341,834
	Valvoline Inc Com	3,398	72,742	72,751
	Verizon Communications Inc	3,198	169,298	196,357
	Voya Finl Inc Com	4,757	277,343	290,082
	Western Union Co	15,392	421,502	412,198
	Westlake Chemical Corp	1,129	73,629	79,199
	Activision Blizzard Inc	29,216	1,215,767	1,736,015
	Adobe Systems Inc	4,949	410,445	1,632,230
	Alexion Pharmaceuticals Inc	9,484	1,128,087	1,025,695
	Alibaba Group Hldg Ltd Sponsored Ads	9,339	1,052,429	1,980,802
	Align Technology Inc	3,795	844,360	1,058,957
	Amazon Com Inc Sr	974	458,777	1,799,796
	Applied Materials Inc	23,013	1,138,752	1,404,714
	Booking Hldgs Inc	764	888,334	1,569,050
	Bristol-Myers Squibb Co	25,757	1,346,121	1,653,342
	Disney Walt Co Disney Walt Co Com	6,548	881,886	947,037
	Edwards Lifesciences Corp	4,624	418,212	1,078,733
	Exact Sciences Corp	11,383	782,921	1,052,700
	Facebook Inc Class A	9,634	775,925	1,977,379
	Idexx Laboratories Inc	5,229	1,000,548	1,365,449
	Illumina Inc	4,480	721,517	1,486,195
	Intuit Inc	3,363	877,196	880,871
	MSCI Inc	5,478	850,367	1,414,310
	New Oriental Education & Tech. Group Adr	11,536	853,699	1,398,740
	Nike Inc	15,219	785,479	1,541,837
	Nvidia Corp	7,423	940,622	1,746,632
	PayPal Hldgs Inc Com	12,314	927,609	1,332,005
	Pioneer Natural Resources Co	5,191	896,732	785,762
	Planet Fitness Inc Com	9,672	734,414	722,305
	Roku Inc	3,481	593,189	466,106

See Independent Auditors' Report.

LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST
EIN #34-6596899
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>		<u>Cost</u>	<u>Current Value</u>
Salesforce Com Inc	9,582		614,744	1,558,416
Sarepta Therapeutics Inc	6,292		774,913	811,920
Servicenow Inc Sr Cv	5,395		404,944	1,523,116
Splunk Inc	8,801		574,599	1,318,126
Square Inc Cl A	17,328		1,246,234	1,084,040
Trip Com Group Ltd	21,745		984,381	729,327
UnitedHealth Group Inc	5,397		1,052,058	1,586,610
Visa Inc Class A Shares	7,221		289,007	1,356,826
Total Common Stocks			<u>75,552,322</u>	<u>100,453,836</u>
Limited Partnerships:				
Blackstone BPIF Non-Taxable L.P.	12,000,000		16,362,981	18,992,568
Rocket Venture Fund, LLC	60		2,120,488	1,458,789
Total Limited Partnerships			<u>18,483,469</u>	<u>20,451,357</u>
Common Collective Trusts:				
Build Fund of America	337		126,067	36,577
Multi-Employer Property Trust	1,887		13,511,621	22,495,828
IBEW-NECA Equity Index Fund	277,730		13,117,322	18,355,750
Wilmington Trust CIT Intl Fundamental Value Fund	476,145		30,002,869	31,525,563
Common Collective Trusts			<u>56,767,879</u>	<u>72,413,718</u>
103-12-Investment Entity:				
Parametric Defensive Equity Fund LLC	32,478,392		32,478,392	37,758,178
Registered Investment Companies:				
AFL-CIO Housing Investment Trust	7,218		8,050,643	8,230,297
Blackrock Strategic Income Opportunities	3,481,420		34,307,080	34,744,571
Blackrock Strategic Income Opportunities	430,795		4,259,241	4,299,331
Blackrock Strategic Income Opportunities	135,664		1,333,132	1,353,925
Baird Core Plus Bond Inst	383,492		4,469,446	4,433,166
Brandes International Equity Fund R6	35,917		609,056	624,234
Growth Fund of America R6	18,277		846,234	934,518
Growth Fund of America R6	53,406		2,662,603	2,730,629
Janus Triton Fund	784,718		24,570,719	24,812,793
Janus Triton Fund	115,795		3,481,860	3,661,439
Loomis Sayles Strategic Income	48,612		694,176	702,925
* MassMutual Select T. Rowe Price Ret. 2015	109,948		1,754,537	1,716,292
* MassMutual Select T. Rowe Price Ret. 2020	277,045		4,436,456	4,355,153
* MassMutual Select T. Rowe Price Ret. 2025	409,284		6,575,070	6,523,990
* MassMutual Select T. Rowe Price Ret. 2030	276,183		4,445,996	4,427,206
* MassMutual Select T. Rowe Price Ret. 2035	217,635		3,506,983	3,514,810

See Independent Auditors' Report.

