

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>07/01/2019</u> and ending <u>06/30/2020</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information			
1a Name of plan	<u>PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND</u>		1b Three-digit plan number (PN) ▶	<u>001</u>
			1c Effective date of plan	<u>07/23/1968</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	<u>B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND</u>		2b Employer Identification Number (EIN)	<u>52-6152779</u>
			2c Plan Sponsor's telephone number	<u>703-739-9020</u>
<u>103 ORONOCO STREET</u> <u>ALEXANDRIA, VA 22314-2015</u>	<u>103 ORONOCO STREET</u> <u>ALEXANDRIA, VA 22314</u>		2d Business code (see instructions)	<u>238220</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/16/2021	MARK MCMANUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/16/2021	SMITTY G. BELCHER
	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

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3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 169914
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 81667 6a(2) 79370 6b 44011 6c 41230 6d 164611 6e 7308 6f 171919 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 4593

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

1A

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 07/01/2019 and ending 06/30/2020	
A Name of plan PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779

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

(a) Name of insurance carrier BRIGHTHOUSE LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-1912740	87726	919453	171919	07/01/2019	06/30/2020

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

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

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

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

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

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

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

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

NA

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year..... **7b** 1931038

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	67681	
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions..... **7c(6)** 67681**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 1998719**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions..... **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 1998719

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020	
A Name of plan PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779

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

(a) Name of insurance carrier UNION LABOR LIFE INSURANCE COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA02083	171919	07/01/2019	06/30/2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	110842855

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020

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

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

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

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

1a Enter the valuation date: Month 07 Day 01 Year 2019

b Assets

(1) Current value of assets.....	1b(1)	6232377475
(2) Actuarial value of assets for funding standard account.....	1b(2)	6217179360
c (1) Accrued liability for plan using immediate gain methods	1c(1)	8345722744
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	8345722744
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	15903814992
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	371743132
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	624223845
(3) Expected plan disbursements for the plan year	1d(3)	660423066

Statement by Enrolled Actuary

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

SIGN HERE	03/16/2021
Signature of actuary	Date
KEVIN WOODRICH, FSA, EA	20-07086
Type or print name of actuary	Most recent enrollment number
CHEIRON, INC	703-893-1456
Firm name	Telephone number (including area code)
9115 HARRIS CORNERS PARKWAY, CHARLOTTE, NC 28269	
Address of the firm	

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

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

Schedule MB (Form 5500) 2019 v. 190130

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	6232377475
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	51850	7776007983
(2) For terminated vested participants	27047	1972387831
(3) For active participants:		
(a) Non-vested benefits.....		338265250
(b) Vested benefits.....		5817153928
(c) Total active	74210	6155419178
(4) Total	153107	15903814992
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	39.19 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2020	407697434				
Totals ▶			3(b)	407697434	3(c)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	74.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	E
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☒ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	☐

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a		3.07 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	11P+2	11P+2
(2) Females	6c(2)	11FP+2	11FP+2
d Valuation liability interest rate	6d	7.50 %	7.50 %
e Expense loading	6e	18.1 % ☐ N/A	% ☒ N/A
f Salary scale	6f	% ☒ N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.2 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.2 %	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	137660594	14507152

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?.....	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?.....	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s).....	8e	-317430004

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	156770280
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	3709100623
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	59041401
e Total charges. Add lines 9a through 9d.....	9e	846260087

Credits to funding standard account:

f	Prior year credit balance, if any.....	9f	1272810881
g	Employer contributions. Total from column (b) of line 3.....	9g	407697434
		Outstanding balance	
h	Amortization credits as of valuation date.....	9h	307746358
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	117726543
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL).....	9j(1)	3824983886
(2)	"RPA '94" override (90% current liability FFL).....	9j(2)	8519920613
(3)	FFL credit.....	9j(3)	
k	(1) Waived funding deficiency.....	9k(1)	
	(2) Other credits.....	9k(2)	
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	1894947712
m	Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	1048687625
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	
9o	Current year's accumulated reconciliation account:		
(1)	Due to waived funding deficiency accumulated prior to the 2019 plan year.....	9o(1)	
(2)	Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a)	Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	
(b)	Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	
(3)	Total as of valuation date.....	9o(3)	
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.).....	10	
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning **07/01/2019** and ending **06/30/2020**

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
RBC GLOBAL ASSET MGMT	50 SOUTH SIXTH STREET MINNEAPOLIS, MN 55402
41-1460668	

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
HAMILTON LANE	ONE PRESIDENTIAL BLVD BALA CYNWYD, PA 19004
23-2962336	

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

MESIROW FINANCIAL

353 NORTH CLARK ST
CHICAGO, IL 60654

36-3741067

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

NEW TOWER TRUST COMPANY

3 BETHESDA METRO CENTER
BETHESDA, MD 20814

20-1641876

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

AFL CIO BUILDING INVESTMENT TRUST

815 CONNECTICUT AVE, NW
WASHINGTON, DC 20006

52-6328901

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

LANDMARK EQUITY PARTNERS

265 FRANKLIN STREET
BOSTON, MA 02110

81-4187171

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

GERDING EDLEN

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

CHEVY CHASE TRUST COMPANY

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

NATIONAL INVESTMENT SERVICES

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

HARRISON STREET REAL ESTATE

71 SOUTH WACKER DR
CHICAGO, IL 60606

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

BOYD WATTERSON ASSET MGMT

1801 E 9TH STREET
CLEVELAND, OH 44114

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

BLUEBAY ASSET MGMT

107 ELM STREET
STAMFORD, CT 06902

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

FRONTIER PARTNERS INC

400 SKOKIE BLVD
NORTHBROOK, IL 60062

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

GCM GROSVENOR

767 FIFTH AVENUE
NEW YORK, NY 10153

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

CORBIN PRIVATE CREDIT MANAGER FUND

1095 MORRIS AVENUE
UNION, NJ 07083

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

50 SOUTH CAPITAL ADVISORS LLC

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

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

GLOBAL ALPHA CAPITAL MANAGEMENT

1800 AVENUE MCGILL COLLEGE
MONTREAL H3A 3J6 CA

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

MC CREDIT PARTNERS LP

2200 ATLANTIC STREET
STAMFORD, CT 06902

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

SIGULER GUFF & COMPANY LP

200 PARK AVENUE
NEW YORK, NY 10166

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

TA REALTY

28 STATE STREET
BOSTON, MA 02109

(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)

PENSION BENEFIT GUARANTY CORP

PO BOX 77000
DETROIT, MI 48277

52-6152779

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	4773008	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BELL ASSET MGMT

101 COLLINS STREET
MELBOURNE AU

04-3412674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	2015059	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHLIC

PO BOX 644546
PITTSBURGH, PA 15264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	1874016	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JENNISON ASSOCIATES LLC

1000 WINTER STREET
WALTHAM, MA 02351

22-2540245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	1492347	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

O'DONOGHUE & O'DONOGHUE

5301 WISCONSIN AVE, NW
WASHINGTON, DC 20015

53-0120528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	1341036	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ULLICO

1625 I ST, NW
WASHINGTON, DC 20006

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 72	NONE	1264675	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)

LSV ASSET MGMT

155 N WACKER DR
CHICAGO, IL 60606

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1186547	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JPMORGAN CHASE BANK NA

PO BOX 974958
DALLAS, TX 75397

13-2624428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1158556	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

T ROWE PRICE

PO BOX 64043
BALTIMORE, MD 21264

52-0556948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	1145197	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)

DISCIPLINED GROWTH INVESTORS

150 S FIFTH ST
MINNEAPOLIS, MN 55402

41-1901273

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	1119754	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ARONSON PARTNERS

230 SOUTH BROAD
PHILADELPHIA, PA 19102

23-2322104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1009449	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEUBERGER BERMAN

190 S LASALLE ST
CHICAGO, IL 60603

02-0654486

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	986923	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)

WELLINGTON MANAGEMENT

75 STATE STREET
BOSTON, MA 02109

04-2683227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68	NONE	973202	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SCHRODER INVESTMENT MGMT

875 THIRD AVENUE
NEW YORK, NY 10022

13-4064414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	872530	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES & COMPANY

ONE FINANCIAL CENTER
BOSTON, MA 02111

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	835791	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)

SEGAL SELECT INSURANCE

333 WEST 34TH STREET
NEW YORK, NY 10087

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	680618	Yes ☒ No ☐	Yes ☐ No ☒	97998	Yes ☐ No ☒

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

INVESCO INC

1555 PEACHTREE NE, STREET
ATLANTA, GA 30309

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	683668	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEDGE CAPITAL MANAGEMENT

301 S COLLEGE ST 2920
CHARLOTTE, NC 28202

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	522063	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)

BRANDYWINE GLOBAL

2929 ARCH STREET
PHILADELPHIA, PA 19104

51-0294065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	471661	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

VOYA INVESTMENT

230 PARK AVENUE
NEW YORK, NY 02111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	454779	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP LLC

7501 WISCONSIN AVENUE
BETHESDA, MD 20814

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	450856	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC BANK

PO BOX 856177
LOUISVILLE, KY 40285

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62 68	NONE	426905	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ROTHSCHILD ASSET MGMT

1251 AVENUE OF THE AMERICAS
NEW YORK, NY 10020

13-2544634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	381752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

333 WEST 34TH STREET
NEW YORK, NY 10001

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	374160	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHEIRON, INC.

PO BOX 37117
BALTIMORE, MD 21297

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	348122	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BASYS, INC

3700 KOPPERS STREET
HALETHORPE, MD 21227

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	327549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLY PRESS, INC.

1701 CABIN BRANCH RD.
CHEVERLY, MD 20785

52-0975591

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	318581	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSCOE, TONI C.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	271432	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYCE, ERIC

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	239233	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANKE, BENJAMIN C.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	197094	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN, LEWIS & BOCKIUS, LLP

PO BOX 8500 S-6050
PHILADELPHIA, PA 19178

23-0891050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	174021	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAMLOCHAN NAFEEZA S

103 ORONOCO STREET
ALEXANDRIA, MD 22314

58-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	170090	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEAHEY, DONALD M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	161887	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RECOVERY POINT SYSTEMS

75 W WATKINS MILL RD
GAITHERSBURG, MD 20878

52-2212966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	158456	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEUJA, KUMAR

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	158361	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUGO, CURTIS A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	152915	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZENEBE, IYOB

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	148453	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARLOTTE DUGAN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	147136	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRIKRYL, ANDREW G.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	146563	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KUKKALA, VENKATESWARARAO E.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	145615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEVORE, KAREN A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	145266	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

ONE LINCOLN ST, 33RD FLOOR
BOSTON, MA 02111

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	143947	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDWARDS, PERPETUA E.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	138710	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONVERGEONE INC

PO BOX 1450
MINNEAPOLIS, MN 55485

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	138415	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XEROX CORPORATION

PO BOX 827181
PHILADELPHIA, PA 19182

16-0468020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	138100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'REILLY-WALKER, ARLETTE M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	EMPLOYEE	131951	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAMS, RENEE A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	130151	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INGE, MAURICE A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	115558	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)

GALBREATH-HALL, KIM M

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	111307	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DOMINION VIRGINIA POWER

PO BOX 26543
RICHMOND, VA 23290

54-1836683

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	110301	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GEOHAGAN, WAYNE S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	109608	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NORTHERN TRUST CORPORATION

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	109197	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

GAGHAN MECHANICAL, INC.

5649D GENERAL WASHINGTON DR
ALEXANDRIA, VA 22312

54-1789937

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	108054	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON, KATHRYNE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	106484	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RASHEED, SUSAN B.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	102112	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROUNTREE, ELOISE S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	101542	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FENDERSON, MELISSA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	101319	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)

RESERVE ACCOUNT

PO BOX 223648
PITTSBURGH, PA 15250

84-1386389

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

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

HILL, GERALD A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	98694	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YOUHOUSE, JOSEPH D.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	98221	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REVEL, DONNA L.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	97352	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERIZON

PO BOX 660720
DALLAS, TX 75266

23-2259884

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	95904	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD, CHANTELE Y.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	95039	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUZA, CHERYL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	92480	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOUTHERN CALIFORNIA PIPETRADES

501 SHATTO PL 5TH FL
LOS ANGELES, CA 90020

95-4557526

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	92467	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BEKOE, KOFI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	92278	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GUERRA, MARY M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	91435	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON, DAVID A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	91024	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOACK, LADONNA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	90569	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YIMER, TSEDAY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	89326	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHESNICK, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	86674	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LORD ABBETT & COMPANY

90 HUDSON STREET
JERSEY CITY, NJ 07302

13-5620131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	86060	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

BOGGS, SHARON

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	85939	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAVIA, SANDRA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	85241	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHIFER, LINDA S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	84436	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOSLEY, NAKETA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	83298	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLUMB, DARLENE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	83234	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCGEADY, SHERRY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	82739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KARAWA, CAROLYNE SANARE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	81912	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PANCIERA, MARTHA E.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	81453	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICKENBAKER, PAUL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	80530	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)

STATON-WALLIS, TRACY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	80135	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SINCLAIR, NEICOLE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79976	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDREWS, JUDY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79885	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)

MONGOLD, GARY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79765	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WHITE, AYEISHA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79682	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EJIGU, HABTAMU

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	79641	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)

RELiance STANDARD LIFE INSURANCE

1100 E WOODFIELD ROAD
SCHAUMBURG, IL 60173

36-0883760

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	79523	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PETERS, MICHAEL JR

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	79514	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FULTZ, RUTH

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	78952	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)

PROCTOR, CHRISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78869	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JONES, NIKKI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78782	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRON MOUNTAIN

PO BOX 27128
NEW YORK, NY 10087

04-3038590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	78534	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)

CONLON, DENNIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78412	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERTSON JAMES A

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	78394	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELLIS, ROBIN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78148	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)

CLAASSEN, GREGORY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	77573	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GOODMAN LAUREN A

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76881	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBINSON, KIVEN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	76348	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ST. REMY, CHRIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREEN, TOLEATHIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75172	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLLINS, ZENA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75108	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MORRISON, RYAN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74559	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YOUHOUSE MARIANELLA A

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73026	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAYSON, MARIBEL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72925	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GAILLARD, KIANA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72334	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KNIGHT, SHENIKA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	71897	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POWELL, PENNY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	71883	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)

DICKENSON, MARY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	71397	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHAMLEY, BARBARA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	71123	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAMS, YURI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70212	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)

ROBERTSON, BEVERLY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WARD, STACY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69775	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KOPP III, ROBERT

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69064	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)

WAKE, BRIAN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68362	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EWELL, SANDRA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68360	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUTCHEE, TONIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	67858	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ATKINS, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	67837	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEWIS, WILLIAM

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	67757	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUNT, JASON

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	67424	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)

CHARITY, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	66764	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRANFORD, CYNTHIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	66419	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

O'CONNOR, KRISTINA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	65712	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HIRSCHBERG, HEATHER

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63594	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANTONIE CLARK-WASTON

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	63049	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FULLER TAMARA S

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	61454	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)

FRANK PARSONS PAPER CO INC.

PO BOX 791416
BALTIMORE, MD 21279

53-0179108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	61453	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRUMLEY JOHN M

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60076	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MURPHY KAREN M

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	60065	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VIRGINIA & AMBINDER LLP

40 BROAD STREET
NEW YORK, NY 10004

13-4166736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	59975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAGE STEPHANIE L

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	59491	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DANIELS, JANICE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	58705	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

REID, LARRY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58281	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANARE, ANDREW

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	57946	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACKSON, LILIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	57594	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)

BASCOPE, CHRISTINA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	55888	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROMERO LUZ A

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54532	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRAMER WARNER

3545 RHODES AVENUE
NEWTOWN SQUARE, PA 19073

23-1742926

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	NONE	48385	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)

CONGRESS ASSET MGMT

2 SEAPORT LANE
BOSTON, MA 02210

94-3362212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	53229	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AVAYA COMMUNICATIONS, INC.

PO BOX 5332
NEW YORK, NY 10087

22-3713430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	51607	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

P & R ENTERPRISE, INC

5681 COLUMBIA PIKE STE 101
FALLS CHURCH, VA 22041

52-0886864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	51556	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)

DALTON WHARF ASSOCIATION INC

2112 GALLOWS RD STE C2
VIENNA, VA 22182

54-1182576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	51515	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEPHENS, JANEEN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49948	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FENTY, CRYSTAL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41192	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)

PADRON, OVIDIO

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40195	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RECIPROCITY ADMINISTRATION SVCS, IN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

20-1717978

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	39980	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SWEENEY JR, WILLIAM

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	38965	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)

KASPAR, KIMBERLY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	37416	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PKHAKADZE, LEKSO

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	36615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON, ANGELA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33734	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)

CHARLEEN COOPER

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29743	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCKENZIE LEAH

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29640	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEEPERS INC

PO BOX 823424
PHILADELPHIA, PA 19182

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	29007	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NEEDLES & ASSOCIATES

350 INTERLOCKEN BLVD
BROOMFIELD, CO 80021

51-0435869

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	28453	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TAYLOR, ANGELINE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	28218	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CULTURE AMP INC

13949 VENTURA BLVD
SHERMAN OAKS, CA 91423

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	27700	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)

MCLEOD, JOANNE

103 ORONOCO STREET
ALEXANDRIA, MD 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	27648	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPEIU

8555 16TH STREET
SILVER SPRING, MD 20910

53-9120575

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	26695	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNION REALTY ADVISORS, LLC

1325 MASSACHUSETTS AVE NW 2ND FL
WASHINGTON, DC 20005

52-2009431

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

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)

ORACLE AMERICA INC

PO BOX 203448
DALLAS, TX 75320

94-2805249

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	22913	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TEMPORARIES NOW, INC

PO BOX 75343
CHICAGO, IL 60675

54-1537382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	22480	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRED PRYOR SEMINARS

PO BOX 219468
KANSAS CITY, MO 64121-9468

43-1830400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	20251	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSIGHT DIRECT USA INC

PO BOX 731069
DALLAS, TX 75373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	18886	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INDOFF, INC.

PO BOX 842808
KANSAS CITY, MO 64184

43-0964848

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	18293	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PCM SALES INC

PO BOX 55327
LOS ANGELES, CA 90074

95-4108644

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	16551	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ROMOLO & ASSOCIATES

1700 W LUTHY DRIVE
PEORIA, IL 61615

37-1077733

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	16367	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENSION BENEFIT INFORMATION

900 LARKSPUR LANDING CIRCLE
LARKSPUR, CA 94939

82-2042737

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	16138	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEE THOMAS CONSULTING SVC, INC

4410 MASSACHUSETTS AVE. NW 189
WASHINGTON, DC 20016

20-4701049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	16000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE HR SOURCE

8181 PROFESSIONAL PLACE
LANDOVER, MD 20785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	16000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THYSSEN ELEVATOR CORP

PO BOX 933004
ATLANTA, GA 31193

62-1211267

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	15711	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALEXANDRIA RENEW

1800 LIMERICK STREET
ALEXANDRIA, VA 22314

54-6002976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	12380	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)

POWER SOLUTIONS LLC

17201 MELFORD BLVD
BOWIE, MD 20715

52-2100793

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	11392	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AT&T

PO BOX 5094
CAROL STREAM, IL 60197

13-4924710

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

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

US PACK LOGISTICS

405 LEXINGTON AVE
NEW YORK, NY 10174

30-0857957

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	11270	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)

STONE PIGMAN WALTHER WITTMANN

909 POYDRAS STREET
NEW ORLEANS, LA 70112

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	11211	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANASTASI MOORE & MARTIN PLLC

9 S WASHINGTON ST
SPOKANE, WA 99202

20-8149084

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	11126	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLIANCE TECHNOLOGY GROUP

7010 HI TECH DRIVE
HANOVER, MD 21076

52-2060067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	10722	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ALL STATE COURIER INC

801 N PITT STREET
ALEXANDRIA, VA 22314

27-0742550

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	10599	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROXY VOTE PLUS, LLC

PO BOX 2458
NORTHBROOK, IL 60062

76-0702630

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

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

TEAM B MARKETING INC

102 E WALNUT STREET
ALEXANDRIA, VA 22314

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

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

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

ROLLING GREENS, INC

7155 OLD ALEXANDRIA FERRY RD
CLINTON, MD 20735

54-1087867

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	9858	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIGICERT, INC

2801 NORTH
LEHI, UT 84043

41-2089542

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	9253	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

READY REFRESH BY NESTLE

PO BOX 856192
LOUISVILLE, KY 40285

94-3027237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	8654	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

QUINN, CONNOR, WEAVER, DAVIES

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

45-1444874

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	8637	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NCCMP

815 16TH STREET
WASHINGTON, DC 20006

52-1041104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	8250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAVANAUGH & O'HARA LLP

2319 W JEFFERSON STREET
SPRINGFIELD, IL 62702

37-1259635

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	8031	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)

DELL MARKETING LLP

PO BOX 643561
PITTSBURGH, PA 15264

74-2616805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	7549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

APPLIED BUSINESS SERVICES

900 WIND RIVER LANE
GAITHERSBURG, MD 20878

52-1423216

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	7365	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRAKOW SOURIS & LANDRY

225 FRIEND STREET
BOSTON, MA 02114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	7150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

COUNCIL OF INSTITUTIONAL INVESTORS

1717 PENNSYLVANIA AVENUE NW
WASHINGTON, DC 20006

52-1380217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6943	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VIRGINIA AMERICAN WATER

PO BOX 371880
PITTSBURGH, PA 15250

54-0119650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6227	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPRINT

PO BOX 4181
CAROL STREAM, IL 60197

48-1165245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6064	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EPICORE SOFTWARE CORP

DEPT 1547
LOS ANGELES, CA 90084

45-1478440

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5910	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICHARD HYATT

8000 BOURNE ROAD
OWINGS, MD 20736

21-2781893

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	5700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL GOSSMAN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	5624	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CONNER AND WINTERS LLP

4000 ONE WILLIAMS CTR
TULSA, OK 74172

73-1388566

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	5391	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCKENZIE ROTHWELL BARLOW

1325 4TH AVENUE
SEATTLE, WA 98101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5105	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
SEGAL SELECT INSURANCE	53	1313

(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.
AM WINS PO BOX 603094 CHARLOTTE, NC 28260 13-4279678	SOCIAL ENGINEERING

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	1515

(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.
TRAVELERS INSURANCE 300 ARBORETUM PLACE RICHMOND, VA 23236 06-0566090	EPLI

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	57158

(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.
ULLICO 8403 COLESVILLE ROAD SILVER SPRING, MD 20910 13-2988846	FIDUCIARY LIABILITY

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	10432

(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.
HARTFORD FIRE INSURANCE COMP 277 PARK AVENUE NEW YORK, NY 10172 06-0383750	FIDUCIARY LIABILITY

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	526

(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.
AM WINS PO BOX 603094 CHARLOTTE, NC 28260 13-4279678	SOCIAL ENGINEERING

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE	53	27054

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CHUBB 202B HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889 13-1963496	FIDUCIARY LIABILITY

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning **07/01/2019** and ending **06/30/2020**

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

Part I	Information 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: AFL CIO BUILDING INVESTMENT TRUST		
b Name of sponsor of entity listed in (a): AFL-CIO		
c EIN-PN 52-6220193-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 209799013
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI EMPLOYER PROPERTY TRUST		
b Name of sponsor of entity listed in (a): NEW TOWER TRUST COMPANY		
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 211874842
a Name of MTIA, CCT, PSA, or 103-12 IE: UNION LABOR LIFE (J ACCT)		
b Name of sponsor of entity listed in (a): UNION LABOR LIFE INSURANCE COMPANY		
c EIN-PN 13-1423090-203	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110842855
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS PREFERRED STOCK FUND		
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICE		
c EIN-PN 16-1626084-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54593541
a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT WORLD BOND TRUST		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY		
c EIN-PN 20-8080381-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113316461
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO BALANCED RISK ALLOCATION TR		
b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY		
c EIN-PN 26-6399613-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 182870869
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHORDER DIVERSIFIED GROWTH TRUST		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 81-0946933-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 181052696

a Name of MTIA, CCT, PSA, or 103-12 IE: **AFL-CIO STOCK INDEX FUND**

b Name of sponsor of entity listed in (a): **BANK OF NEW YORK MELLON**

c EIN-PN 25-6078093-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100485250
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a Name of MTIA, CCT, PSA, or 103-12 IE: **EMERGING MARKETS EQUITY FOCUSED FUN**

b Name of sponsor of entity listed in (a): **JP MORGAN CHASE BANK, N.A.**

c EIN-PN 13-4179575-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 217508216
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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
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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.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020		
A Name of plan PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND	B Three-digit plan number (PN) ► 001	
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND	D Employer Identification Number (EIN) 52-6152779	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	62021127	56177100
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	55487224	39745494
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	50754309	35663279
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	67355389	96185430
(2) U.S. Government securities	1c(2)	223155743	154674121
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	340605518	419421381
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	2562651119	2303954156
(5) Partnership/joint venture interests	1c(5)	438910680	650843841
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1065419779	1271500888
(10) Value of interest in pooled separate accounts	1c(10)	108079059	110842855
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)	96874500	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1204141210	995002580
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1931038	1989095
(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	6835201	6575646
f Total assets (add all amounts in lines 1a through 1e)	1f	6284221896	6142575866

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	51373782	57379598
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	51373782	57379598

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6232848114	6085196268
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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)	407752092	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		407752092
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	521381	
(B) U.S. Government securities	2b(1)(B)	2632352	
(C) Corporate debt instruments	2b(1)(C)	23026265	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	13301512	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		39481510
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	42228540	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		42228540
(3) Rents	2b(3)		74034
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3276319128	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3387753736	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-111434608
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	148547668	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		148547668

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3760310
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3421669
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		-3539743
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3749404
c Other income	2c		361235
d Total income. Add all income amounts in column (b) and enter total	2d		534402111

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	637595208	
(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)		637595208
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)	2467304	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	18017157	
(4) Other	2i(4)	23974288	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		44458749
j Total expenses. Add all expense amounts in column (b) and enter total	2j		682053957

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-147651846
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: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?.....		X	
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?.....		X	
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
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 4272895. (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 07/01/2019 and ending 06/30/2020		
A Name of plan PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND		D Employer Identification Number (EIN) 52-6152779
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 831
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	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	1.01
b The corresponding number for the second preceding plan year	15b	1.02

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

a Enter the number of employers who withdrew during the preceding plan year	16a	3
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	0

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

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

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

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

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

Stock: 58.0 % Investment-Grade Debt: 12.0 % High-Yield Debt: 6.0 % Real Estate: 11.0 % Other: 13.0 %

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

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

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

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

- 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 _____

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

CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2020



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

CONSOLIDATED FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

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REPORT OF INDEPENDENT AUDITORS

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

We have audited the accompanying consolidated financial statements of Plumbers and Pipefitters National Pension Fund and Subsidiary (the Plan), which comprise the consolidated statements of net assets available for benefits as of June 30, 2020 and 2019, and the related consolidated statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

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

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



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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, information regarding the Plan's consolidated net assets available for benefits as of June 30, 2020 and changes therein for the year then ended and its financial status as of June 30, 2019 and changes therein for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were performed for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The supplemental information on pages 19 through 66 is presented for the purpose of additional analysis and is not a required part of the consolidated financial statements. The supplemental information on pages 20 through 66 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 consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

CalibreCPAGroup, PLLC

Bethesda, MD
January 29, 2021

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

CONSOLIDATED STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
ASSETS		
Investments, at fair value	\$ 6,004,414,347	\$ 6,109,124,035
Investments on loan	<u>(169,253,761)</u>	<u>(261,496,858)</u>
Investments on hand	<u>5,835,160,586</u>	<u>5,847,627,177</u>
Securities lending		
Investments on loan	169,253,761	261,496,858
Cash collateral held for securities on loan	173,756,098	268,083,124
Obligations to refund collateral	<u>(173,756,098)</u>	<u>(268,083,124)</u>
Net securities lending	<u>169,253,761</u>	<u>261,496,858</u>
Receivables		
Employer contributions and reciprocals	39,173,552	55,016,585
Withdrawal liability (net)	571,942	470,639
Interest and dividends	8,794,988	9,809,660
Securities sold	26,582,693	40,682,868
Other	<u>285,598</u>	<u>261,781</u>
Total receivables	<u>75,408,773</u>	<u>106,241,533</u>
Prepaid expenses and deposits	<u>81,199</u>	<u>132,416</u>
Property and equipment (net of depreciation and amortization)	<u>6,494,447</u>	<u>6,702,785</u>
Cash	<u>56,177,100</u>	<u>62,021,127</u>
Total assets	<u>6,142,575,866</u>	<u>6,284,221,896</u>
LIABILITIES		
Securities purchased	45,156,544	38,697,989
Trade creditors	5,867,820	10,835,609
Others	<u>6,355,234</u>	<u>1,840,184</u>
Total liabilities	<u>57,379,598</u>	<u>51,373,782</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 6,085,196,268</u>	<u>\$ 6,232,848,114</u>

See accompanying notes to consolidated financial statements.

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

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

YEARS ENDED JUNE 30, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
ADDITIONS		
Investment income		
Net appreciation in fair value		
of investments and foreign currency translation	\$ 44,504,700	\$ 236,826,217
Dividends	42,228,540	46,510,579
Interest	39,481,510	49,755,174
Commissions recovered	31,818	24,221
Rental income (net of expenses)	74,034	72,757
	<u>126,320,602</u>	<u>333,188,948</u>
Less: investment expenses	18,017,157	23,268,583
Net investment income	<u>108,303,445</u>	<u>309,920,365</u>
 Contributions		
Employer contributions and reciprocals (net)	407,136,670	430,930,635
Withdrawal liability	615,422	-
Total contributions	<u>407,752,092</u>	<u>430,930,635</u>
 Other income	<u>329,417</u>	<u>301,524</u>
Total additions	<u>516,384,954</u>	<u>741,152,524</u>
 DEDUCTIONS		
Benefits paid directly to participants	637,595,208	623,366,856
Administrative expenses	26,441,592	24,026,146
Total deductions	<u>664,036,800</u>	<u>647,393,002</u>
 NET CHANGE	(147,651,846)	93,759,522
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>6,232,848,114</u>	<u>6,139,088,592</u>
End of year	<u>\$ 6,085,196,268</u>	<u>\$ 6,232,848,114</u>

See accompanying notes to consolidated financial statements.

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

NOTE 1. DESCRIPTION OF THE PLAN

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

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

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

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

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

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

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

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

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

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

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

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

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

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Consolidation - The consolidated financial statements include the accounts of the Plan and its wholly-owned subsidiary, Diplomat Properties Limited Partnership (DPLP). All significant transactions and balances between the entities have been eliminated. The DPLP was closed and terminated during the fiscal year ended June 30, 2020.

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

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

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

Contributions and Contributions Receivable - Contributions due from employers are accrued at year end only as to those amounts applicable to contribution periods which ended on or before the consolidated financial statement dates and are based on subsequent period cash collections. Contributions due the Plan as a result of audits of contributing employers are accrued at year end as plan assets and additions to plan assets only when collection in the subsequent period can be observed. Allowance for uncollectible accounts is considered unnecessary and not provided.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

At June 30, 2020 and 2019, withdrawal liability contributions of \$916,818 and \$815,515, respectively, was recorded as receivable. An allowance for doubtful collection of \$344,876 and \$344,876, respectively, has been recorded as of June 30, 2020 and 2019.

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

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

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

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

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

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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

	2020	2019
Building and improvements	\$ 11,624,261	\$ 11,622,559
Office furniture and furnishings	1,330,706	1,327,677
Data processing equipment	11,756,458	11,623,254
Office equipment	821,175	723,941
	<u>25,532,600</u>	<u>25,297,431</u>
Less: accumulated depreciation	<u>19,038,153</u>	<u>18,594,646</u>
Net property and equipment	<u>\$ 6,494,447</u>	<u>\$ 6,702,785</u>

Depreciation expense was \$443,656 and \$413,573 for the years ended June 30, 2020 and 2019, respectively.

Employer Contributions and Reciprocals (Net) - Contributions paid from employers under union agreements and reciprocals received, less reciprocals paid (net) for the fiscal years ended June 30, 2020 and 2019, is comprised of the following:

	2020	2019
Contributions from employers	\$ 391,115,485	\$ 409,264,655
Reciprocal receipts	<u>30,907,339</u>	<u>38,169,080</u>
	422,022,824	447,433,735
Deduct: reciprocal payments	<u>14,886,154</u>	<u>16,503,100</u>
Employer contributions and reciprocals (net)	<u>\$ 407,136,670</u>	<u>\$ 430,930,635</u>

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

New Accounting Pronouncement - In 2018, Accounting Standards Update (ASU) 2018-13 was issued by the Financial Accounting Standards Board. ASU 2018-13 modifies the disclosure requirements on fair value and is effective for plan years beginning after December 15, 2019. The Plan has elected early implementation of this standard. Certain fair value investment information has been restated to present that information on a comparative basis. The adoption of ASU 2018-13 did not have a material impact on the Plan's financial statements.

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFIT

The actuarial present value of accumulated plan benefits as of July 1, 2019 (most recent valuation date) is as follows:

Participants currently receiving benefits	\$ 4,778,343,909
Other vested	3,389,812,513
Non-vested benefits	<u>177,566,322</u>
 Total actuarial present value	 <u><u>\$ 8,345,722,744</u></u>

The following factors affected the change in the actuarial present value of accumulated plan benefits from July 1, 2018 to July 1, 2019:

<u>Factors</u>	<u>Change in Actuarial Present Value of Accumulated Plan Benefits</u>
Accumulated plan benefits - beginning of year	<u>\$ 8,178,427,798</u>
 Change in benefit levels due to increase in benefit accruals	 129,780,519
Benefits accumulated, net experience gain or loss, changes in data	60,719,316
Benefits paid	(623,366,856)
Interest	<u>600,161,967</u>
Net change	<u>167,294,946</u>
 Accumulated plan benefits - end of year	 <u><u>\$ 8,345,722,744</u></u>

The actuarial present value of accumulated plan benefits is determined by an actuary from Cheiron and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and expected date of payment. The significant actuarial assumptions used in the valuations as of July 1, 2019 were:

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

Disabled life mortality rates RP-2000 Disabled Mortality.

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

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

Rate of turnover	Starting at 1 year of service with a 15% rate of turnover moving in increments up to 39 & greater years of service at a 2.5% rate of turnover.
Rate of retirement	Starting at age 55 with a 10% retirement probability moving in increments up to age 70 which has a 100% retirement probability.
Percent married	Social Security awards in 1972.
Spouse's age	Assumed that husbands are three years older than their spouses.
Net investment return	7.50%.
Net investment return for current liability	3.07% for current valuation; 3.00% for prior valuation.
Annual service credits	Assumed actives will earn 1.02 years of service per year based on the average annual hours of service.
Administration expenses	\$24,000,000; \$22,500,000 for prior valuation.
Actuarial value of assets	Actuarial asset value is based on the market value of assets less a portion of the actual market value returns that are more or less than expected returns. The gain or loss for the year equals the actual market value net investment income less the expected return on an actuarial value based on the net investment return assumption. 25% of the gain or loss is each year for four years. The actuarial value is further adjusted to be within 20% of the market value. If such an adjustment is necessary, the gain or loss in the following year is adjusted by an amount equal to the adjustment, but of the opposite sign.
Actuarial cost method	Unit Credit Cost Method.
PRA 2010 Funding Relief	The Plan's Board of Trustees elected funding relief under 431 (b)(8) of the Code and 304(b)(8) of ERISA, specifically:

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

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

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

Since information on the accumulated plan benefits at June 30, 2020, and the changes therein for the year then ended are not included, the financial statements do not purport to present a complete presentation of the financial status of the Plan as of June 30, 2020, and the changes therein for the year then ended, but a presentation of only the net assets available for benefits and the changes therein as of and for the year ended June 30, 2020. The complete financial status of the Plan is presented as of June 30, 2019.

NOTE 4. RETIREMENT PLANS

The Plan has a retirement plan for employees. Actuarial valuations prepared by an actuary of Cheiron as of June 30, 2020 and 2019 presented the following:

	<u>2020</u>	<u>2019</u>
Actuarial present value of accumulated plan benefits		
Vested	\$ 38,592,200	\$ 36,022,178
Non-vested	<u>1,238,411</u>	<u>1,132,855</u>
	<u>\$ 39,830,611</u>	<u>\$ 37,155,033</u>

Pension expense was \$2,389,962 and \$-0- for fiscal years ended June 30, 2020 and 2019, respectively.

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

NOTE 5. PLAN TERMINATION

1. Right to Terminate - The Trustees shall have the right to discontinue or terminate the Plan in whole or in part. The rights of all affected participants to benefits accrued to the date of termination, partial termination, or discontinuance to the extent funded as of such date shall be nonforfeitable.
2. Priorities of Allocation - In the event of termination, assets then remaining in the Plan after providing for any administrative expenses, shall be allocated among the pensioners, beneficiaries, and participants, in the following order:
 - (a) First, in the case of benefits payable as a pension:
 - (i) In the case of the pension of a participant or beneficiary which was in pay status as of the beginning of the 3-year period ending on the termination date of the Plan, to each such pension, based on the provisions of the Plan (as in effect during the 5-year period ending on such date) under which such pension would be the least. The lowest pension in pay status during the 3-year period shall be considered the pension in pay for such period.

NOTE 5. PLAN TERMINATION (CONTINUED)

- (ii) In the case of a pension of a participant or beneficiary which would have been in pay status as of the beginning of such 3-year period if the participant had retired if his pension has commenced (in the standard form) as of the beginning of such period, to each such pension based on the provisions of the Plan (as in effect during the 5-year period ending on such date) under which the pension would be the least.
- (b) Second, to all other benefits (if any) of the individuals under the Plan guaranteed under Title IV of ERISA.
- (c) Third, to all other vested benefits under this Plan.
- (d) Fourth, to all other benefits under this Plan.

NOTE 6. FUNDING POLICY

The Plan is financed by employer contributions in accordance with the formulas set forth in the collective bargaining agreements. The Plan met the minimum funding requirements of ERISA as of June 30, 2020 and 2019.

NOTE 7. INCOME TAX STATUS

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

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

NOTE 8. SECURITIES LENDING PROGRAM

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

NOTE 8. SECURITIES LENDING PROGRAM (CONTINUED)

The Plan receives 80% of the net revenue derived from all securities lending activities, and the bank receives the remainder of the net revenue. Interest income reported in the consolidated statements of changes in net assets available for benefits includes \$685,977 and \$1,370,318 earned by the Plan during the years ended June 30, 2020 and 2019, respectively, in connection with the securities lending program.

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

At June 30, 2020 and 2019, the fair value of securities loaned was \$169,253,761 and \$261,496,858, respectively, while the cash collateral held was \$173,756,098 and \$268,083,124, respectively. In accordance with Statement of Financial Accounting Standards No. 140, the value of the cash collateral held and a corresponding liability to return the collateral have been reported on the accompanying consolidated statements of net assets available for benefits.

NOTE 9. OTHER RISKS AND UNCERTAINTIES

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

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

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS

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

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include other significant observable inputs including:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following are the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at June 30, 2020 and 2019.

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

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

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

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

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2020:

Description	Assets at Fair Value as of June 30, 2020			
	Totals	Level 1	Level 2	Level 3
Short-term investments	\$ 96,185,430	\$ 96,185,430	\$ -	\$ -
U.S. Government and agency obligations	154,674,121	64,591,653	89,360,452	722,016
Corporate bonds and notes	419,421,381	-	411,125,666	8,295,715
Common and preferred stocks	2,303,954,156	2,248,310,375	1,781,360	53,862,421
Mutual and other funds	108,073,422	108,073,422	-	-
Guaranteed investment contract with insurance company	1,989,095	-	-	1,989,095
Total assets in the fair value hierarchy	<u>3,084,297,605</u>	<u>\$ 2,517,160,880</u>	<u>\$ 502,267,478</u>	<u>\$ 64,869,247</u>
Investment measured at NAV				
Common collective trust and mutual funds	1,736,756,191			
Real estate funds	532,516,710			
Limited partnerships	650,843,841			
Total investments measured at NAV*	<u>2,920,116,742</u>			
Total assets at fair value	<u>\$ 6,004,414,347</u>			

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

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

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

Description	Assets at Fair Value as of June 30, 2019			
	Totals	Level 1	Level 2	Level 3
Short-term investments	\$ 67,355,389	\$ 67,355,389	\$ -	\$ -
U.S. Government and agency obligations	223,155,743	110,751,872	111,521,264	882,607
Corporate bonds and notes	340,605,518	-	329,514,235	11,091,283
Common and preferred stocks	2,562,651,119	2,511,241,417	2,532,363	48,877,339
Mutual funds	104,318,861	104,318,861	-	-
Guaranteed investment contract with insurance company	1,931,038	-	-	1,931,038
Total assets in the fair value hierarchy	<u>3,300,017,668</u>	<u>\$ 2,793,667,539</u>	<u>\$ 443,567,862</u>	<u>\$ 62,782,267</u>
Investment measured at NAV				
Common collective trust and mutual funds	1,827,416,746			
Real estate funds	542,778,941			
Limited partnerships	438,910,680			
Total investments measured at NAV*	<u>2,809,106,367</u>			
Total assets at fair value	<u>\$ 6,109,124,035</u>			

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

Sales of investments, whose fair value has been determined using significant unobservable inputs (Level 3), were \$6,650,250 and \$3,610,522 for the years ended June 30, 2020 and 2019, respectively.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share as of June 30, 2020.

Description	June 30, 2020 Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts and mutual funds	\$ 1,736,756,191	\$ -	Monthly	30 Days
Real estate funds	532,516,710	-	Monthly	30 Days
Limited partnerships	650,843,841	463,180,355	N/A	N/A
	<u>\$ 2,920,116,742</u>	<u>\$ 463,180,355</u>		

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

The following table summarizes investments measured at fair value based on NAV per share as of June 30, 2019.

Description	June 30, 2019 Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts and mutual funds	\$ 1,827,416,746	\$ -	Monthly	30 Days
Real estate funds	542,778,941	-	Monthly	30 Days
Limited partnerships	438,910,680	247,428,932	N/A	N/A
	<u>\$ 2,809,106,367</u>	<u>\$ 247,428,932</u>		

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

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

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

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

NOTE 11. PENSION PROTECTION ACT OF 2006

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

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

NOTE 12. GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan entered into a guaranteed investment contract with Brighthouse Financial Life Insurance Company (the Company). The Company maintains the contributions in an unallocated general account fund to which it adds interest at a rate of 3.50% per annum.