**LOCAL NO. 8, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
RETIREMENT PLAN AND TRUST
EIN #34-6596899
PLAN NO. 001 - PLAN YEAR ENDED DECEMBER 31, 2019**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>		<u>Cost</u>	<u>Current Value</u>
* MassMutual Select T. Rowe Price Ret. 2040	213,151		3,437,537	3,461,569
* MassMutual Select T. Rowe Price Ret. 2045	165,395		2,671,055	2,695,943
* MassMutual Select T. Rowe Price Ret. 2050	69,448		1,121,880	1,133,387
* MassMutual Select T. Rowe Price Ret. 2055	41,014		662,553	668,522
* MassMutual Select T. Rowe Price Ret. 2060	1,437		23,422	23,383
MetWest Intermediate Bond I	417,169		4,452,559	4,409,474
MFS Value R4	20,551		780,028	912,880
MFS Value R4	34,498		1,375,763	1,532,423
MFS New Discovery Value R5	54,241		843,245	905,275
PIMCO Inflation Res M/A-INS	72		625	589
PIMCO Inflation Res M/A-INS	24		204	192
RBC Small Cap Core Fund-I	9,946		344,693	322,359
T Rowe Price Retirement 2015	25		367	366
T Rowe Price Retirement 2020	47		1,023	1,033
T Rowe Price Retirement 2025	80		1,367	1,424
T Rowe Price Retirement 2030	35		845	901
T Rowe Price Retirement 2035	38		673	730
T Rowe Price Retirement 2040	27		677	729
T Rowe Price Retirement 2045	29		499	546
T Rowe Price Retirement 2050	14		209	223
T Rowe Price Retirement 2055	9		133	139
T Rowe Price Retirement Income	56,430		843,387	874,664
Vanguard Mid Cap Index-Adm	2,477		451,315	546,647
WCM Focused International Growth Instl	1,997,570		27,542,075	37,774,054
WCM Focused International Growth Instl	29,831		457,942	564,112
WCM Focused International Growth Instl	36,523		592,216	690,644
Wells Fargo Shrt Trm Hi Yld-Inst	245,048		1,971,535	1,979,988
Registered Investment Companies			<u>153,581,059</u>	<u>165,567,475</u>
Guaranteed Investment Contract:				
* Mass Mutual SAGIC			<u>59,313,214</u>	<u>59,313,214</u>
*Participant Loans	Various Maturities 4.25% - 6.50%		<u>757,035</u>	<u>757,035</u>
Totals			<u>\$ 452,239,896</u>	<u>\$ 512,633,939</u>

* A party in interest, as defined by the Employee Retirement Income Security Act of 1974, as amended.

See Independent Auditors' Report.

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. 1510-0110
1510-0089**2019****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

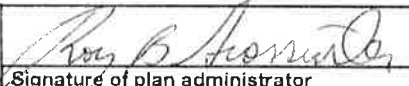
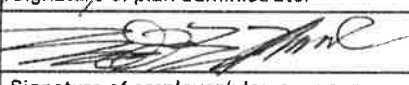
- A This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ 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 LOCAL NO. 8 IBEW RETIREMENT PLAN & TRUST	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 05/01/1967
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES LOCAL NO. 8 IBEW RETIREMENT PLAN 727 LIME CITY ROAD ROSSFORD OH 43460-1611	2b Employer Identification Number (EIN) 34-6596899 2c Plan Sponsor's telephone number 419-666-4450 2d Business code (see instructions) 238210

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

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

SIGN HERE  Signature of plan administrator	10/6/2020 Date	ROY B. GROSSWILER Enter name of individual signing as plan administrator
SIGN HERE  Signature of employer/plan sponsor	10/6/2020 Date	TODD T. MICHAELSEN 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 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="border: 1px solid black; 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	2,444
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	2,138
a(2) Total number of active participants at the end of the plan year	6a(2)	2,181
b Retired or separated participants receiving benefits	6b	204
c Other retired or separated participants entitled to future benefits	6c	159
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	2,544
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	6
f Total. Add lines 6d and 6e	6f	2,550
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	2,550
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	111

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2H 2J 2T

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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