The contracts are credited an interest rate, which generally varies with each deposit. There is no specific formula used to credit interest rates, and the interest rates are not tied to the performance of a set of assets. The interest rates are credited based upon a number of factors, including, but not limited to, the level of net investment income that the company can earn on its newly purchased general account assets, the absolute level of interest rates, the shape of the yield curve, how interest rates have moved since the inception of the contract, the minimum guaranteed interest rate, and interest rates on alternative investments. The contract has a minimum guaranteed interest rate of 3.50%.

Interest received by the Plan were \$67,681 and \$65,301 for the years ended June 30, 2020 and 2019, respectively.

NOTE 13. SUBSEQUENT EVENTS

U.S. and global business and financial markets continue to be significantly impacted by the Coronavirus pandemic, the impact of which on the Plan's financial position and operations cannot be determined at this time. All subsequent events have been evaluated through January 29, 2021, which is the date the financial statements were available to be issued, and revealed no other events requiring adjustment to or disclosure in the accompanying financial statements.

SUPPLEMENTAL INFORMATION

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

CONSOLIDATED SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2020 AND 2019

	2020	2019
Accounting fees and expenses	\$ 571,577	\$ 527,196
Actuarial services and expenses	292,918	340,364
Contribution-staff retirement plan	2,389,962	-
Depreciation	443,656	413,573
Dues and subscriptions	18,847	20,233
Employees' benefits	2,589,668	2,660,764
Equipment, rent, maintenance and repairs	325,541	410,736
Insurance	686,178	671,599
Legal fees and expenses	1,602,809	2,008,666
Other expenses	27,822	120,092
Outside services	680,691	520,412
Payroll	9,365,547	8,999,027
PBGC	4,773,008	4,501,156
Postage, freight and express	215,454	321,797
Printing, stationery, and office supplies	175,568	181,278
Records storage expenses	151,314	141,453
Software expenses	566,651	629,382
Taxes		
Payroll	686,767	667,713
Other	219,313	183,311
Telephone	143,738	130,315
Travel	94,761	112,137
Virginia property expense	419,802	396,887
DPLP activity		
Insurance	-	65,737
Legal	-	-
Administrative and general	-	2,318
	<hr/>	<hr/>
Total administrative expenses	\$ 26,441,592	\$ 24,026,146

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

1. Normal Pension

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

Schedule A – benefit rates prior to January 1, 2005

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Reduced Pension

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

3. Early Pension

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

4. Disability Pension

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

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

5. Deferred Pension

Age Requirement	40
Credited Service Requirement	15 years of Pension Credit, including five years of Future Service Credit.
Benefit	Normal or Reduced Pension (based on Pension Credits at termination). Payable on or after age 55, reduced by 1.5% for each year of age less than 62 (to age 60) and by 6% for each year less than age 60.

6. Vesting

Age Requirement	None
Credited Service Requirement	Five years of Vesting Credit
Benefit	Normal or Reduced Pension based on Future Service only payable at Normal Retirement Age.
Normal Retirement Age	Later of age 65 or age on fifth anniversary of participation.

7. Severance Benefit

Age Requirement	None
Credited Service Requirement	Five years of Future Service Credit as of June 30, 1982, but before eligibility for vesting.
Benefit	50% of contributions made on the employee's behalf through June 30, 1982.

8. Disability Severance Benefit

Credited Service Requirement	Less than five years of Pension Credit by 1,500 hours after the Contribution Date, 500 hours in the 24 month period preceding disability and a Social Security Disability Award.
Benefit	100% of contributions made on the employee's behalf. If vested, the greater of 100% of contributions or the present value of the accrued benefit.

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

9. Spouse's Pre-Retirement Death Benefit

Age Requirement	None
Credited Service Requirement	Eligible for an immediate or deferred pension.
Benefit	100% of the benefit the employee would have received had he retired the day before he died and elected the Husband and Wife option. If the employee dies before age 55, then the benefit is computed as if he died on his 55 th birthday and payments will be made commencing on the first of the month following the date he would have attained age 55.

10. Pre-Retirement Lump Sum Death Benefit

Age Requirement	None
Credited Service Requirement	None. Not eligible for a Pre-retirement Spouse Pension.
Benefit	100% of contributions made on the employee's behalf.

11. Post-Retirement Death Benefit(s)

Five Year Certain Guarantee if Husband and Wife coverage is rejected.

Husband and Wife – If married, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. In the event that the spouse predeceases the pensioner, the benefit shall be increased by the percentage reduction previously applied. If rejected or not married, benefits are payable for the life of the employee with five years of payment guaranteed to all pensioners without reduction or in any other available option form elected by the employee in an actuarially equivalent amount.

12. Past Service Credit

Years of Service after the Contribution Date:

Contribution Date	Maximum Years of Past Service Credit
Prior to January 1, 1980	24
January 1, 1980 through December 31, 1982	20
January 1, 1983 through December 31, 1985	15
January 1, 1986 through December 31, 1999	10
On or after January 1, 2000	5

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

13. Future Service Credit

Years of Service after the Contribution Date:

Hours Worked in the Calendar Year	Future Service Credit
2,100 or more	1-2/10
1,800 – 2,099	1-1/10
1,500 – 1,799	1
1,350 – 1,499	9/10
1,200 – 1,349	8/10
1,050 – 1,199	7/10
900 – 1,049	6/10
750 – 899	5/10
600 – 749	4/10
450 – 599	3/10
300 – 449	2/10
150 – 299	1/10
Less than 150	0

14. Pension Credit

Sum of Past Service Credit and Future Service Credit.

Participation	Effective upon working in Covered Employment for at least 870 hours in a period of 12 consecutive months.
Vesting Service	870 hours = 1 year

15. Contribution Date

First date a contributing employer makes contributions to the Plan under a Collective Bargaining Agreement.

16. Changes in Benefits Since Last Year

None.

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b) Identity of issuer, borrower, lessor or similar party		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
(a)							
	<u>Short-term investments</u>						
	PNC Federated Gocet Obl-Sel Erisa & Disc IRA MM Fund	Money market	N/A	N/A	60,255,488	\$ 60,255,488	\$ 60,255,488
	Foreign Currencies	Money market	N/A	N/A	9,082,410	9,082,410	9,691,356
	Dreyfus Treasury Prime Cash Mgmt	Money market	N/A	N/A	16,970,339	16,970,339	16,970,351
	Reserve Invt Funds Inc	Money market	N/A	N/A	1,331,559	1,331,559	1,331,559
	US Treasury Bills	Treasury Bill	N/A	N/A	7,936,676	7,936,676	7,936,676
	Total short-term investments					95,576,472	96,185,430
	<u>U.S. Government and agency obligations</u>						
	Federal Home Loan Mtg Corp	Notes	11/1/2032	7.000%	42,052	43,530	49,465
	Federal Home Loan Mtg Corp	Notes	7/1/2032	7.000%	12,227	12,657	14,390
	Federal Home Loan Mtg Corp	Notes	6/1/2034	3.000%	73,727	75,564	77,602
	Federal Home Loan Mtg Corp	Notes	3/1/2048	4.500%	79,939	85,085	87,952
	Federal Home Loan Mtg Corp	Notes	4/1/2034	3.000%	27,467	28,222	28,898
	Federal Home Loan Mtg Corp	Notes	4/1/2034	3.500%	28,199	29,292	29,653
	Federal Home Loan Mtg Corp	Notes	5/1/2049	4.000%	38,747	40,594	41,064
	Federal Home Loan Mtg Corp	Notes	11/1/2048	5.000%	79,055	83,736	86,473
	Federal Home Loan Mtg Corp	Notes	4/1/2047	4.500%	393,805	413,310	425,821
	Federal Home Loan Mtg Corp	Notes	2/1/2050	3.000%	78,260	83,151	83,155
	Federal Home Loan Mtg Corp	Notes	8/1/2049	3.000%	148,434	156,064	156,442
	Federal Home Loan Mtg Corp	Notes	1/1/2047	3.000%	216,426	229,581	229,228
	Federal Home Loan Mtg Corp	Notes	3/1/2032	2.500%	496,851	523,402	527,298
	Federal Home Loan Mtg Corp	Notes	1/1/2047	3.000%	134,900	143,479	142,899
	Federal Home Loan Mtg Corp	Notes	1/1/2043	3.000%	963,372	992,424	1,048,072
	Federal Home Loan Mtg Corp	Notes	5/1/2046	3.500%	401,009	421,560	428,634
	Federal Home Loan Mtg Corp	Notes	8/25/2023	Var %	28,285	28,285	28,223
	Federal Home Loan Mtg Corp	Notes	9/1/2032	7.000%	42,298	43,785	49,359
	Federal Home Loan Mtg Corp	Notes	10/1/2032	7.000%	31,712	32,827	37,616
	Federal Home Loan Mtg Corp	Notes	10/1/2047	3.500%	157,252	166,441	165,808
	Federal Home Loan Mtg Corp	Notes	3/1/2046	3.000%	122,887	129,146	131,372
	Federal Home Loan Mtg Corp	Notes	2/1/2049	5.000%	138,564	146,315	151,433
	Federal Home Loan Mtg Corp	Notes	2/1/2047	4.500%	249,231	261,128	270,371
	Federal Home Loan Mtg Corp	Notes	9/1/2048	4.000%	92,900	95,766	100,601
	Federal Home Loan Mtg Corp	Notes	1/1/2049	5.000%	26,159	27,632	28,573
	Federal Home Loan Mtg Corp	Notes	5/1/2049	4.500%	126,468	133,246	136,007
	Federal Home Loan Mtg Corp	Notes	7/1/2049	3.500%	69,293	71,513	72,985
	Federal Home Loan Mtg Corp	Notes	7/1/2049	3.000%	66,468	67,610	71,027
	Federal Home Loan Mtg Corp	Notes	8/1/2049	3.500%	199,231	205,986	212,818
	Federal Home Loan Mtg Corp	Notes	8/1/2049	3.500%	154,897	159,835	164,262
	Federal Home Loan Mtg Corp	Notes	9/1/2049	3.500%	136,438	141,000	143,542
	Federal Home Loan Mtg Corp	Notes	10/1/2049	3.500%	77,059	79,497	81,009
	Federal Home Loan Mtg Corp	Notes	11/1/2049	3.500%	52,490	54,208	55,181
	Federal Home Loan Mtg Corp	Notes	1/1/2049	4.500%	124,378	131,374	133,643
	Federal Home Loan Mtg Corp	Notes	5/1/2049	4.000%	23,860	24,811	25,282
	Federal Home Loan Mtg Corp	Notes	7/1/2049	4.500%	150,960	162,518	162,290
	Federal Home Loan Mtg Corp	Notes	11/1/2049	3.000%	138,150	145,295	147,380
	Federal Home Loan Mtg Corp	Notes	11/1/2049	3.000%	38,631	40,616	41,389
	Federal Home Loan Mtg Corp	Notes	12/1/2049	3.000%	374,901	397,629	397,361
	Federal Home Loan Mtg Corp	Notes	1/1/2050	3.500%	54,608	56,664	57,442
	Federal Home Loan Mtg Corp	Notes	2/1/2050	3.000%	51,835	54,670	54,860

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(b) Identity of issuer, borrower, lessor or similar party							(d) Cost	(e) Current Value
(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares			
	Federal Home Loan Mtg Corp	Notes	3/1/2050	3.000%	111,356	\$	118,316	\$ 118,322
	Federal Home Loan Mtg Corp	Notes	3/1/2050	3.000%	74,615		79,150	79,122
	Federal Home Loan Mtg Corp	Notes	4/1/2050	3.500%	764,852		815,045	811,301
	Federal Home Loan Mtg Corp	Notes	2/1/2047	3.000%	248,660		263,774	263,401
	Federal Home Loan Mtg Corp	Notes	2/1/2050	3.000%	171,085		179,987	182,142
	Federal Home Loan Mtg Corp	Notes	10/1/2047	3.500%	263,867		281,555	283,499
	Federal Home Loan Mtg Corp	Notes	10/1/2047	3.500%	92,107		98,252	98,411
	Federal Home Loan Mtg Corp	Notes	12/1/2048	3.500%	288,012		305,788	303,950
	Federal Home Loan Mtg Corp	Notes	5/1/2026	7.500%	3,258		3,236	3,669
	Federal Home Loan Mtg Corp	Notes	6/1/2044	3.500%	118,107		121,088	126,642
	Federal Home Loan Mtg Corp	Notes	5/1/2047	4.000%	446,650		470,431	476,616
	Federal Home Loan Mtg Corp	Notes	11/1/2048	4.500%	462,237		472,493	496,752
	Federal Home Loan Mtg Corp	Notes	6/1/2049	3.000%	747,014		751,215	787,509
	Federal Home Loan Mtg Corp	Notes	9/1/2048	4.500%	779,692		801,681	838,909
	Federal Home Loan Mtg Corp	Notes	11/1/2047	3.500%	1,681,478		1,728,835	1,781,913
	Federal Home Loan Mtg Corp	Notes	8/1/2049	3.000%	152,891		155,710	161,251
	Federal Natl Mtg Assn	Notes	12/31/2049	4.000%	1,805,264		1,929,094	1,949,758
	Federal Natl Mtg Assn	Notes	7/1/2029	3.500%	32,790		34,168	34,902
	Federal Natl Mtg Assn	Notes	10/1/2048	4.000%	65,187		67,606	69,106
	Federal Natl Mtg Assn	Notes	1/1/2029	4.200%	200,000		225,031	233,998
	Federal Natl Mtg Assn	Notes	1/1/2049	5.000%	225,239		237,698	246,209
	Federal Natl Mtg Assn	Notes	4/1/2049	4.500%	104,970		110,071	112,777
	Federal Natl Mtg Assn	Notes	4/1/2049	4.500%	27,505		29,194	29,959
	Federal Natl Mtg Assn	Notes	9/1/2049	3.500%	510,462		528,647	536,628
	Federal Natl Mtg Assn	Notes	7/1/2049	4.000%	91,038		94,950	96,532
	Federal Natl Mtg Assn	Notes	8/1/2049	4.000%	24,091		25,168	25,560
	Federal Natl Mtg Assn	Notes	3/1/2050	3.500%	164,279		174,495	173,809
	Federal Natl Mtg Assn	Notes	12/1/2049	3.000%	286,128		302,893	301,968
	Federal Natl Mtg Assn	Notes	1/1/2050	3.500%	38,320		39,709	40,309
	Federal Natl Mtg Assn	Notes	4/1/2048	5.000%	57,048		60,828	63,367
	Federal Natl Mtg Assn	Notes	5/1/2048	5.000%	178,837		189,176	195,519
	Federal Natl Mtg Assn	Notes	6/1/2048	5.000%	76,743		81,078	83,887
	Federal Natl Mtg Assn	Notes	10/1/2049	3.000%	754,065		794,832	810,492
	Federal Natl Mtg Assn	Notes	12/1/2049	3.500%	832,961		879,945	875,667
	Federal Natl Mtg Assn	Notes	12/1/2049	3.000%	301,101		315,874	321,064
	Federal Natl Mtg Assn	Notes	1/1/2050	4.000%	59,500		62,586	63,130
	Federal Natl Mtg Assn	Notes	6/1/2029	6.000%	20,338		18,934	22,602
	Federal Natl Mtg Assn	Notes	12/1/2047	4.500%	1,716,196		1,811,593	1,846,404
	Federal Natl Mtg Assn	Notes	8/1/2048	4.500%	688,776		708,551	739,511
	Federal Natl Mtg Assn	Notes	11/1/2048	4.500%	694,417		712,890	746,429
	Federal Natl Mtg Assn	Notes	12/1/2029	7.000%	343		410	402
	Federal Natl Mtg Assn	Notes	8/1/2032	7.000%	32,289		33,546	38,173
	Federal Natl Mtg Assn	Notes	11/1/2029	7.000%	14,830		15,407	17,325
	Federal Natl Mtg Assn	Notes	4/1/2037	Var %	155		155	156
	Federal Natl Mtg Assn	Notes	10/1/2022	6.000%	228		239	237
	Federal Natl Mtg Assn	Notes	2/1/2023	2.500%	17,000		17,271	17,640
	Federal Natl Mtg Assn	Notes	6/1/2024	3.020%	250,000		253,525	256,650
	Federal Natl Mtg Assn	Notes	6/1/2047	5.000%	139,274		147,489	152,570
	Federal Natl Mtg Assn	Notes	6/1/2048	3.500%	141,248		150,054	149,080
	Federal Natl Mtg Assn	Notes	4/1/2050	3.000%	385,626		405,811	408,922
	Federal Natl Mtg Assn	Notes	5/1/2033	3.500%	32,025		33,100	33,734
	Federal Natl Mtg Assn	Notes	10/1/2048	5.000%	112,755		119,132	123,157
	Federal Natl Mtg Assn	Notes	7/1/2048	4.500%	69,178		72,994	74,374

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b) Identity of issuer, borrower, lessor or similar party							
(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Federal Natl Mtg Assn	Notes	7/1/2048	4.000%	456,819	\$ 475,912	\$ 484,529
	Federal Natl Mtg Assn	Notes	12/1/2048	5.000%	33,479	35,613	36,610
	Federal Natl Mtg Assn	Notes	9/1/2048	4.000%	105,462	108,790	111,918
	Federal Natl Mtg Assn	Notes	9/1/2048	5.000%	39,292	41,527	42,932
	Federal Natl Mtg Assn	Notes	7/1/2027	3.820%	30,000	32,763	33,995
	Federal Natl Mtg Assn	Notes	12/1/2025	3.790%	370,000	394,825	418,707
	Federal Natl Mtg Assn	Notes	5/1/2026	3.020%	240,000	252,000	265,939
	Federal Natl Mtg Assn	Notes	5/1/2024	3.050%	118,267	121,889	125,908
	Federal Natl Mtg Assn	Notes	9/1/2048	5.000%	82,942	88,586	90,631
	Federal Natl Mtg Assn	Notes	3/1/2049	5.000%	34,545	36,857	37,839
	Federal Natl Mtg Assn	Notes	2/1/2049	4.000%	155,205	160,637	167,875
	Federal Natl Mtg Assn	Notes	5/1/2049	5.000%	167,749	178,888	183,346
	Federal Natl Mtg Assn	Notes	9/1/2049	4.000%	18,113	18,872	19,197
	Federal Natl Mtg Assn	Notes	12/1/2048	4.000%	84,823	88,442	91,211
	Federal Natl Mtg Assn	Notes	1/1/2049	5.000%	68,218	73,100	74,475
	Federal Natl Mtg Assn	Notes	7/1/2049	3.500%	36,831	38,040	38,734
	Federal Natl Mtg Assn	Notes	3/1/2049	4.000%	90,236	93,902	95,605
	Federal Natl Mtg Assn	Notes	5/1/2049	3.500%	85,182	87,658	89,606
	Federal Natl Mtg Assn	Notes	5/1/2049	4.500%	102,589	108,463	113,352
	Federal Natl Mtg Assn	Notes	6/1/2049	3.500%	124,393	128,397	133,384
	Federal Natl Mtg Assn	Notes	6/1/2049	4.000%	211,325	226,695	224,353
	Federal Natl Mtg Assn	Notes	6/1/2049	3.500%	56,513	58,248	59,672
	Federal Natl Mtg Assn	Notes	6/1/2049	4.000%	158,670	165,240	168,471
	Federal Natl Mtg Assn	Notes	7/1/2049	4.000%	172,652	179,477	183,030
	Federal Natl Mtg Assn	Notes	6/1/2049	3.500%	109,694	112,968	115,568
	Federal Natl Mtg Assn	Notes	10/1/2049	3.500%	37,943	38,992	40,238
	Federal Natl Mtg Assn	Notes	8/1/2034	3.000%	42,565	43,775	45,640
	Federal Natl Mtg Assn	Notes	9/1/2049	3.000%	132,533	140,030	141,673
	Federal Natl Mtg Assn	Notes	9/1/2034	3.000%	43,876	45,192	47,051
	Federal Natl Mtg Assn	Notes	8/1/2049	3.500%	104,460	107,838	110,362
	Federal Natl Mtg Assn	Notes	11/1/2049	3.500%	26,850	27,720	28,345
	Federal Natl Mtg Assn	Notes	9/1/2049	3.000%	139,820	148,318	148,494
	Federal Natl Mtg Assn	Notes	12/1/2049	3.000%	127,809	134,379	136,349
	Federal Natl Mtg Assn	Notes	12/1/2049	3.500%	133,375	138,038	141,018
	Federal Natl Mtg Assn	Notes	10/1/2049	3.000%	131,573	138,337	140,374
	Federal Natl Mtg Assn	Notes	11/1/2049	3.500%	109,080	112,651	114,672
	Federal Natl Mtg Assn	Notes	11/1/2049	3.500%	94,461	97,325	100,331
	Federal Natl Mtg Assn	Notes	11/1/2049	3.500%	80,829	83,703	85,522
	Federal Natl Mtg Assn	Notes	12/1/2049	4.000%	51,788	54,347	55,226
	Federal Natl Mtg Assn	Notes	1/1/2050	3.000%	148,435	150,708	156,669
	Federal Natl Mtg Assn	Notes	1/1/2050	3.500%	135,470	140,164	143,124
	Federal Natl Mtg Assn	Notes	1/1/2050	3.500%	84,376	87,411	89,116
	Federal Natl Mtg Assn	Notes	1/1/2050	4.000%	44,690	47,024	47,639
	Federal Natl Mtg Assn	Notes	2/1/2050	3.000%	198,377	208,187	210,422
	Federal Natl Mtg Assn	Notes	2/1/2050	3.500%	63,585	65,923	67,099
	Federal Natl Mtg Assn	Notes	2/1/2050	4.000%	29,807	31,385	31,745
	Federal Natl Mtg Assn	Notes	2/1/2050	3.000%	607,854	638,912	642,071
	Federal Natl Mtg Assn	Notes	2/1/2050	3.000%	183,679	193,207	194,126
	Federal Natl Mtg Assn	Notes	2/1/2050	3.000%	166,194	175,049	176,444
	Federal Natl Mtg Assn	Notes	2/1/2050	3.000%	64,597	67,787	68,081
	Federal Natl Mtg Assn	Notes	3/1/2050	3.000%	119,313	126,043	127,582
	Federal Natl Mtg Assn	Notes	3/1/2050	3.000%	349,272	369,792	369,317
	Federal Natl Mtg Assn	Notes	3/1/2050	3.500%	49,772	53,015	52,355

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b) Identity of issuer, borrower, lessor or similar party					(d)	(e)	
(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	Cost	Current Value
	Federal Natl Mtg Assn	Notes	4/1/2050	3.000%	79,693	\$ 84,823	\$ 86,181
	Federal Natl Mtg Assn	Notes	5/1/2050	3.000%	194,678	204,990	205,187
	Federal Natl Mtg Assn	Notes	7/1/2048	4.500%	640,657	665,483	687,912
	Federal Natl Mtg Assn	Notes	6/1/2049	3.000%	126,770	134,039	136,822
	Federal Natl Mtg Assn	Notes	2/1/2048	4.500%	806,194	851,669	870,093
	Federal Natl Mtg Assn	Notes	7/1/2049	4.000%	141,519	147,291	149,923
	Federal Natl Mtg Assn	Notes	9/1/2049	4.000%	567,876	595,559	605,475
	Federal Natl Mtg Assn	Notes	6/1/2049	4.000%	76,887	79,987	81,574
	Federal Natl Mtg Assn	Notes	10/1/2049	4.000%	162,406	173,242	172,172
	Federal Natl Mtg Assn	Notes	1/1/2035	3.000%	124,902	129,298	132,782
	Federal Natl Mtg Assn	Notes	1/1/2050	3.000%	245,917	261,517	264,130
	Federal Natl Mtg Assn	Notes	1/1/2050	3.000%	327,995	345,010	350,728
	Federal Natl Mtg Assn	Notes	3/1/2050	3.000%	258,253	273,950	273,854
	Federal Natl Mtg Assn	Notes	3/1/2050	3.000%	385,151	408,441	418,170
	Federal Natl Mtg Assn	Notes	3/1/2050	3.000%	179,680	188,635	189,368
	Federal Natl Mtg Assn	Notes	4/1/2043	3.000%	113,915	111,388	122,080
	Federal Natl Mtg Assn	Notes	5/1/2043	3.000%	55,280	54,662	59,775
	Federal Natl Mtg Assn	Notes	6/1/2042	3.247%	63,052	65,357	66,173
	Federal Natl Mtg Assn	Notes	2/1/2047	3.500%	1,004,454	1,040,983	1,097,466
	Federal Natl Mtg Assn	Notes	6/1/2043	3.000%	170,076	168,176	183,907
	Federal Natl Mtg Assn	Notes	8/1/2043	3.000%	139,534	136,465	150,882
	Federal Natl Mtg Assn	Notes	8/1/2043	3.000%	193,570	189,313	207,443
	Federal Natl Mtg Assn	Notes	7/1/2046	3.000%	466,950	480,630	494,528
	Federal Natl Mtg Assn	Notes	4/1/2047	4.000%	1,046,052	1,104,525	1,115,897
	Federal Natl Mtg Assn	Notes	11/1/2047	3.500%	593,950	604,205	627,271
	Federal Natl Mtg Assn	Notes	12/1/2047	4.000%	744,939	768,858	792,853
	Federal Natl Mtg Assn	Notes	11/1/2048	3.500%	824,753	835,964	860,877
	Federal Natl Mtg Assn	Notes	11/1/2048	4.500%	510,899	523,832	548,706
	Federal Natl Mtg Assn	Notes	10/1/2048	4.500%	901,555	928,742	969,325
	Federal Natl Mtg Assn	Notes	5/1/2047	4.000%	1,223,080	1,289,108	1,303,926
	Federal Natl Mtg Assn	Notes	12/31/2049	2.000%	1,200,000	1,213,556	1,218,810
	Federal Natl Mtg Assn	Notes	12/31/2049	2.000%	3,600,000	3,619,594	3,505,769
	Federal Natl Mtg Assn	Notes	12/31/2049	2.500%	1,600,000	1,611,855	1,618,568
	Fhlmc Multifamily Structured	Notes	5/25/2025	3.329%	70,000	77,109	78,138
	Fhlmc Multifamily Structured	Notes	1/25/2026	3.499%	200,000	211,281	219,068
	Fhlmc Multifamily Structured	Notes	10/25/2025	Var %	1,175,000	1,254,201	1,342,261
	Fhlmc Multifamily Structured	Notes	9/25/2025	2.735%	155,000	159,783	167,296
	Fremf Mortgage Trust	Notes	2/25/2022	3.669%	570,000	567,555	584,039
	Government Natl Mtg Assn	Notes	12/15/2023	7.000%	5,859	6,018	6,245
	Government Natl Mtg Assn	Notes	11/15/2029	7.000%	365	-	366
	Government Natl Mtg Assn	Notes	9/15/2028	7.500%	495	1,248	570
	Government Natl Mtg Assn	Notes	9/15/2047	4.000%	87,421	93,704	92,571
	Government Natl Mtg Assn	Notes	7/15/2049	3.000%	78,372	80,662	83,513
	Government Natl Mtg Assn	Notes	10/15/2029	7.500%	242	271	276
	Government Natl Mtg Assn	Notes	9/20/2046	3.000%	35,732	36,966	38,410
	Government Natl Mtg Assn	Notes	7/20/2048	5.000%	25,469	26,854	27,829
	Government Natl Mtg Assn	Notes	7/20/2048	5.000%	27,445	28,903	30,097
	Government Natl Mtg Assn	Notes	8/20/2049	3.500%	131,006	136,779	139,120
	Government Natl Mtg Assn	Notes	9/20/2049	4.500%	218,782	230,234	233,552
	Government Natl Mtg Assn	Notes	3/15/2043	3.000%	56,437	58,460	60,148
	Government Natl Mtg Assn	Notes	4/15/2046	3.000%	40,714	42,197	43,374
	Government Natl Mtg Assn	Notes	6/15/2046	3.000%	44,298	45,911	47,196
	Government Natl Mtg Assn	Notes	9/15/2042	3.000%	260,548	269,179	277,085

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(b) Identity of issuer, borrower, lessor or similar party							(d) Cost	(e) Current Value
(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares			
	Government Natl Mtg Assn	Notes	4/20/2043	3.500%	786,408	\$	807,542	\$ 845,978
	Government Natl Mtg Assn	Notes	4/20/2044	2.000%	186,598		191,555	193,321
	Government Natl Mtg Assn	Notes	10/20/2048	4.500%	612,926		629,972	660,017
	Government Natl Mtg Assn	Notes	10/20/2048	5.000%	415,257		433,376	454,121
	Australian Government	Bonds	7/15/2022	5.750%	2,955,000		2,302,234	2,266,637
	Kingdom Of Spain	Bonds	10/31/2050	1.000%	2,300,000		2,171,805	2,410,121
	Malaysia Government	Bonds	11/30/2026	3.900%	750,000		175,269	186,904
	Malaysia Government	Bonds	11/30/2021	3.620%	1,610,000		401,538	383,843
	Malaysia Government	Bonds	10/15/2020	3.659%	2,385,000		-	559,225
	Malaysia Government	Bonds	3/10/2022	3.882%	2,810,000		679,356	722,016
	Malaysia Government	Bonds	9/15/2025	3.955%	2,025,000		468,177	506,174
	Malaysia Government	Bonds	11/16/2027	3.899%	3,515,000		5,263,943	878,943
	Malaysia Government	Bonds	9/30/2021	4.048%	4,750,000		1,364,158	1,135,183
	Malaysia Government	Bonds	11/13/2023	3.480%	4,460,000		1,383,986	1,073,699
	Mex Bonos	Bonds	11/7/2047	8.000%	251,000		1,474,555	1,224,629
	Mex Bonos Desarr	Bonds	11/18/2038	8.500%	617,000		5,161,373	3,184,337
	Mex Bonos Desarr	Bonds	5/31/2029	8.500%	520,000		4,775,145	2,675,400
	Mex Bonos Desarr	Bonds	11/13/2042	7.750%	773,000		642,136	3,674,069
	Mexican Bonos Desarr	Bonds	11/23/2034	7.750%	206,000		1,020,976	1,017,640
	New South Wales Treasury	Bonds	4/8/2021	4.000%	815,000		610,743	578,505
	Nota Do Tesouro Nacional	Notes	1/1/2021	10.000%	2,240		954,018	425,993
	Nota Do Tesouro Nacional	Notes	1/1/2023	10.000%	11,145		4,646,724	2,319,808
	Poland Government Bond	Bonds	10/25/2020	5.250%	4,045,000		1,166,746	1,038,779
	Poland Govt Bond	Bonds	4/25/2021	2.000%	4,735,000		1,292,451	1,216,453
	Queensland Treasury Corp	Bonds	6/21/2021	5.500%	1,875,000		1,449,035	1,359,310
	Republic Of South Africa	Bonds	2/28/2041	6.500%	44,330,000		3,823,493	1,625,284
	Republic Of South Africa	Bonds	2/28/2048	8.750%	43,780,000		3,154,847	1,986,338
	Western Australia Treasury Corp	Bonds	7/15/2021	7.000%	1,680,000		1,277,984	1,239,693
	Resolution Funding Corp	Bonds	1/15/2030	0.000%	120,000		105,096	106,108
	Resolution Funding Corp	Bonds	1/15/2030	0.000%	240,000		210,842	212,215
	Resolution Funding Corp	Bonds	4/15/2030	0.000%	185,000		160,488	163,055
	USA Treasury Note	Notes	1/31/2022	Var %	9,130,000		9,149,516	9,141,960
	USA Treasury Note	Notes	4/30/2022	Var %	4,865,000		4,869,136	4,867,822
	USA Treasury Note	Notes	7/31/2021	Var %	11,085,000		11,119,354	11,106,283
	USA Treasury Note	Notes	10/31/2021	Var %	6,500,000		6,516,550	6,520,605
	USA Treasury Note	Notes	5/15/2050	1.250%	1,465,000		1,454,161	1,407,601
	USA Treasury Note	Notes	11/15/2042	2.750%	715,000		844,595	915,758
	USA Treasury Note	Notes	6/30/2027	0.500%	7,830,000		7,828,777	7,836,421
	USA Treasury Note	Notes	2/15/2050	2.000%	6,755,000		7,634,895	7,736,029
	USA Treasury Note	Notes	2/15/2045	2.500%	1,600,000		1,710,733	1,973,632
	USA Treasury Note	Notes	11/15/2043	3.750%	205,000		306,210	305,089
	USA Treasury Note	Notes	5/15/2023	0.125%	343,000		342,263	342,492
	USA Treasury Note	Notes	3/31/2022	0.375%	411,000		412,397	412,463
	USA Treasury Note	Notes	5/15/2030	0.625%	927,900		279,367	925,330
	USA Treasury Note	Notes	2/28/2025	1.125%	3,198,500		3,294,343	3,326,696
	USA Treasury Note	Notes	2/15/2050	2.000%	126,100		148,745	144,414
	USA Treasury Note	Notes	8/15/2046	2.250%	140,000		117,424	166,048
	USA Treasury Note	Notes	8/15/2049	2.250%	805,000		794,222	968,109
	USA Treasury Note	Notes	5/15/2046	2.500%	350,000		354,958	434,095
	USA Treasury Note	Notes	8/15/2047	2.750%	773,900		758,293	1,011,178
	USA Treasury Note	Notes	9/30/2020	2.750%	418,200		422,251	420,868
	USA Treasury Note	Notes	11/15/2047	2.750%	209,800		195,717	274,494
	USA Treasury Note	Notes	5/15/2047	3.000%	176,700		181,146	240,851
	USA Treasury Note	Notes	5/15/2048	3.125%	989,900		969,566	1,387,325
	USA Treasury Note	Notes	7/15/2028	0.625%	1,946,500		1,909,425	2,244,711
	Total U.S. Government and agency obligations						162,955,258	154,674,121

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(b) Identity of issuer, borrower, lessor or similar party		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value	
(a)								
	<u>Corporate bonds and notes</u>							
	1011778 BC/New Red Finance Inc.	Notes	4/15/2025	5.750%	125,000	\$ 125,000	\$	131,250
	1011778 BC/New Red Finance Inc.	Notes	5/15/2024	4.250%	835,000	829,078		836,478
	1011778 BC/New Red Finance Inc.	Notes	10/15/2025	5.000%	1,285,000	1,276,106		1,277,431
	3M Company	Notes	4/15/2050	3.700%	295,000	318,105		351,389
	3M Company	Notes	8/26/2049	3.250%	60,000	61,049		66,749
	3M Company	Notes	4/15/2030	3.050%	174,000	173,445		196,989
	Abbott Laboratories	Notes	1/30/2028	1.150%	125,000	124,213		125,288
	Abbott Laboratories	Notes	6/30/2030	1.400%	613,000	604,216		609,972
	Abbvie Inc	Notes	11/14/2028	4.250%	95,000	94,188		111,194
	Abbvie Inc	Bonds	11/21/2049	4.250%	595,000	594,415		721,241
	Abbvie Inc	Bonds	11/21/2029	3.200%	40,000	43,207		44,016
	Abbvie Inc	Notes	11/6/2022	3.200%	65,000	64,872		68,300
	Abbvie Inc	Bonds	3/15/2022	3.450%	473,000	472,328		491,948
	Abbvie Inc	Bonds	11/21/2029	3.200%	842,000	841,790		926,528
	Acadia Healthcare Co	Bonds	7/1/2028	5.500%	685,000	689,425		686,713
	Advocate Health Corp	Notes	8/15/2028	3.829%	265,000	265,000		300,322
	Aercap Global Aviation	Notes	6/15/2045	Var %	712,000	747,084		534,000
	Aetna Inc	Notes	6/15/2023	2.800%	375,000	374,453		395,336
	Air Liquide Finance	Notes	9/27/2023	2.250%	200,000	199,498		208,660
	Alabama Power Co	Bonds	12/1/2047	3.700%	320,000	319,587		365,021
	Alcoa Inc	Bonds	2/1/2027	5.900%	290,000	308,825		307,473
	Alliant Hold / Co	Bonds	10/15/2027	6.750%	615,000	617,376		612,921
	Ally Auto Receivables	Bonds	6/15/2022	2.310%	52,206	52,390		52,550
	Ally Auto Receivables	Bonds	12/16/2024	1.960%	165,000	164,978		170,085
	Ally Financial Inc	Notes	2/13/2022	4.125%	365,000	369,188		375,048
	Altice France Hldg Sa	Bonds	2/15/2028	6.000%	1,310,000	1,301,594		1,237,138
	Altice France Sa	Notes	2/1/2027	8.125%	295,000	299,824		322,656
	Altice France Sa	Notes	1/15/2028	5.500%	995,000	1,006,719		1,004,950
	Altria Group Inc	Notes	2/14/2029	4.800%	393,000	391,888		458,843
	Altria Group Inc	Notes	2/14/2026	4.400%	261,000	260,455		300,528
	Amazon.Com Inc	Notes	6/3/2030	1.500%	1,545,000	1,543,285		1,563,695
	Amazon.Com Inc	Notes	6/3/2027	1.200%	405,000	404,866		410,848
	American Airlines Group	Bonds	3/1/2025	3.750%	355,000	318,900		165,036
	American Axle & Mfg Inc	Notes	7/1/2028	6.875%	470,000	470,000		465,300
	American Express Co	Notes	11/5/2021	Var %	1,025,000	1,025,000		1,028,290
	American Express Co	Notes	8/1/2022	2.500%	250,000	249,803		258,910
	American Express Co	Notes	7/30/2024	2.500%	1,665,000	1,659,639		1,762,286
	American Intl Group	Notes	4/1/2026	3.900%	400,000	399,800		451,928
	American Intl Group	Notes	7/16/2044	4.500%	440,000	446,422		512,591
	American Intl Group	Notes	4/1/2026	3.900%	190,000	189,905		214,666
	American Intl Group	Notes	4/1/2048	4.750%	25,000	24,520		30,143
	American Mun Pwr Ohio Inc	Notes	2/15/2050	8.084%	170,000	251,411		306,859
	American Tower Corp	Notes	3/15/2025	2.400%	312,000	311,704		329,385
	American Tower Corp	Notes	10/15/2049	3.700%	415,000	413,801		451,296
	Amgen Inc	Notes	2/21/2040	3.150%	730,000	746,529		784,020
	Amgen Inc	Notes	2/21/2050	3.375%	420,000	441,836		468,342
	Amgen Inc	Notes	2/21/2027	2.200%	245,000	247,570		258,370
	Amgen Inc	Bonds	11/15/2041	5.150%	105,000	104,670		139,584
	Amkor Technology Inc	Bonds	9/15/2027	6.625%	725,000	736,015		776,018

**PLUMBERS AND PIPEFITTERS NATIONAL
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SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value				
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost
						(e) Current Value
	Amsted Industries	Bonds	9/15/2030	4.625%	400,000	\$ 400,000
	Anheuser-Busch Co/Inbev	Bonds	2/1/2036	4.700%	85,000	85,806
	Anheuser-Busch Inbev Wor	Notes	6/1/2050	4.500%	1,055,000	1,272,340
	Anheuser-Busch Inbev Wor	Notes	6/1/2060	4.600%	370,000	376,761
	Anheuser-Busch Inbev Wor	Notes	1/23/2039	5.450%	110,000	109,694
	Anheuser-Busch Inbev Wor	Notes	1/23/2049	5.550%	170,000	169,434
	Anheuser-Busch Inbev Wor	Notes	4/15/2048	4.600%	220,000	218,511
	Anheuser-Busch Inbev Wor	Notes	1/23/2025	4.150%	545,000	544,455
	Antero Midstream Part/Fi	Notes	9/15/2024	5.375%	395,000	396,573
	Anthem Inc	Notes	12/1/2027	3.650%	450,000	449,096
	Anthem Inc	Notes	12/1/2024	3.350%	140,000	139,955
	Apache Corp	Notes	10/15/2028	4.375%	385,000	346,450
	Apple Inc	Notes	6/20/2027	3.000%	845,000	843,048
	Apple Inc	Notes	5/11/2050	2.650%	385,000	377,468
	Apple Inc	Notes	1/13/2025	2.750%	80,000	84,765
	Apple Inc	Notes	5/11/2023	0.750%	235,000	234,361
	Apple Inc	Notes	5/13/2045	4.375%	190,000	189,307
	Apx Group Inc	Notes	9/1/2023	7.625%	600,000	583,161
	Apx Group Inc	Bonds	2/15/2027	6.750%	535,000	536,155
	Aramark Services Inc	Bonds	5/1/2025	6.375%	1,105,000	1,115,850
	Aramark Services Inc	Bonds	2/1/2028	5.000%	745,000	729,361
	Arch Capital Group Ltd	Notes	6/30/2050	3.635%	640,000	640,000
	Archer-Daniels-Midland C	Notes	3/27/2030	3.250%	545,000	540,765
	Archrock Partners Lp/Fin	Bonds	4/1/2028	6.250%	615,000	630,184
	Arconic Rolled Products	Bonds	2/15/2028	6.125%	185,000	185,000
	Ard Finance Sa	Notes	6/30/2027	6.500%	650,000	661,914
	Asbury Automotive Group	Bonds	3/1/2028	4.500%	151,000	151,000
	Asbury Automotive Group	Bonds	3/1/2030	4.750%	203,000	203,000
	Ascent Resources/Aru Fin	Bonds	4/1/2022	10.000%	367,000	353,995
	Ascent Resources/Aru Fin	Bonds	11/1/2026	7.000%	1,565,000	1,394,744
	Asgn Incorporated	Bonds	5/15/2028	4.625%	1,255,000	1,262,763
	Ashco (Bass Pro Group) (12/16)TI	N/A	N/A	N/A	1,148,906	1,045,721
	Assuredpartners Inc	Bonds	8/15/2025	7.000%	835,000	824,038
	Astrazeneca Plc	Notes	8/17/2023	3.500%	195,000	194,362
	At&T Inc	Notes	5/15/2025	3.400%	295,000	297,328
	At&T Inc	Notes	6/1/2024	3.550%	150,000	149,862
	At&T Inc	Notes	8/15/2040	6.000%	395,000	389,703
	At&T Inc	Notes	3/1/2029	4.350%	45,000	49,760
	At&T Inc	Bonds	8/15/2041	5.550%	150,000	149,004
	At&T Inc	Notes	5/15/2025	3.400%	570,000	572,008
	At&T Inc	Notes	3/1/2029	4.350%	772,000	880,844
	At&T Inc	Notes	6/1/2031	2.750%	740,000	738,809
	Avalonbay Communities	Bonds	1/15/2031	2.450%	310,000	308,621
	Avalonbay Communities	Bonds	4/15/2048	4.350%	30,000	37,895
	Avis Budget Car/Finance	Bonds	7/15/2027	5.750%	285,000	288,568
	Avis Budget Car/Finance	Bonds	3/15/2025	5.250%	535,000	501,644
	Axa Equitable Holdings I	Notes	4/20/2038	4.350%	829,000	846,209
	Axalta Coat/Dutch Hld Bv	Notes	6/15/2027	4.750%	285,000	285,000
	Bae Systems Plc	Notes	4/15/2030	3.400%	200,000	198,592
	Bae Systems Plc	Bonds	10/11/2021	4.750%	295,000	294,699
	Ball Corp	Notes	7/1/2025	5.250%	570,000	624,875
	Bank Of America	Bonds	7/23/2030	Var %	135,000	135,000
	Bank Of America Corp	Notes	3/20/2051	Var %	2,330,000	2,854,385

**PLUMBERS AND PIPEFITTERS NATIONAL
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SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b)							
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Bank Of America Corp	Notes	7/23/2024	Var %	310,000	\$ 310,000	\$ 335,935
	Bank Of America Corp	Bonds	3/3/2026	4.450%	255,000	255,491	293,569
	Bank Of America Corp	Bonds	10/1/2025	Var %	470,000	470,000	508,465
	Bank Of America Corp	Notes	1/22/2025	4.000%	30,000	29,819	33,131
	Bank Of America Corp	Notes	8/26/2024	4.200%	215,000	214,843	238,693
	Bank Of America Corp	Notes	8/1/2025	3.875%	310,000	320,440	350,991
	Bank Of America Corp	Notes	4/24/2028	Var %	1,040,000	1,030,110	1,175,585
	Bank Of America Corporation	Bonds	10/22/2025	Var %	130,000	130,000	136,573
	Bank Of America Corporation	Bonds	3/15/2050	Var %	130,000	130,000	167,999
	Bank Of America Corporation	Notes	10/22/2025	Var %	108,000	108,000	113,460
	Bank Of America Corporation	Notes	10/22/2030	Var %	822,000	822,000	889,289
	Bank Of Montreal	Notes	3/10/2023	Var %	2,180,000	2,180,000	2,164,849
	Bank Of Nova Scotia	Notes	11/15/2022	2.000%	245,000	244,924	252,784
	Bank Of Ny Mellon Corp	Bonds	2/7/2028	Var %	300,000	334,968	340,329
	Bank Of The West Auto Trust	Bonds	10/17/2022	2.400%	100,981	100,941	101,670
	Barclays Bank	Notes	5/12/2022	1.700%	285,000	284,766	290,119
	Barclays Bank Plc	Notes	6/12/2021	10.179%	630,000	847,583	681,282
	Barclays Plc	Notes	5/7/2026	Var %	1,380,000	1,480,000	1,441,907
	Barclays Plc	Notes	5/16/2024	Var %	510,000	510,000	505,339
	Bat Capital Corp	Notes	8/15/2027	3.557%	175,000	174,008	188,622
	Bat Capital Corp	Notes	8/15/2024	3.222%	202,000	191,658	216,340
	Bausch Health Cos Inc	Notes	5/1/2026	5.750%	160,000	161,258	169,600
	Baxalta Inc	Notes	6/23/2022	3.600%	84,000	84,032	88,433
	Baxter International Inc	Bonds	4/1/2030	3.950%	110,000	109,594	130,307
	Bb&T Corporation	Bonds	3/16/2023	2.200%	635,000	634,530	659,238
	Bba Us Holdings Inc	Bonds	5/1/2026	5.375%	215,000	215,000	215,151
	Bcp Raptor (6/17) TI	N/A	N/A	N/A	375,051	369,656	375,051
	Beacon Escrow Corp	Bonds	11/1/2025	4.875%	1,555,000	1,524,197	1,387,838
	Berkshire Hathaway Energy	Notes	7/15/2030	3.700%	272,000	271,956	318,354
	Berry Global Escrow Corp	Bonds	7/15/2027	5.625%	975,000	1,004,614	999,375
	Berry Global Inc	Bonds	2/15/2026	4.500%	390,000	387,075	384,216
	Bg Energy Capital	Bonds	10/15/2021	4.000%	425,000	421,643	440,657
	Big River Steel/Brs Fin	Bonds	9/1/2025	7.250%	583,000	603,125	556,765
	Biogen Inc	Notes	9/15/2045	5.200%	30,000	37,219	39,335
	Biogen Inc	Notes	9/15/2022	3.625%	115,000	114,908	122,182
	Bmw Floorplan Master Owner	Bonds	5/15/2023	3.150%	100,000	100,000	101,799
	Bmw Us Capital Llc	Bonds	4/6/2023	3.800%	560,000	559,423	601,586
	Bnp Paribas Sa	Bonds	6/9/2026	Var %	645,000	645,000	660,493
	Boeing Co	Notes	8/1/2059	3.950%	370,000	338,262	324,238
	Boeing Co	Notes	5/1/2040	5.705%	295,000	295,000	335,831
	Boeing Co	Notes	5/1/2050	5.805%	365,000	365,000	431,061
	Boeing Co	Notes	5/1/2060	5.930%	365,000	365,000	432,850
	Boeing Co	Notes	5/1/2023	4.508%	390,000	390,000	412,008
	Boeing Co	Notes	2/1/2027	2.700%	95,000	94,908	92,793
	Boeing Co	Notes	5/1/2030	5.150%	465,000	465,000	518,489
	Boeing Co	Notes	5/1/2027	5.040%	280,000	280,000	308,787
	Boeing Co	Notes	5/1/2025	4.875%	155,000	155,000	168,919
	Boston Properties Inc	Notes	6/21/2029	3.400%	180,000	179,667	198,522
	Boston Properties Inc	Notes	6/21/2029	3.400%	740,000	738,631	816,146
	Boston Scientific Corp	Notes	3/1/2024	3.450%	307,000	306,816	332,549
	Boyd Gaming Corp	Notes	8/15/2026	6.000%	60,000	56,550	56,400
	Boyd Gaming Corp	Notes	4/1/2026	6.375%	345,000	301,863	327,750
	Bp Cap Markets America	Notes	4/6/2025	3.194%	240,000	240,000	261,434

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Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
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(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares			
	Bp Cap Markets America	Notes	4/6/2023	2.937%	165,000	\$	165,000	\$ 174,481
	Bp Cap Markets America	Bonds	11/28/2023	3.216%	390,000		390,000	418,669
	Brazos Delaware Li (5/18) TI	N/A	N/A	N/A	404,885		392,577	404,885
	Broadcom Inc	Bonds	11/15/2032	4.300%	355,000		363,811	389,499
	Broadcom Inc	Bonds	4/15/2025	4.700%	1,230,000		1,329,877	1,385,927
	Buckeye Partners Lp	Notes	11/15/2043	5.850%	410,000		371,656	355,798
	Buckeye Partners Lp	Notes	12/1/2027	4.125%	565,000		501,225	538,163
	Buckeye Partners Lp	Notes	7/1/2023	4.150%	85,000		85,850	82,688
	Buckeye Partners Lp	Notes	12/1/2026	3.950%	1,165,000		1,051,413	1,097,780
	Buckeye Partners Lp	Bonds	3/1/2025	4.125%	445,000		445,000	426,875
	Buckeye Partners Lp	Bonds	3/1/2028	4.500%	450,000		450,000	420,750
	Burlingt North Santa Fe	Notes	9/1/2045	4.700%	75,000		91,861	99,383
	Burlingt North Santa Fe	Notes	4/1/2044	4.900%	55,000		58,585	73,512
	Bway Holding Co	Bonds	4/15/2024	5.500%	430,000		431,979	422,342
	Bway Holding Co	Bonds	4/15/2025	7.250%	800,000		683,038	725,416
	Bway Holding TI (4/17)	N/A	N/A	N/A	467,372		453,014	467,372
	Bx Trust Series 2019 XI Class A	Notes	10/15/2036	Var %	272,289		264,971	270,214
	California St Hlth Facs	Notes	6/1/2029	2.584%	125,000		125,000	128,109
	California St Hlth Facs	Notes	6/1/2030	2.704%	185,000		185,000	189,951
	California St Hlth Facs	Notes	6/1/2031	2.864%	245,000		245,000	253,940
	California St Univ Revenue	Notes	11/1/2039	2.965%	210,000		210,000	219,295
	California St Univ Revenue	Notes	11/1/2042	3.065%	180,000		180,000	188,901
	Calpine Corp	Bonds	2/15/2028	4.500%	1,360,000		1,360,000	1,326,000
	Calpine Corp	Notes	2/1/2024	5.500%	90,000		83,875	89,775
	Calpine Corp	Notes	1/15/2025	5.750%	1,090,000		1,059,316	1,100,671
	Calpine Corp	Bonds	3/15/2028	5.125%	435,000		435,000	426,300
	Camden Property Trust	Notes	5/15/2030	2.800%	115,000		114,918	124,409
	Camden Property Trust	Notes	7/1/2029	3.150%	150,000		149,627	166,299
	Canadian Imperial Bank	Notes	3/17/2023	Var %	1,810,000		1,810,000	1,798,326
	Canadian Natl Resources Nts	Notes	3/15/2038	6.250%	459,000		565,066	545,902
	Capital One	Bonds	7/17/2023	1.990%	90,000		90,246	90,295
	Capital One	Bonds	9/16/2024	Var %	65,000		61,913	65,279
	Capital One	Bonds	7/15/2027	1.815%	50,000		50,043	50,157
	Capital One	Bonds	12/16/2024	2.840%	535,000		549,195	555,828
	Carmax Auto Owner Trust	Bonds	5/17/2021	1.251%	271,785		271,785	272,217
	Carnival Corp	Notes	4/1/2023	11.500%	455,000		498,778	493,675
	Carrier Global Corp	Bonds	2/15/2025	2.242%	150,000		150,000	153,363
	Caterpillar Finl Service	Notes	3/15/2021	Var %	1,750,000		1,758,902	1,750,910
	Caterpillar Finl Service	Bonds	5/17/2024	2.850%	45,000		47,315	48,595
	Caterpillar Inc	Notes	5/15/2024	3.400%	60,000		62,503	65,892
	Cco Hldgs Llc/Cap Corp	Bonds	8/15/2030	4.500%	905,000		914,150	923,100
	Cco Hldgs Llc/Cap Corp	Bonds	2/15/2026	5.750%	1,265,000		1,314,471	1,308,440
	Cco Hldgs Llc/Cap Corp	Bonds	5/1/2026	5.500%	665,000		691,350	688,481
	Cco Hldgs Llc/Cap Corp	Bonds	3/1/2030	4.750%	600,000		606,750	613,914
	Cco Hldgs Llc/Cap Corp	Bonds	4/1/2024	5.875%	345,000		354,056	355,781
	Cco Hldgs Llc/Cap Corp	Bonds	5/1/2032	4.500%	730,000		728,250	739,125
	Cco Hldgs Llc/Cap Corp	Bonds	2/1/2028	5.000%	2,515,000		2,520,160	2,596,738
	Cdk Global Inc	Notes	6/1/2027	4.875%	385,000		439,564	394,991
	Cdw Llc/Cdw Finance	Notes	9/1/2025	5.000%	195,000		199,982	200,606
	Cedar Fair/Can/Magnum/Mi	Bonds	5/1/2025	5.500%	545,000		545,000	547,725
	Cedar Fair/Can/Magnum/Mi	Notes	4/15/2027	5.375%	145,000		145,833	129,775
	Centene Corp	Notes	1/15/2025	4.750%	860,000		887,356	880,442
	Centene Corp	Notes	4/1/2025	5.250%	460,000		476,100	473,648

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EIN: 52-6152779
Plan No. 001

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(b)								
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	Centene Corp	Notes	5/15/2022	4.750%	495,000	\$ 510,500	\$ 500,569	
	Centene Corp	Notes	12/15/2027	4.250%	800,000	830,000	825,528	
	Centene Corp	Notes	12/15/2029	4.625%	1,440,000	1,535,957	1,519,200	
	Cf Industries Inc	Notes	3/15/2044	5.375%	150,000	166,685	162,195	
	Cfx Escrow Corp	Bonds	2/15/2024	6.000%	290,000	290,000	299,063	
	Cfx Escrow Corp	Bonds	2/15/2026	6.375%	315,000	317,000	329,175	
	Charter Comm Opt Llc/Cap	Notes	3/1/2050	4.800%	30,000	30,160	33,205	
	Cheniere Corpus Christi Hldgs	Notes	6/30/2024	7.000%	190,000	202,165	216,171	
	Cheniere Energy Inc	Bonds	5/28/2021	4.875%	1,695,000	1,580,213	1,724,663	
	Cheniere Energy Partners	Notes	10/1/2025	5.250%	1,520,000	1,534,231	1,514,984	
	Cheniere Energy Partners	Notes	10/1/2026	5.625%	270,000	279,431	268,650	
	Chevron Corp	Notes	5/11/2027	1.995%	140,000	140,000	146,595	
	Churchill Downs Inc	Bonds	4/1/2027	5.500%	1,375,000	1,427,708	1,345,850	
	Cigna Corp	Notes	3/15/2050	3.400%	30,000	28,440	32,284	
	Cinemark Usa Inc	Notes	6/1/2023	4.875%	270,000	256,275	228,150	
	Cinemark Usa Inc	Notes	12/15/2022	5.125%	255,000	248,944	225,038	
	Cit Group Inc	Notes	3/9/2021	4.125%	225,000	220,219	225,000	
	Cit Group Inc	Notes	3/7/2025	5.250%	300,000	286,250	310,812	
	Cit Group Inc	Notes	8/15/2022	5.000%	1,830,000	2,034,697	1,868,888	
	Citibank Credit Card Issuance	Bonds	4/22/2026	Var %	165,000	166,296	166,064	
	Citibank Credit Card Issuance	Bonds	12/9/2024	3.210%	130,000	137,470	138,719	
	Citibank Na	Bonds	5/20/2022	Var %	425,000	425,000	425,718	
	Citicorp Inc	Notes	4/24/2025	Var %	240,000	240,000	259,315	
	Citigroup Commercial Mortgage Series 2013 375P Class A	Bonds	5/10/2035	3.251%	260,000	266,104	270,845	
	Citigroup Inc	Notes	7/23/2048	4.650%	60,000	59,971	78,534	
	Citigroup Inc	Notes	1/14/2022	4.500%	475,000	521,441	503,405	
	Citigroup Inc	Notes	1/24/2023	Var %	145,000	145,000	149,975	
	Citigroup Inc	Notes	1/12/2026	3.700%	155,000	154,794	173,106	
	Citigroup Inc	Notes	10/21/2026	3.200%	1,245,000	1,298,584	1,364,682	
	Citigroup Inc	Notes	11/20/2026	4.300%	510,000	504,625	579,233	
	Clearway Energy Op Llc	Bonds	3/15/2028	4.750%	270,000	275,400	275,384	
	Cnh Equipment Trust	Bonds	6/16/2025	1.160%	80,000	79,984	80,738	
	Coca-Cola Co/The	Notes	3/25/2040	4.125%	85,000	84,850	107,923	
	Coca-Cola Co/The	Notes	3/25/2050	4.200%	140,000	139,101	182,823	
	Coca-Cola Co/The	Notes	6/1/2027	1.450%	220,000	219,734	226,358	
	Coca-Cola Co/The	Notes	3/25/2050	4.200%	155,000	154,005	202,411	
	Columbia Hca Healthcare Nts	Notes	6/15/2025	7.690%	550,000	529,601	627,000	
	Comcast Corp	Notes	4/1/2030	3.400%	255,000	254,549	291,213	
	Comcast Corp	Notes	8/15/2035	4.400%	405,000	404,753	501,507	
	Comcast Corp	Notes	3/1/2024	3.600%	40,000	42,802	44,378	
	Comcast Corp	Notes	10/15/2025	3.950%	443,000	442,455	507,656	
	Comm Mortgage Trust Series 2015 3Bp Class A	Bonds	2/10/2035	3.178%	155,000	158,814	164,002	
	Commonspirit Health	Notes	10/1/2029	3.347%	255,000	255,000	262,293	
	Commscope Finance Llc	Bonds	3/1/2027	8.250%	250,000	251,646	256,925	
	Commscope Finance Llc	Bonds	3/1/2026	6.000%	395,000	397,375	404,875	
	Commscope Inc	Bonds	7/1/2028	7.125%	805,000	805,000	810,031	
	Commscope Tech Finance L	Bonds	6/15/2025	6.000%	1,468,000	1,430,388	1,417,648	
	Commscope Tech Llc	Bonds	3/15/2027	5.000%	270,000	233,644	243,189	
	Communications Sales & L	Bonds	4/15/2023	6.000%	1,385,000	1,388,175	1,350,375	
	Comstock Resources Inc	Notes	8/15/2026	9.750%	345,000	310,500	321,713	
	Comstock Resources Inc	Notes	8/15/2026	9.750%	675,000	595,638	631,125	
	Con Edison Co Of Ny Inc Ser 20B	Bonds	4/1/2050	3.950%	220,000	221,848	264,818	
	Connecticut St	Notes	7/1/2029	2.627%	70,000	70,000	74,262	

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(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	Cost	Current Value
	Connecticut St	Notes	7/1/2030	2.677%	65,000	\$ 65,000	\$ 69,074
	Conocophillips Company	Notes	11/15/2034	4.150%	72,000	71,970	79,872
	Cons Edison Co Of Ny	Notes	3/15/2044	4.450%	300,000	299,748	364,416
	Constellium Se	Notes	6/15/2028	5.625%	265,000	265,000	259,700
	Core & Main Lp	Bonds	8/15/2025	6.125%	235,000	233,002	234,213
	Cornerstone Building	Bonds	4/15/2026	8.000%	290,000	295,888	292,175
	Corning Inc	Notes	11/15/2079	5.450%	190,000	191,313	227,276
	Costco Wholesale Corp	Notes	4/20/2030	1.600%	355,000	354,379	358,490
	Credit Suisse Group Ag	Bonds	6/12/2024	Var %	250,000	250,000	268,663
	Credit Suisse Group Ag	Bonds	1/12/2029	Var %	560,000	560,000	618,285
	Credit Suisse Mortgage Trust Series 2019 Ice4 Class A	Bonds	5/15/2036	Var %	150,000	145,969	148,590
	Crown Amer/Cap Corp	Notes	9/30/2026	4.250%	470,000	477,292	480,575
	Crown Amer/Cap Corp Vi	Notes	2/1/2026	4.750%	790,000	809,425	805,034
	Crown Castle Intl Corp	Notes	9/1/2024	3.200%	520,000	518,888	564,268
	Crown Castle Intl Corp	Notes	2/15/2028	3.800%	420,000	418,383	472,080
	Crownrock Lp/Crownrock F	Bonds	10/15/2025	5.625%	1,505,000	1,438,080	1,348,856
	Csc Holdings Llc	Bonds	2/1/2029	6.500%	465,000	479,525	508,594
	Csc Holdings Llc	Bonds	4/15/2027	5.500%	1,135,000	1,167,744	1,180,968
	Csc Holdings Llc	Bonds	12/1/2030	4.125%	205,000	205,000	203,206
	Csc Holdings Llc	Bonds	5/15/2026	5.500%	670,000	675,700	687,668
	Csc Holdings Llc	Bonds	4/1/2028	7.500%	785,000	825,825	856,631
	Csc Holdings Llc	Bonds	7/15/2025	7.750%	665,000	721,106	691,667
	Csc Holdings Llc	Bonds	1/15/2030	5.750%	1,030,000	1,054,400	1,072,745
	Csc Holdings Llc	Bonds	12/1/2030	4.625%	210,000	210,000	203,986
	Csx Corp	Notes	4/15/2050	3.800%	135,000	134,374	159,963
	Cvs Health Corp	Notes	4/1/2040	4.125%	150,000	147,471	177,065
	Cvs Health Corp	Notes	4/1/2050	4.250%	195,000	196,000	233,015
	Cvs Health Corp	Notes	4/1/2030	3.750%	150,000	149,666	172,817
	Cvs Health Corp	Notes	4/1/2027	3.625%	190,000	190,791	213,368
	Cvs Health Corp	Notes	3/25/2048	5.050%	30,000	35,350	39,297
	Cvs Health Corp	Notes	3/25/2038	4.780%	30,000	29,422	37,278
	Cvs Health Corp	Notes	4/1/2050	4.250%	170,000	169,971	203,142
	Daimler Finance Na Llc	Bonds	6/14/2024	2.700%	230,000	229,602	237,746
	Daimler Finance Na Llc	Bonds	5/4/2021	3.350%	245,000	244,716	249,528
	Daimler Finance Na Llc Ser 144A Cogt	Bonds	2/22/2021	Var %	1,880,000	1,880,000	1,871,784
	Davita Inc	Bonds	6/1/2030	4.625%	365,000	365,000	363,248
	Dep Midstream Llc	Bonds	5/21/2043	Var %	925,000	819,971	647,500
	Dep Midstream Operating	Notes	7/15/2027	5.625%	645,000	460,000	649,031
	Dep Midstream Operating	Notes	3/15/2023	3.875%	155,000	155,000	150,350
	Dep Midstream Operating Comp	Notes	4/1/2044	5.600%	630,000	584,982	504,000
	Dealer Tire Llc/Dt Issr	Bonds	2/1/2028	8.000%	315,000	276,500	291,769
	Deere & Company	Notes	4/15/2030	3.100%	374,000	373,293	424,060
	Dell Int Llc / Emc Corp	Bonds	7/15/2030	6.200%	1,270,000	1,352,206	1,489,113
	Dell Int Llc / Emc Corp	Bonds	7/15/2027	6.100%	480,000	478,858	554,520
	Dell Int Llc / Emc Corp	Bonds	7/15/2025	5.850%	395,000	394,459	453,934
	Delta Air Lines Inc	Notes	1/15/2026	7.375%	245,000	244,966	237,013
	Delta Air Lines Inc	Notes	10/28/2029	3.750%	245,000	201,581	196,042
	Delta Air Lines Inc	Notes	1/15/2026	7.375%	420,000	419,941	406,308
	Delta Air Lines Inc Ser 144A	Bonds	5/1/2025	7.000%	335,000	356,547	345,810
	Digital Realty Trust Lp	Notes	7/1/2022	3.950%	1,415,000	1,404,189	1,499,150
	Discover Bank	Notes	7/27/2026	3.450%	340,000	339,629	367,581
	Discover Card Execution Note	Note	12/15/2026	1.825%	235,000	235,081	236,379
	Discover Card Execution Note	Note	7/15/2024	3.040%	130,000	133,128	135,296

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	Discovery Communications	Notes	5/15/2030	3.625%	370,000	\$ 370,000	\$ 404,336
	Discovery Communications	Notes	3/20/2023	2.950%	208,000	207,738	218,523
	Dish Network Corp	Bonds	7/1/2028	7.375%	240,000	240,000	241,800
	Dish Network Corporation	Notes	8/15/2026	3.375%	1,717,000	1,506,452	1,577,271
	Dolya Holdco 18 Dac	Notes	7/15/2028	5.000%	545,000	310,000	538,024
	Dow Chemical Co/The	Notes	5/15/2049	4.800%	85,000	84,493	100,871
	Dowdupont Inc	Notes	11/15/2025	4.493%	425,000	425,000	488,835
	Drive Auto Receivables Trust	Bonds	12/15/2022	1.990%	152,742	152,501	153,406
	Drive Auto Receivables Trust	Bonds	7/17/2023	0.850%	135,000	134,997	135,146
	Dte Energy Co	Notes	10/1/2024	2.529%	210,000	209,931	219,740
	Duke Energy Corp	Notes	6/1/2030	2.450%	651,000	648,923	686,069
	Duke Energy Florida Llc	Notes	1/15/2027	3.200%	230,000	229,862	256,924
	Duke Energy Indiana Llc	Notes	4/1/2050	2.750%	70,000	69,914	70,454
	Dupont De Nemours Inc	Notes	5/1/2023	2.169%	2,310,000	2,310,000	2,355,137
	Ecaf Ltd	Bonds	6/15/2040	3.473%	121,613	121,613	109,653
	Edgewell Personal Care	Bonds	6/1/2028	5.500%	360,000	360,000	369,900
	Energizer Holdings Inc	Bonds	1/15/2027	7.750%	40,000	43,000	42,651
	Energizer Holdings Inc	Bonds	6/15/2028	4.750%	540,000	540,000	536,058
	Enersys Ser 144A	Bonds	12/15/2027	4.375%	400,000	400,000	396,000
	Entergy Corp	Bonds	6/15/2030	2.800%	515,000	510,968	544,221
	Envision Healthcare Corp	Bonds	10/15/2026	8.750%	700,000	425,233	332,500
	Eqm Midstream Partners L	Bonds	7/1/2027	6.500%	415,000	415,000	425,051
	Eqm Midstream Partners L	Notes	12/1/2026	4.125%	585,000	515,456	536,369
	Eqm Midstream Partners L	Bonds	7/1/2025	6.000%	325,000	325,000	329,199
	Eqt Midstream Partners L	Notes	7/15/2028	5.500%	1,195,000	1,094,163	1,138,238
	Eqt Midstream Partners L	Notes	8/1/2024	4.000%	295,000	273,981	279,451
	Eqt Midstream Partners L	Notes	7/15/2023	4.750%	885,000	831,956	890,956
	Equinor Asa	Notes	4/6/2025	2.875%	645,000	644,819	695,936
	Equinor Asa	Notes	4/6/2027	3.000%	350,000	348,271	384,706
	Esc Energy Conversion Device	Notes	n/a	3.000%	7,408,000	726,209	74
	Esh Hospitality Inc	Bonds	5/1/2025	5.250%	830,000	843,397	796,800
	Eversource Energy	Bonds	10/1/2024	2.900%	380,000	379,141	407,577
	Exelon Corp	Notes	4/15/2030	4.050%	145,000	144,701	167,432
	Exelon Corp	Notes	4/15/2050	4.700%	205,000	213,811	260,828
	Exelon Corp	Bonds	6/15/2025	3.950%	235,000	234,518	264,015
	Extended Stay America	Bonds	10/1/2027	4.625%	555,000	555,000	519,619
	Exxon Mobil Corporation	Notes	4/15/2051	3.452%	810,000	815,402	897,018
	Exxon Mobil Corporation	Notes	3/19/2025	2.992%	950,000	953,863	1,031,501
	Exxon Mobil Corporation	Notes	4/15/2023	1.571%	295,000	295,000	302,764
	Fedex Corp	Notes	5/15/2050	5.250%	785,000	838,922	962,669
	Fifth Third Bancorp	Notes	1/25/2024	3.650%	381,000	380,291	415,789
	Fifth Third Bancorp	Notes	1/28/2025	2.375%	693,000	692,806	731,358
	First Quantum Minerals L	Notes	3/1/2026	6.875%	390,000	378,613	369,525
	Florida Power Corp	Notes	11/15/2042	3.850%	70,000	69,778	81,583
	Ford Credit Auto Owner Trust	Notes	8/15/2031	2.040%	225,000	224,923	228,632
	Ford Credit Auto Owner Trust	Notes	9/15/2022	1.870%	50,000	50,254	50,433
	Ford Credit Auto Owner Trust	Notes	11/15/2022	3.030%	54,671	55,343	55,427
	Ford Credit Auto Owner Trust	Notes	7/15/2022	1.880%	45,103	44,694	45,399
	Ford Credit Auto Owner Trust	Notes	10/15/2022	1.030%	90,000	89,996	90,404
	Ford Credit Auto Owner Trust	Notes	8/15/2024	1.040%	55,000	54,990	55,568
	Ford Motor Co	Notes	7/16/2031	7.450%	235,000	254,925	247,338
	Ford Motor Company	Notes	4/22/2030	9.625%	1,120,000	1,324,113	1,326,416
	Ford Motor Company	Notes	4/22/2025	9.000%	240,000	240,900	259,728

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SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(b) Identity of issuer, borrower, lessor or similar party							(d) Cost	(e) Current Value
(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares			
	Ford Motor Company	Notes	1/15/2043	4.750%	350,000	\$	255,200	\$ 275,730
	Ford Motor Credit Co Llc	Notes	6/16/2025	5.125%	1,110,000		1,110,000	1,110,444
	Ford Motor Credit Co Llc	Notes	10/12/2021	3.813%	670,000		623,300	663,501
	Ford Motor Credit Co Llc	Notes	1/8/2026	4.389%	465,000		401,330	442,764
	Ford Motor Credit Co Llc	Notes	1/9/2023	3.087%	260,000		251,550	247,650
	Ford Motor Credit Co Llc	Notes	5/4/2023	3.096%	260,000		250,563	246,402
	Ford Motor Credit Co Llc	Notes	1/15/2021	3.200%	60,000		55,800	59,100
	Ford Motor Credit Co Llc	Notes	4/5/2021	3.470%	240,000		237,000	237,000
	Ford Motor Credit Co Llc	Notes	5/3/2029	5.113%	725,000		654,981	704,577
	Ford Motor Credit Co Llc	Notes	6/9/2025	4.687%	265,000		258,375	258,786
	Ford Motor Credit Co Llc	Notes	2/1/2021	5.750%	235,000		235,588	235,893
	Ford Motor Credit Co Llc	Notes	2/1/2021	5.875%	600,000		579,000	605,820
	Ford Motor Credit Co Llc	Notes	3/18/2021	3.336%	260,000		254,450	257,325
	Ford Motor Credit Co Llc	Notes	9/8/2024	3.664%	270,000		250,425	254,532
	Forterra Finance (10/16) TI	N/A	N/A	N/A	537,926		509,614	537,926
	Fox Corp	Notes	4/8/2030	3.500%	140,000		143,768	156,337
	Freeport - Mcomorgan C & G	Notes	3/1/2022	3.550%	100,000		100,875	100,000
	Freeport-Mcmoran C & G	Notes	3/15/2043	5.450%	180,000		115,730	176,400
	Freeport-Mcmoran Inc	Notes	3/1/2028	4.125%	530,000		530,000	514,100
	Freeport-Mcmoran Inc	Notes	3/1/2030	4.250%	530,000		530,000	514,100
	Freeport-Mcmoran Inc	Notes	11/14/2034	5.400%	585,000		564,654	578,237
	Freeport-Mcmoran Inc	Notes	9/1/2029	5.250%	750,000		756,175	768,750
	Freeport-Mcmoran Inc	Notes	9/1/2027	5.000%	745,000		754,469	748,494
	Frontdoor Inc	Bonds	8/15/2026	6.750%	480,000		524,863	510,000
	Frontier Communications	Bonds	4/1/2027	8.000%	890,000		937,567	902,585
	Frontier Communications (2/17)	N/A	N/A	N/A	883,189		874,827	883,189
	Garda World Security	Notes	5/15/2025	8.750%	1,330,000		1,349,211	1,346,625
	Ge Capital Intl Funding	Notes	11/15/2025	3.373%	657,000		667,194	689,370
	General Dynamics Corp	Notes	4/1/2040	4.250%	155,000		153,187	193,115
	General Dynamics Corp	Notes	4/1/2030	3.625%	400,000		395,788	467,968
	General Elec Cap Corp	Notes	1/9/2023	3.100%	167,000		151,980	174,899
	General Electric Co	Notes	5/1/2050	4.350%	1,455,000		1,483,598	1,438,995
	General Electric Co	Notes	5/1/2030	3.625%	190,000		189,698	190,215
	General Motors Co	Notes	4/1/2049	5.950%	120,000		130,608	126,151
	General Motors Co	Notes	10/2/2043	6.250%	290,000		321,001	308,174
	General Motors Finl Co	Notes	11/24/2020	3.700%	450,000		449,676	452,376
	Genesis Energy Lp/Fin	Notes	5/15/2026	6.250%	695,000		657,193	596,227
	Genesis Energy Lp/Fin	Notes	10/1/2025	6.500%	150,000		149,902	128,250
	Gilead Sciences Inc	Notes	9/1/2022	3.250%	180,000		179,746	190,316
	Glaxosmithkline Capital	Notes	6/1/2024	3.000%	80,000		83,734	86,530
	Global Air Lease Co Ltd	Notes	9/15/2024	6.500%	1,150,000		1,094,743	770,500
	Global Part/Glp Finance	Notes	6/15/2023	7.000%	110,000		105,600	105,738
	Global Part/Glp Finance	Notes	8/1/2027	7.000%	430,000		430,000	397,750
	Gm Financial Automobile Leasin	Bonds	10/20/2022	0.710%	30,000		29,998	30,017
	Gm Financial Securitized Term	Bonds	1/17/2023	1.830%	89,843		89,839	90,565
	Gmac Inc Co	Notes	11/1/2031	8.000%	945,000		1,091,400	1,219,362
	Go Daddy Opco/Finco	Bonds	12/1/2027	5.250%	655,000		671,000	666,463
	Goldman Sachs Group	Notes	7/8/2044	4.800%	30,000		36,052	39,275
	Goldman Sachs Group	Notes	2/25/2026	3.750%	190,000		189,561	211,907
	Goldman Sachs Group	Bonds	1/24/2022	5.750%	640,000		688,934	690,458
	Goldman Sachs Group	Notes	3/3/2024	4.000%	95,000		95,467	105,032
	Goldman Sachs Group Inc	Notes	4/23/2029	Var %	1,039,000		1,039,000	1,174,538
	Goldman Sachs Group Inc	Notes	2/23/2023	Var %	2,925,000		2,925,000	2,910,960

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EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value				
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost
						(e) Current Value
	Goldman Sachs Group Inc	Notes	11/16/2026	3.500%	425,000	\$ 410,087
	Goodyear Tire & Rubber	Notes	5/31/2025	9.500%	580,000	611,538
	Granite (9/19)	N/A	N/A	N/A	481,363	468,098
	Granite Generation (11/19)	N/A	N/A	N/A	408,648	409,232
	Granite Holdings Us	Bonds	10/1/2027	11.000%	170,000	163,499
	Granite Merger Sub 2 Inc	Bonds	7/15/2027	11.000%	80,000	84,600
	Gter Ap Finance Inc	Bonds	5/15/2027	8.000%	490,000	493,610
	Guardian Life Glob Fund	Notes	6/23/2025	1.100%	130,000	129,880
	Gw B-Cr Security Corp	Notes	11/1/2027	9.500%	168,000	168,000
	Hanesbrands Inc	Bonds	5/15/2025	5.375%	160,000	160,000
	Harsco Corp	Bonds	7/31/2027	5.750%	1,080,000	1,102,424
	Hca Inc	Notes	9/1/2026	5.375%	2,350,000	2,462,738
	Hca Inc	Notes	9/1/2028	5.625%	905,000	955,045
	Hca Inc	Notes	9/1/2030	3.500%	95,000	92,150
	Hca Inc	Notes	2/1/2029	5.875%	100,000	117,000
	Hcp Inc	Notes	7/15/2026	3.250%	180,000	179,831
	Healthcare Realty Trust	Notes	3/15/2030	2.400%	202,000	201,323
	Hilcorp Energy I/Hilcorp	Bonds	11/1/2028	6.250%	245,000	222,868
	Hilcorp Energy I/Hilcorp	Bonds	10/1/2025	5.750%	405,000	397,663
	Hillenbrand Inc	Notes	6/15/2025	5.750%	185,000	185,000
	Hillenbrand Inc	Notes	9/15/2026	4.500%	20,000	20,150
	Hilton Domestic Operatin	Notes	5/1/2026	5.125%	75,000	74,250
	Hilton Worldwide Fin Llc	Notes	4/1/2025	4.625%	45,000	40,950
	Hilton Worldwide Fin Llc	Notes	4/1/2027	4.875%	80,000	78,800
	Hologic Inc	Bonds	2/1/2028	4.625%	275,000	281,188
	Hologic Inc	Bonds	10/15/2025	4.375%	615,000	630,025
	Home Depot Inc	Notes	4/15/2040	3.300%	105,000	104,070
	Home Depot Inc	Notes	4/15/2050	3.350%	90,000	88,972
	Home Depot Inc	Notes	4/15/2030	2.700%	280,000	278,435
	Home Partners Of America Trust	Notes	10/19/2039	2.703%	446,903	446,890
	Honda Auto Receivables Owner	Notes	8/12/2025	1.850%	135,000	134,972
	Honda Auto Receivables Owner	Notes	1/18/2024	1.830%	200,000	202,688
	Honda Auto Receivables Owner	Notes	11/15/2022	0.740%	80,000	79,994
	Honeywell International	Notes	6/1/2030	1.950%	250,000	249,728
	Howmet Aerospace Inc	Notes	5/1/2025	6.875%	145,000	145,000
	Hp Enterprise Co	Notes	10/15/2035	6.200%	80,000	95,847
	Hsbc Holdings	Notes	6/19/2029	Var %	200,000	200,000
	Hsbc Holdings	Notes	3/8/2026	4.300%	200,000	199,710
	Hsbc Holdings	Notes	11/23/2026	4.375%	210,000	208,580
	Hsbc Holdings	Notes	5/18/2024	Var %	215,000	215,000
	Hsbc Holdings Plc	Notes	5/18/2024	Var %	455,000	455,000
	Hsbc Holdings Plc	Notes	11/7/2025	Var %	1,129,000	1,129,000
	Hsbc Holdings Plc	Notes	5/25/2023	3.600%	380,000	379,859
	Hsbc Holdings Plc	Notes	1/5/2022	2.650%	345,000	343,109
	Hsbc Holdings Plc	Notes	3/31/2030	4.950%	200,000	199,750
	Hub International Ltd	Bonds	5/1/2026	7.000%	1,310,000	1,304,745
	Hudbay Minerals Inc	Notes	1/15/2025	7.625%	857,000	873,684
	Humana Inc	Notes	10/1/2024	3.850%	350,000	349,535
	Hyatt Hotels Corp	Notes	4/23/2025	5.375%	175,000	176,381
	Hyundai Auto Receivables	Notes	5/17/2021	1.197%	195,605	195,605
	Hyundai Auto Receivables Trust	Notes	2/15/2024	1.940%	45,000	45,125
	Iaa Spinco Inc	Bonds	6/15/2027	5.500%	735,000	760,975
	Illuminate Buyer/Hldg	Bonds	7/1/2028	9.000%	240,000	240,000

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(b) Identity of issuer, borrower, lessor or similar party		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d)	(e)
(a)						Cost	Current Value
	Ims Health Inc	Bonds	10/15/2026	5.000%	600,000	\$ 603,423	\$ 617,220
	Inception Mrgr/Rackspace	Bonds	11/15/2024	8.625%	2,055,000	1,999,319	2,065,275
	Intel Corp	Notes	11/15/2049	3.250%	230,000	229,869	259,541
	Intel Corp	Notes	3/25/2050	4.750%	195,000	194,784	274,903
	Intel Corp	Notes	5/11/2024	2.875%	520,000	519,870	563,321
	Intel Corp	Notes	3/25/2030	3.900%	655,000	653,657	791,247
	Intel Corp Call	Notes	3/25/2050	4.750%	425,000	424,528	599,148
	Intel Corp Call	Notes	3/25/2060	4.950%	150,000	147,257	220,337
	Intelsat Jackson Hldg	Notes	2/15/2024	8.000%	1,420,000	1,412,800	1,440,136
	Intelsat Jackson Holdings (1/11)	N/A	N/A	N/A	311,305	311,372	311,305
	Intelsat Jackson Holdings (6/20) Dip	N/A	N/A	N/A	127,500	127,500	127,500
	Iron Mountain Inc	Bonds	3/15/2028	5.250%	1,755,000	1,727,407	1,746,225
	Iron Mountain Inc	Bonds	7/15/2028	5.000%	240,000	240,000	235,128
	Iron Mountain Inc	Bonds	7/15/2030	5.250%	460,000	460,000	453,100
	Iron Mountain Inc	Bonds	7/15/2032	5.625%	500,000	499,431	498,950
	Iron Mountain Inc	Bonds	9/15/2027	4.875%	570,000	559,831	555,288
	Iron Mountain Inc	Bonds	9/15/2029	4.875%	940,000	947,489	914,150
	J2 Cloud Llc/Global Inc	Bonds	7/15/2025	6.000%	655,000	685,082	666,463
	Jaguar Hl / Ppdi	Bonds	6/15/2025	4.625%	380,000	380,000	386,726
	Jaguar Hl / Ppdi	Bonds	6/15/2028	5.000%	800,000	809,900	819,000
	Jeld-Wen Inc	Bonds	12/15/2027	4.875%	805,000	778,618	772,800
	Jeld-Wen Inc	Bonds	12/15/2025	4.625%	200,000	185,513	192,000
	Johnson Controls Intl Pl	Notes	2/14/2026	3.900%	106,000	107,046	117,917
	Jp Morgan Chase &	Notes	5/13/2031	Var %	165,000	165,000	174,996
	Jp Morgan Chase & Co	Notes	4/22/2051	Var %	430,000	430,000	462,994
	Jp Morgan Chase & Co	Notes	10/15/2025	Var %	290,000	290,000	303,769
	Jp Morgan Chase & Co	Notes	7/24/2048	Var %	105,000	105,000	127,418
	Jp Morgan Chase & Co	Notes	3/13/2026	Var %	375,000	375,000	388,106
	Jp Morgan Chase Bank	Notes	7/23/2024	Var %	365,000	365,000	395,945
	Jpmorgan Chase & Co	Notes	5/18/2023	2.700%	955,000	952,460	1,006,589
	Jpmorgan Chase & Co	Notes	5/18/2023	2.700%	370,000	369,016	389,987
	Jpmorgan Chase & Co	Notes	1/23/2049	Var %	105,000	107,245	126,910
	Jpmorgan Chase & Co	Notes	12/5/2024	Var %	260,000	260,000	286,491
	Jpmorgan Chase & Co	Notes	10/1/2026	2.950%	500,000	487,430	549,155
	Jpmorgan Chase & Co	Notes	9/10/2024	3.875%	385,000	381,658	426,876
	Kar Auction Services Inc	Bonds	6/1/2025	5.125%	1,625,000	1,595,639	1,600,625
	Keurig Dr Pepper Inc	Notes	5/25/2025	4.417%	70,000	70,000	80,713
	Kfc Hld/Pizza Hut/Taco	Bonds	6/1/2024	5.000%	1,180,000	1,205,550	1,202,125
	Kimberly-Clark Corp	Notes	3/26/2030	3.100%	175,000	174,865	199,269
	Kinder Morgan Ener Part	Notes	3/1/2044	5.500%	65,000	69,886	76,903
	Kinder Morgan Inc	Notes	3/1/2048	5.200%	75,000	74,819	90,338
	Kinder Morgan Inc/Delawa	Notes	6/1/2025	4.300%	110,000	109,558	123,413
	Korn/Ferry International	Bonds	12/15/2027	4.625%	485,000	487,650	470,450
	Kraft Heinz Foods Co	Bonds	5/15/2027	3.875%	365,000	365,000	381,421
	Kraft Heinz Foods Co	Notes	7/15/2045	5.200%	905,000	947,108	981,445
	Kraft Heinz Foods Co	Notes	7/15/2025	3.950%	1,000	1,049	1,061
	Kraft Heinz Foods Co	Bonds	10/1/2049	4.875%	1,820,000	1,841,247	1,853,342
	Kroger Co	Notes	1/15/2020	3.950%	20,000	21,115	22,919
	Lamar Media Corp	Notes	2/1/2026	5.750%	215,000	223,763	221,798
	Lamb Weston Hld	Bonds	5/15/2028	4.875%	145,000	145,000	153,629
	Lennar Corp	Notes	1/15/2021	8.375%	255,000	274,716	262,969
	Lennar Corp	Notes	10/1/2022	5.375%	415,000	414,606	436,269
	Level 3 Financing Inc	Bonds	9/15/2027	4.625%	710,000	711,013	715,325

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(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Level 3 Financing Inc	Notes	1/15/2024	5.375%	220,000	\$ 220,108	\$ 221,650
	Level 3 Financing Inc	Notes	5/1/2023	5.125%	675,000	680,850	675,000
	Level 3 Financing Inc	Notes	5/1/2025	5.375%	485,000	491,656	495,306
	Live Nation Entertainmen	Bonds	5/15/2027	6.500%	430,000	430,000	442,900
	Live Nation Entertainmen	Bonds	10/15/2027	4.750%	1,530,000	1,490,666	1,316,121
	Live Nation Entertainmen	Bonds	11/1/2024	4.875%	475,000	449,010	427,500
	Lloyds Banking Group Plc	Notes	2/5/2026	Var %	555,000	555,000	573,232
	Lower Cadence Holdings (5/19) TI	N/A	N/A	N/A	1,067,326	1,038,656	1,067,326
	Lowes Cos Inc	Notes	4/15/2030	4.500%	325,000	329,903	398,707
	Lowes Cos Inc	Notes	4/15/2040	5.000%	80,000	79,626	104,309
	Lowes Cos Inc	Notes	4/15/2050	5.125%	200,000	206,874	272,952
	Lowes Cos Inc	Notes	4/15/2025	4.000%	40,000	39,908	45,583
	Lpl Holdings Inc	Bonds	9/15/2025	5.750%	1,105,000	1,113,475	1,118,813
	Lpl Holdings Inc	Bonds	11/15/2027	4.625%	500,000	500,000	493,750
	Lyb Int Finance Iii	Notes	5/1/2050	4.200%	370,000	367,680	398,264
	Manuf & Traders Trust Co	Notes	8/17/2027	3.400%	300,000	299,898	333,351
	Marriott International	Notes	6/15/2030	4.625%	185,000	183,851	191,960
	Marriott International	Notes	5/1/2025	5.750%	145,000	144,994	157,522
	Masonite International C	Notes	2/1/2028	5.375%	480,000	486,900	490,800
	Masonite International C	Notes	9/15/2026	5.750%	425,000	429,219	437,750
	Massmutual Global Fundin	Bonds	7/1/2022	2.250%	300,000	299,922	309,054
	Massmutual Global Fundin	Bonds	4/13/2022	2.500%	1,000,000	995,530	1,037,990
	Mastercard Inc	Notes	3/26/2030	3.350%	165,000	164,680	190,740
	Mastercard Inc	Notes	3/26/2050	3.850%	190,000	189,194	236,358
	Matador Resources Co	Notes	9/15/2026	5.875%	945,000	952,481	699,300
	Match Group	Bonds	2/15/2029	5.625%	575,000	620,225	606,125
	Match Group	Bonds	6/1/2028	4.625%	360,000	360,000	363,150
	Mcdonalds Corp	Notes	9/1/2049	3.625%	105,000	96,674	115,210
	Mcdonalds Corp	Notes	7/1/2030	3.600%	80,000	79,413	92,035
	Mcdonalds Corp	Notes	4/1/2050	4.200%	150,000	156,175	181,865
	Mcdonalds Corp	Notes	4/1/2028	3.800%	110,000	109,880	128,521
	Mcdonalds Corp	Notes	9/1/2049	3.625%	30,000	31,362	32,917
	Mcdonalds Corp	Notes	9/1/2049	3.625%	339,000	366,890	371,964
	Mercedes-Benz Master Owner	Bonds	5/15/2023	Var %	100,000	95,656	99,646
	Merck & Co Inc	Notes	6/24/2030	1.450%	465,000	461,006	464,470
	Met Life Glob Fd I Ser 144A	Bonds	1/12/2023	Var %	1,250,000	1,250,000	1,241,538
	Met Life Glob Funding	Bonds	12/18/2026	3.450%	435,000	434,709	492,303
	Met Life Glob Funding	Bonds	4/9/2030	2.950%	1,255,000	1,252,415	1,375,329
	Mgm Growth/Mgm Finance	Notes	9/1/2026	4.500%	1,360,000	1,422,750	1,346,808
	Mgm Growth/Mgm Finance	Bonds	6/15/2025	4.625%	290,000	290,000	283,585
	Microchip Technology Inc	Bonds	9/1/2025	4.250%	560,000	560,000	563,562
	Microsoft Corp	Notes	8/8/2036	3.450%	90,000	106,235	108,761
	Microsoft Corp	Notes	2/12/2035	3.500%	210,000	207,585	256,145
	Microsoft Corp	Notes	6/1/2060	2.675%	30,000	30,469	31,210
	Midamerican Energy Co	Notes	10/15/2036	5.800%	320,000	244,509	461,805
	Mileage Plus Hldings Llc	Bonds	6/20/2027	6.500%	1,115,000	1,101,063	1,128,938
	Minerals Technologies In	Bonds	7/1/2028	5.000%	280,000	280,000	284,200
	Mondelez Intl Hldings	Notes	10/28/2021	2.000%	750,000	747,233	763,245
	Morgan Stanley	Notes	4/29/2024	3.875%	75,000	77,297	82,934
	Morgan Stanley	Notes	1/23/2023	3.125%	185,000	184,584	196,157
	Morgan Stanley	Notes	4/1/2031	Var %	555,000	555,000	634,015
	Morgan Stanley	Notes	7/22/2025	Var %	245,000	245,000	259,938
	Morgan Stanley	Notes	7/27/2026	3.125%	80,000	79,456	88,184

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SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

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Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(b) Identity of issuer, borrower, lessor or similar party							(d) Cost	(e) Current Value
(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares			
	Morgan Stanley	Notes	1/23/2030	Var %	80,000	\$	80,000	\$ 95,314
	Morgan Stanley	Notes	1/24/2029	Var %	781,000		781,000	889,169
	Morgan Stanley	Notes	4/23/2037	3.950%	535,000		516,890	602,132
	Morgan Stanley	Notes	2/25/2023	3.750%	695,000		700,222	750,037
	Motion Bondco Dac	Notes	11/15/2027	6.625%	605,000		648,325	526,350
	Mph Acquisition Holdings	Bonds	6/1/2024	7.125%	1,920,000		1,773,787	1,785,600
	Mpt Oper Partnersp/Finl	Notes	5/1/2024	5.500%	655,000		679,121	664,825
	Mpt Oper Partnersp/Finl	Notes	8/1/2026	5.250%	355,000		363,429	368,313
	Msci Inc	Notes	5/15/2027	5.375%	660,000		713,025	700,425
	National Secs Clearing	Bonds	4/23/2025	1.500%	725,000		723,572	741,508
	Navient Corp	Notes	7/26/2021	6.625%	225,000		240,313	220,500
	Navient Student Loan Trust	Bonds	5/15/2069	1.690%	145,000		144,985	145,541
	Neptune Finco Corp	Bonds	10/15/2025	6.625%	340,000		354,450	353,175
	Nestle Holdings Inc	Bonds	9/24/2023	3.350%	150,000		149,973	163,040
	Netflix Inc	Bonds	6/15/2025	3.625%	480,000		480,000	483,600
	Netflix Inc	Bonds	11/15/2028	5.875%	480,000		524,695	546,600
	Netflix Inc	Bonds	4/15/2028	4.875%	1,855,000		1,932,117	1,983,496
	Netflix Inc	Notes	5/15/2029	6.375%	215,000		233,346	249,400
	Netflix Inc	Notes	2/15/2022	5.500%	335,000		352,828	349,321
	New York Life Global Fdg	Bonds	4/10/2024	2.875%	160,000		159,890	172,453
	New York Life Insurance Ser 144A	Bonds	5/15/2050	3.750%	180,000		184,341	203,279
	New York Life Insuranew	Notes	11/15/2039	6.750%	90,000		116,978	136,778
	Nextera Energy Partners	Bonds	9/15/2027	4.500%	670,000		687,269	700,371
	Nielsen Co Lux Sarl/The	Notes	2/1/2025	5.000%	670,000		657,976	658,275
	Nielsen Finance Llc/Co	Bonds	4/15/2022	5.000%	1,370,000		1,395,921	1,365,150
	Nike Inc	Notes	3/27/2040	3.250%	95,000		94,405	106,327
	Nike Inc	Notes	3/27/2050	3.375%	95,000		94,680	109,813
	Nissan Auto Receivables Owner	Bonds	5/15/2023	2.110%	85,000		85,432	85,698
	Northeast Oh Regl	Notes	11/15/2044	3.200%	345,000		345,000	355,260
	Northern Trust Corp	Notes	5/1/2030	1.950%	2,029,000		2,021,310	2,093,847
	Northrop Grumman Corp	Notes	10/15/2047	4.030%	115,000		119,239	139,400
	Northrop Grumman Corp	Notes	5/1/2040	5.150%	115,000		114,435	153,085
	Northrop Grumman Corp	Notes	5/1/2050	5.250%	115,000		114,318	164,963
	Northwestern Mutual Life	Bonds	9/30/2059	3.625%	304,000		246,613	336,309
	Nova Chemicals Corp	Notes	6/1/2024	4.875%	515,000		502,675	480,238
	Nova Chemicals Corp	Notes	6/1/2027	5.250%	509,000		337,665	446,836
	Novelis Corp	Bonds	9/30/2026	5.875%	935,000		961,288	933,831
	Numericable-Sfr Sa	Notes	5/1/2026	7.375%	1,595,000		1,627,173	1,663,266
	Nvidia Corp	Notes	4/1/2030	2.850%	345,000		343,720	383,809
	Nvidia Corp	Notes	4/1/2040	3.500%	200,000		201,927	233,276
	Nvidia Corp	Notes	4/1/2050	3.500%	310,000		309,200	354,194
	Nvidia Corp	Notes	4/1/2040	3.500%	535,000		533,930	624,013
	Occidental Petroleum Cor	Notes	2/15/2023	2.700%	755,000		449,225	687,994
	Occidental Petroleum Cor	Notes	5/1/2031	7.500%	160,000		110,600	148,754
	Occidental Petroleum Cor	Notes	9/15/2031	7.875%	690,000		554,594	653,347
	Occidental Petroleum Cor	Notes	8/15/2024	2.900%	805,000		444,619	687,856
	Occidental Petroleum Cor	Notes	2/15/2022	3.125%	250,000		172,875	239,425
	Ohio St Turnpike Commission	Notes	2/15/2048	3.216%	730,000		730,000	755,835
	Olin Corp	Notes	8/1/2029	5.625%	405,000		384,375	372,608
	Open Text Corp	Notes	6/1/2026	5.875%	860,000		887,030	892,345
	Oracle Corp	Notes	4/1/2050	3.600%	1,035,000		1,031,419	1,151,831
	Oracle Corp	Notes	4/1/2060	3.850%	940,000		937,584	1,100,242
	Oracle Corp	Notes	11/15/2024	2.950%	80,000		85,287	86,715

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EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b)							
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Oracle Corp	Notes	5/15/2035	3.900%	525,000	\$ 521,456	\$ 633,255
	Oracle Corp	Notes	11/15/2024	2.950%	531,000	530,161	575,572
	Oracle Corp	Notes	4/1/2040	3.600%	559,000	557,496	634,515
	Oracle Corp	Notes	4/1/2050	3.600%	876,000	872,969	974,883
	Ortho-Clinical Inc/Sa	Bonds	6/1/2025	7.375%	275,000	275,000	279,813
	Otis Worldwide Corp	Bonds	4/5/2025	2.056%	330,000	331,530	346,200
	Outfront Media Cap Llc/C	Bonds	8/15/2027	5.000%	921,000	932,988	828,900
	Pacific Gas & Electric Company	Notes	2/1/2031	2.500%	1,220,000	1,218,731	1,193,563
	Panther Bf Aggregator 2	Notes	5/15/2026	6.250%	360,000	380,025	371,250
	Panther Bf Aggregator 2	Notes	5/15/2027	8.500%	220,000	237,003	221,089
	Parker-Hannifin Corp	Notes	6/14/2024	2.700%	90,000	89,959	95,806
	Parsley Energy Llc/Finan	Bonds	10/15/2027	5.625%	630,000	608,400	620,550
	Partners Healthcare Syst	Bonds	7/1/2049	3.192%	30,000	31,744	31,829
	Paypal Holdings Inc	Notes	6/1/2030	2.300%	680,000	679,272	710,219
	Pdc Energy Inc	Notes	5/15/2026	5.750%	770,000	740,173	700,700
	Peco Energy Co	Notes	10/1/2044	4.150%	280,000	279,040	344,954
	Penske Auto Group Inc	Notes	10/1/2022	5.750%	235,000	239,113	235,000
	Penske Automotive Group	Notes	5/15/2026	5.500%	900,000	919,006	897,750
	Penske Automotive Group	Notes	8/15/2020	3.750%	780,000	775,300	779,766
	Pepsico Inc	Notes	7/29/2029	2.625%	1,090,000	1,086,763	1,205,060
	Performance Food Group	Bonds	5/1/2025	6.875%	170,000	170,000	175,525
	Performance Food Group	Bonds	10/15/2027	5.500%	800,000	811,063	772,000
	Petroleos Mexicanos	Notes	1/23/2050	7.690%	1,845,000	1,928,979	1,539,689
	Petroleos Mexicanos	Notes	9/21/2047	6.750%	330,000	319,607	253,721
	Pfizer Inc	Notes	4/1/2030	2.625%	200,000	199,300	220,324
	Pfizer Inc	Notes	12/15/2036	4.000%	130,000	129,375	159,390
	Pfizer Inc	Notes	4/1/2030	2.625%	265,000	264,073	291,929
	Philadelphia Pa Auth	Notes	4/15/2026	3.964%	440,000	440,000	476,423
	Philip Morris Intl Inc	Notes	5/1/2023	1.125%	155,000	154,481	157,621
	Philip Morris Intl Inc	Notes	5/1/2024	2.875%	440,000	437,567	472,630
	Philip Morris Intl Inc	Notes	8/17/2027	3.125%	950,000	946,039	1,052,591
	Phillips 66 Partners Lp	Notes	2/15/2025	3.605%	160,000	159,947	170,768
	Pnc Financial Services	Notes	7/23/2026	2.600%	865,000	863,348	937,911
	Polaris Intermediate	Bonds	12/1/2022	8.500%	405,000	381,606	356,400
	Post Holdings Inc	Bonds	4/15/2030	4.625%	460,000	460,000	450,248
	Post Holdings Inc	Bonds	1/15/2028	5.625%	530,000	525,838	548,550
	Post Holdings Inc	Bonds	12/15/2029	5.500%	265,000	278,250	274,042
	Precision Drilling Corp	Notes	12/15/2023	7.750%	325,000	342,951	222,625
	Precision Drilling Corp	Notes	11/15/2024	5.250%	780,000	703,665	521,048
	Presidio Holding Inc	Bonds	2/1/2028	8.250%	845,000	864,709	845,000
	Presidio Holding Inc	Bonds	2/1/2027	4.875%	265,000	265,000	259,038
	Prime Sec One Ms Inc	Bonds	7/15/2032	4.875%	380,000	317,556	345,800
	Prime Secsrvc Brw/Financ	Bonds	4/15/2026	5.750%	2,200,000	2,276,288	2,281,400
	Procter & Gamble Co/The	Notes	3/25/2030	3.000%	760,000	758,176	870,109
	Procter & Gamble Co/The	Notes	3/25/2030	3.000%	560,000	558,656	641,133
	Prologis Lp	Notes	4/15/2050	3.000%	30,000	28,208	31,716
	Prudential Financial Inc	Notes	2/25/2050	4.350%	150,000	151,251	180,107
	Prudential Plc	Notes	4/14/2030	3.125%	520,000	515,102	559,156
	Pub Svc New Hamp Mort	Notes	11/1/2023	3.500%	135,000	134,506	146,514
	Public Service Electric Ser Mtn	Notes	5/1/2028	3.700%	360,000	358,632	416,030
	Rabobank Nederland Utrece	Notes	2/8/2022	3.875%	145,000	143,872	153,072
	Range Resources Corp	Notes	5/15/2025	4.875%	635,000	546,213	479,425
	Range Resources Corp	Bonds	2/1/2026	9.250%	620,000	560,038	557,417

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Plan No. 001

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(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Rbs Global & Rexnord Llc	Bonds	12/15/2025	4.875%	735,000	\$ 719,200	\$ 738,675
	Realogy Group/Co-Issuer	Bonds	6/1/2023	4.875%	240,000	219,120	224,400
	Realogy Group/Co-Issuer	Bonds	4/1/2027	9.375%	450,000	440,993	419,670
	Realogy Group/Co-Issuer	Bonds	6/15/2025	7.625%	475,000	478,575	475,095
	Reckitt Benckiser	Notes	6/26/2024	2.750%	475,000	474,487	505,101
	Republic Services Inc	Notes	8/15/2024	2.500%	160,000	159,744	170,194
	Resideo Funding Inc	Bonds	11/1/2026	6.125%	370,000	366,222	361,675
	Resolution Fdg Corp	Bonds	1/15/2030	0.000%	120,000	105,096	106,108
	Resolution Funding Strip Bonds	Bonds	1/15/2030	0.000%	240,000	210,842	212,215
	Reynolds American Inc	Notes	9/15/2043	6.150%	115,000	131,714	140,575
	Reynolds Grp Iss/Reynold	Bonds	7/15/2023	5.125%	690,000	704,648	695,237
	Rfcsp Strip Principal Bnds	Bonds	4/15/2030	0.000%	185,000	160,488	163,055
	Ritchie Bros Auctioneers	Notes	1/15/2025	5.375%	610,000	605,544	627,538
	Royal Bank Of Scotland Grp Plc	Notes	5/22/2028	Var %	615,000	615,000	647,275
	Royal Caribbean Cruises	Notes	6/1/2025	11.500%	455,000	499,904	474,770
	Ryman Hospitality Prop	Bonds	1/15/2027	4.750%	780,000	735,179	694,200
	Science Applications Int	Bonds	4/1/2028	4.875%	210,000	210,000	208,753
	Select Medical Corp	Bonds	8/15/2026	6.250%	605,000	612,136	611,625
	Sempra Energy	Notes	2/1/2023	2.900%	115,000	114,564	120,147
	Sensata Tech Uk Fin Co	Notes	2/15/2026	6.250%	570,000	597,025	591,375
	Servicemaster Company LI	Bonds	11/15/2024	5.125%	725,000	710,856	734,969
	Shea Homes Lp/Fndg Cp	Bonds	2/15/2028	4.750%	370,000	355,613	351,500
	Shell International	Notes	5/11/2035	4.125%	300,000	297,498	362,508
	Simon Property Group Lp	Notes	9/13/2024	2.000%	90,000	89,911	92,324
	Simon Property Group Lp	Notes	9/13/2024	2.000%	537,000	536,468	550,865
	Sirius Xm Radio Inc	Bonds	5/15/2023	4.625%	445,000	445,369	447,448
	Sirius Xm Radio Inc	Bonds	7/1/2029	5.500%	995,000	1,020,237	1,047,357
	Sirius Xm Radio Inc	Bonds	7/1/2030	4.125%	650,000	650,000	642,824
	Sirius Xm Radio Inc	Bonds	7/15/2024	4.625%	800,000	800,000	820,000
	Sirius Xm Radio Inc	Bonds	7/15/2026	5.375%	240,000	244,039	247,858
	Sirius Xm Radio Inc	Bonds	8/1/2022	3.875%	155,000	155,000	156,180
	Sirius Xm Radio Inc	Bonds	8/1/2027	5.000%	465,000	465,000	475,263
	Six Flags Entertainment	Bonds	7/31/2024	4.875%	265,000	242,888	237,175
	Six Flags Theme Parks	Bonds	7/1/2025	7.000%	330,000	338,925	341,138
	Solenis (6/18) 1St Lien	N/A	N/A	N/A	346,900	348,609	346,900
	Solenis (6/18) 2Nd Lien	N/A	N/A	N/A	270,000	249,750	270,000
	Solera Llc / Solera Fina	Bonds	3/1/2024	10.500%	1,170,000	1,227,076	1,190,475
	Southern Co	Notes	7/1/2023	2.950%	153,000	152,870	161,680
	Southwest Airlines Co	Notes	6/15/2027	5.125%	645,000	650,931	667,323
	Southwestern Public Serv	Notes	6/15/2049	3.750%	235,000	232,037	268,699
	Spectrum Brands Inc	Bonds	7/15/2030	5.500%	225,000	225,000	225,281
	Springleaf Finance Corp	Notes	3/15/2026	7.125%	235,000	243,813	251,521
	Springleaf Finance Corp	Notes	6/1/2025	8.875%	40,000	42,800	43,448
	Springleaf Finance Corp	Notes	3/15/2024	6.125%	775,000	614,206	787,594
	Sprint Cap Corp	Notes	11/15/2028	6.875%	400,000	481,150	487,000
	Sprint Cap Corp	Notes	3/15/2032	8.750%	985,000	1,352,797	1,409,781
	Sprint Corp	Notes	6/15/2024	7.125%	1,240,000	1,229,062	1,400,134
	Sprint Corp	Notes	3/1/2026	7.625%	720,000	748,047	849,866
	Sprint Corp	Notes	9/15/2023	7.875%	720,000	751,926	810,900
	Ss&C Technologies Inc	Bonds	9/30/2027	5.500%	1,975,000	2,046,238	2,003,914
	Standard Industries Inc	Bonds	2/15/2027	5.000%	275,000	273,625	278,438
	Standard Industries Inc	Bonds	7/15/2030	4.375%	455,000	455,000	453,863
	Staples (4/19)	N/A	N/A	N/A	1,035,345	1,022,641	1,035,345

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	Staples Inc	Bonds	4/15/2026	7.500%	1,555,000	\$ 1,571,588	\$ 1,393,076
	Starbucks Corp	Notes	8/15/2049	4.450%	90,000	89,842	108,758
	Starbucks Corp	Notes	11/15/2050	3.500%	295,000	293,024	310,812
	Starbucks Corp	Notes	3/12/2050	3.350%	30,000	29,338	30,554
	Starfruit Finco/Star Us	Notes	10/1/2026	8.000%	750,000	779,112	767,768
	Starwood Property Trust	Notes	3/15/2025	4.750%	290,000	293,388	263,900
	Starwood Property Trust	Notes	2/1/2021	3.625%	635,000	632,260	623,888
	State Street Corp	Bonds	3/30/2031	Var %	185,000	185,000	207,355
	State Street Corp	Bonds	3/30/2031	Var %	195,000	195,000	218,564
	Summit Mid Hlds Llc / Fi	Notes	4/15/2025	5.750%	1,000,000	975,579	560,000
	Sysco Corporation	Notes	4/1/2050	6.600%	110,000	109,744	152,346
	Sysco Corporation	Notes	4/1/2030	5.950%	730,000	828,708	916,960
	Sysco Corporation	Notes	4/1/2040	6.600%	210,000	230,782	283,189
	Talen Energy Supply Llc	Bonds	1/15/2028	6.625%	140,000	139,167	137,025
	Talen Energy Supply Llc	Bonds	5/15/2027	7.250%	730,000	729,313	726,350
	Talen Energy Supply Llc	Bonds	6/1/2028	7.625%	275,000	275,000	275,000
	Talen Energy Supply Llc	Bonds	1/15/2026	10.500%	650,000	608,040	513,500
	Tallgrass Nrg Ptnr/Fin	Bonds	3/1/2027	6.000%	460,000	453,519	408,250
	Tallgrass Nrg Ptnr/Fin	Bonds	9/15/2024	5.500%	290,000	276,225	261,890
	Tallgrass Nrg Ptnr/Fin	Bonds	1/15/2028	5.500%	350,000	340,598	302,750
	Tallgrass Nrg Ptnr/Fin	Bonds	10/1/2023	4.750%	195,000	188,175	179,400
	Targa Resources Partners	Bonds	2/1/2025	5.125%	525,000	537,836	505,313
	Targa Resources Partners	Bonds	3/1/2030	5.500%	660,000	660,000	637,309
	Targa Resources Partners Lp	Bonds	2/1/2027	5.375%	131,000	132,146	126,415
	Target Corp	Notes	4/15/2025	2.250%	230,000	229,618	245,987
	Taylor Morrison Comm	Bonds	6/15/2027	5.875%	380,000	380,750	393,581
	Taylor Morrison Comm	Bonds	1/15/2028	5.750%	615,000	614,913	633,450
	Taylor Morrison Comm/Mon	Bonds	3/1/2024	5.625%	234,000	235,784	239,850
	Team Health Holdings Inc	Bonds	2/1/2025	6.375%	685,000	475,613	397,300
	Tenet Healthcare Corp	Bonds	6/15/2028	4.625%	305,000	305,000	297,131
	Tenet Healthcare Corp	Notes	6/15/2023	6.750%	785,000	777,494	779,113
	Tenet Healthcare Corp	Notes	4/1/2022	8.125%	555,000	546,047	582,750
	Terex Corp	Bonds	2/1/2025	5.625%	985,000	998,500	896,350
	Texas Instruments Inc	Notes	9/4/2029	2.250%	1,722,000	1,716,645	1,832,983
	Thermo Fisher Scientific	Notes	3/25/2030	4.497%	55,000	55,000	68,169
	Tjx Cos Inc	Notes	4/15/2027	3.750%	585,000	584,596	668,123
	T-Mobile Usa Inc	Bonds	4/15/2030	3.875%	891,000	884,567	991,647
	Toll Bros Finance Corp	Notes	11/1/2029	3.800%	360,000	357,969	361,980
	Toll Bros Finance Corp	Notes	3/15/2027	4.875%	600,000	589,000	646,500
	Toronto-Dominion Bank	Notes	12/1/2022	1.900%	90,000	89,900	92,926
	Total Capital Intl Sa	Notes	5/29/2050	3.127%	700,000	700,000	718,179
	Towd Point Mortgage Trust Series 2017	Bonds	10/25/2057	Var %	140,000	135,870	145,569
	Toyota Auto Loan Extended Note	Notes	5/25/2033	0.000%	145,000	144,992	147,172
	Toyota Auto Receivables 3	Notes	9/15/2023	1.910%	175,000	176,935	178,687
	Toyota Auto Receivables Owner	Notes	1/15/2022	1.420%	23,841	23,826	23,873
	Toyota Auto Receivables Owner	Notes	7/15/2022	1.920%	54,899	53,715	55,371
	Toyota Auto Receivables Owner	Notes	11/15/2022	1.670%	45,000	45,062	45,463
	Toyota Motor Credit Corp	Notes	4/1/2030	3.375%	195,000	194,869	224,613
	Toyota Motor Credit Corp	Notes	3/30/2023	2.900%	565,000	564,938	598,137
	Trans-Canada Pipelines	Notes	3/1/2034	4.625%	270,000	268,780	310,343
	Transdigm Inc	Notes	6/15/2026	6.375%	1,025,000	1,050,930	933,755
	Transdigm Inc	Bonds	3/15/2026	6.250%	1,305,000	1,321,028	1,301,764
	Transdigm Inc	Notes	3/15/2027	7.500%	1,375,000	1,417,095	1,319,313

**PLUMBERS AND PIPEFITTERS NATIONAL
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SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

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Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b)							
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Transdigm Inc	Notes	11/15/2027	5.500%	1,070,000	\$ 1,045,333	\$ 933,789
	Tri Pointe Group Inc	Notes	6/15/2028	5.700%	175,000	175,000	177,625
	Trident Tpi Holdings Inc	Bonds	8/1/2024	9.250%	485,000	480,247	497,125
	Trinseo Op / Trinseo Fin	Notes	9/1/2025	5.375%	305,000	291,175	288,988
	Tronox Finance Plc	Notes	10/1/2025	5.750%	300,000	295,079	277,500
	Tronox Inc	Bonds	4/15/2026	6.500%	105,000	105,269	98,175
	Truist Bank Ser Bknt	Notes	3/11/2030	2.250%	1,363,000	1,360,819	1,375,758
	Union Pacific Corp	Notes	9/10/2028	3.950%	65,000	65,393	77,175
	Union Pacific Corp	Notes	2/5/2050	3.250%	315,000	297,521	345,114
	United Continental Hldgs	Notes	10/1/2022	4.250%	290,000	264,450	246,500
	United Parcel Service	Notes	9/1/2029	2.500%	882,000	879,275	960,498
	United Parcel Service	Notes	4/1/2040	5.200%	110,000	109,471	151,872
	United Parcel Service	Notes	4/1/2050	5.300%	320,000	319,361	460,515
	United Parcel Service	Notes	4/1/2040	5.200%	60,000	59,711	82,839
	United Parcel Service	Notes	4/1/2050	5.300%	125,000	124,273	179,889
	United Rentals North Am	Notes	5/15/2027	5.500%	225,000	239,088	231,750
	United Technologies	Notes	8/16/2025	3.950%	245,000	244,584	278,771
	Unitedhealth Group Inc	Notes	5/15/2040	2.750%	130,000	126,209	139,170
	Unitedhealth Group Inc	Notes	7/15/2035	4.625%	85,000	90,556	111,207
	Uniti Grp/Uniti Hld/Csl	Bonds	2/15/2025	7.875%	1,025,000	1,055,486	1,038,602
	Univar Solutions Usa Inc	Bonds	12/1/2027	5.125%	660,000	674,538	667,669
	Upjohn Inc	Bonds	6/22/2027	2.300%	50,000	49,978	51,577
	Upjohn Inc	Bonds	6/22/2050	4.000%	175,000	174,545	186,128
	Us Bancorp	Notes	7/30/2024	2.400%	440,000	439,569	468,622
	Usa Com Part/Usa Com Fin	Notes	9/1/2027	6.875%	865,000	877,338	830,400
	Vail Resorts Inc	Bonds	5/15/2025	6.250%	375,000	392,988	392,344
	Valeant Pharmaceuticals	Bonds	3/1/2023	5.500%	48,000	39,630	48,000
	Valeant Pharmaceuticals	Notes	3/15/2024	7.000%	210,000	221,288	217,875
	Valvoline Inc	Bonds	2/15/2030	4.250%	450,000	450,000	443,250
	Valvoline Inc	Bonds	8/15/2025	4.375%	185,000	184,075	185,925
	Verizon Communications	Notes	11/1/2034	4.400%	525,000	521,199	653,688
	Verizon Communications	Notes	5/15/2025	Var %	235,000	235,000	237,862
	Verizon Communications	Notes	3/22/2030	3.150%	778,000	775,612	872,698
	Verizon Communications	Notes	12/3/2029	4.016%	765,000	888,280	912,324
	Verizon Owner Trust	Bonds	4/22/2024	0.000%	345,000	344,973	353,911
	Vici Properties / Note	Bonds	12/1/2029	4.625%	210,000	208,425	204,750
	Virgin Media Finance Plc	Notes	7/15/2030	5.000%	415,000	417,050	405,750
	Virginia Elec & Power Co	Bonds	8/15/2043	4.650%	170,000	169,918	216,383
	Visa Inc	Notes	4/15/2027	1.900%	195,000	194,450	203,818
	Visa Inc	Notes	4/15/2040	2.700%	530,000	526,099	567,116
	Vizient Inc	Bonds	5/15/2027	6.250%	475,000	483,499	497,563
	Volkswagen Auto Loan Enhanced	Bonds	11/21/2022	3.020%	100,000	101,402	101,842
	Volkswagen Group America	Bonds	5/13/2022	2.900%	390,000	389,789	402,628
	Vrx Escrow Corp	Notes	4/15/2025	6.125%	1,565,000	1,536,670	1,587,333
	Walgreens Boots Alliance	Notes	11/18/2044	4.800%	25,000	22,876	27,071
	Walgreens Boots Alliance	Notes	11/18/2021	3.300%	205,000	204,440	211,437
	Walmart Inc	Notes	6/28/2038	3.950%	115,000	113,807	146,102
	Walmart Inc C	Notes	7/8/2026	3.050%	80,000	87,310	90,347
	Walt Disney Company/The	Notes	3/23/2040	4.625%	140,000	139,674	174,987
	Walt Disney Company/The	Notes	3/23/2050	4.700%	270,000	268,981	348,076
	Walt Disney Company/The	Notes	3/23/2040	4.625%	120,000	119,720	149,989
	Walt Disney Company/The	Notes	3/23/2050	4.700%	175,000	173,803	225,605
	Waste Management Inc	Notes	6/15/2026	3.200%	105,000	104,972	107,588

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EIN: 52-6152779
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		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(b) Identity of issuer, borrower, lessor or similar party		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d)	(e)	
(a)						Cost	Current Value	
	Watco Cos Llc/Finance Co	Bonds	6/15/2027	6.500%	375,000	\$ 375,000	\$ 384,218	
	Welbilt (3/16)	N/A	N/A	N/A	430,000	382,316	430,000	
	Wells Fargo & Co	Bonds	4/4/2031	Var %	1,030,000	1,030,000	1,245,095	
	Wells Fargo & Co	Notes	4/4/2031	Var %	565,000	565,000	682,989	
	Wells Fargo & Co Medium Term	Notes	6/17/2027	Var %	415,000	415,000	449,985	
	Wells Fargo & Company	Bonds	4/4/2051	Var %	705,000	705,000	978,526	
	Wells Fargo & Company	Notes	7/26/2021	Var %	1,155,000	1,161,976	1,163,905	
	Wells Fargo & Company	Notes	10/30/2025	Var %	280,000	280,000	291,480	
	Wells Fargo & Company	Notes	4/30/2026	Var %	380,000	380,000	392,909	
	Wells Fargo & Company	Notes	6/2/2028	Var %	1,042,000	1,042,000	1,076,605	
	Wells Fargo & Company	Notes	10/30/2025	Var %	970,000	970,000	1,009,770	
	West Street Merger Sub	Bonds	9/1/2025	6.375%	545,000	517,239	527,288	
	Western Digital Corp	Notes	2/15/2026	4.750%	735,000	703,867	759,586	
	Western Midstream Operat	Notes	2/1/2030	4.050%	1,020,000	869,485	981,842	
	Western Midstream Operat	Notes	2/1/2025	3.100%	820,000	685,288	776,950	
	William Carter	Bonds	3/15/2027	5.625%	575,000	591,025	592,250	
	Wpx Energy Inc	Notes	6/1/2026	5.750%	205,000	192,873	198,850	
	Wpx Energy Inc	Notes	6/15/2028	5.875%	210,000	210,000	201,800	
	Wpx Energy Inc	Notes	9/15/2024	5.250%	470,000	460,450	462,950	
	Wr Grace & Co-Conn	Bonds	6/15/2027	4.875%	285,000	285,000	288,714	
	Wr Grace & Co-Conn	Bonds	10/1/2021	5.125%	570,000	594,506	600,381	
	Wyndham Hotels & Resorts	Bonds	4/15/2026	5.375%	130,000	86,150	125,125	
	Yum Brands Inc	Bonds	4/1/2025	7.750%	170,000	170,000	183,388	
	Total corporate bond and notes					408,583,393	419,421,381	
<u>Common and preferred stocks</u>								
	2U Inc	Equity	N/A	N/A	24,267	806,290	921,175	
	3I Group Plc	Equity	N/A	N/A	73,500	524,965	754,845	
	3M Company	Equity	N/A	N/A	6,670	715,139	1,040,453	
	89Bio Inc	Equity	N/A	N/A	12,000	192,000	239,160	
	8X8 Inc	Equity	N/A	N/A	16,438	334,503	263,008	
	Aalberts Industries Nv	Equity	N/A	N/A	32,761	1,255,257	1,074,390	
	Aaron'S Inc	Equity	N/A	N/A	5,200	159,109	236,080	
	Aaron'S Inc	Equity	N/A	N/A	65,395	2,801,113	2,968,933	
	Aaron'S Inc Merged	Equity	N/A	N/A	8,442	382,085	383,267	
	Abbvie Inc	Equity	N/A	N/A	1,000	92,679	98,180	
	Abn Amro Group Nv	Equity	N/A	N/A	24,400	608,896	210,150	
	Aci Worldwide Inc	Equity	N/A	N/A	20,132	685,687	543,363	
	Acs Actividades De Construccio	Equity	N/A	N/A	11,100	441,982	279,931	
	Activision Blizzard Inc	Equity	N/A	N/A	76,902	4,965,471	5,836,862	
	Acuity Brands Inc	Equity	N/A	N/A	8,448	561,202	808,812	
	Adaptive Biotechnologies	Equity	N/A	N/A	8,476	238,493	410,069	
	Adidas Ag	Equity	N/A	N/A	5,460	735,217	1,448,948	
	Adobe Inc	Equity	N/A	N/A	33,562	683,146	14,609,874	
	Adtalem Global Education Inc	Equity	N/A	N/A	83,469	3,776,345	2,600,059	
	Advanced Drainage Systems In	Equity	N/A	N/A	34,112	954,737	1,685,133	
	Advanced Energy Inds Inc	Equity	N/A	N/A	14,805	807,465	1,003,631	
	Advanced Micro Devices Inc	Equity	N/A	N/A	35,800	1,601,882	1,883,438	
	Adverum Biotechnologies Inc	Equity	N/A	N/A	13,467	272,870	281,191	
	Adyen Nv	Equity	N/A	N/A	5,906	4,426,615	8,593,230	
	Aecom	Equity	N/A	N/A	23,691	827,944	890,308	
	Aegon Nv Isin	Equity	N/A	N/A	66,000	1,003,547	196,695	
	Aercap Holdings Nv	Equity	N/A	N/A	34,319	1,642,712	1,057,025	

**PLUMBERS AND PIPEFITTERS NATIONAL
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(b) Identity of issuer, borrower, lessor or similar party							
(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Aerie Pharmaceuticals Inc	Equity	N/A	N/A	13,039	\$ 178,214	\$ 192,456
	Aerojet Rocketdyne Hldgs Inc	Equity	N/A	N/A	26,170	486,255	1,037,379
	Aerojet Rocketdyne Hldgs Inc	Equity	N/A	N/A	15,730	552,833	623,537
	Aes Corp	Equity	N/A	N/A	251,313	3,643,257	3,641,525
	Affiliated Managers Group Inc	Equity	N/A	N/A	5,129	332,047	382,418
	Aflac Inc	Equity	N/A	N/A	14,200	150,707	511,626
	Age Inc	Equity	N/A	N/A	17,300	684,932	491,081
	Agco Corp	Equity	N/A	N/A	6,589	319,355	365,426
	Agilent Technologies (Ipo)	Equity	N/A	N/A	405	28,979	35,790
	Agios Pharmaceuticals Inc	Equity	N/A	N/A	1,391	36,338	74,391
	Agl Energy Ltd	Equity	N/A	N/A	41,500	737,750	488,296
	Agree Rlty Corp Reit	Equity	N/A	N/A	15,294	827,151	1,004,969
	Aia Group Ltd	Equity	N/A	N/A	362,200	1,705,840	3,252,556
	Air Products & Chemicals Inc	Equity	N/A	N/A	200	34,413	48,292
	Akamai Technologies	Equity	N/A	N/A	71,650	3,253,455	7,672,999
	Akouos Inc	Equity	N/A	N/A	4,000	68,000	90,000
	Akzo Nobel N.V.	Equity	N/A	N/A	19,456	1,771,334	1,743,013
	Alamo Group Inc	Equity	N/A	N/A	10,411	721,963	1,068,585
	Alarm.Com Holdings Inc	Equity	N/A	N/A	27,165	1,213,603	1,760,564
	Alaska Air Group Inc	Equity	N/A	N/A	6,900	479,100	250,194
	Alaska Air Group Inc	Equity	N/A	N/A	19,092	1,350,621	692,276
	Albany International Corp	Equity	N/A	N/A	6,333	349,108	371,810
	Alcon Inc	Equity	N/A	N/A	14,936	872,892	856,132
	Alexander & Baldwin Inc	Equity	N/A	N/A	62,237	1,150,902	758,669
	Alexion Pharmaceuticals Inc	Equity	N/A	N/A	12,900	1,384,321	1,447,896
	Alexion Pharmaceuticals Inc	Equity	N/A	N/A	9,039	1,220,343	1,014,537
	Alibaba Group Holding Ltd	Equity	N/A	N/A	12,079	1,132,678	2,605,440
	Alibaba Group Holding Ltd	Equity	N/A	N/A	45,492	4,894,918	9,812,624
	Alibaba Group Holding Ltd	Equity	N/A	N/A	83,598	10,294,193	18,032,089
	Align Technology Inc	Equity	N/A	N/A	35,890	1,304,548	9,849,652
	Allegheny Technologies Inc	Equity	N/A	N/A	15,709	286,174	160,075
	Allete Inc	Equity	N/A	N/A	18,198	807,328	993,793
	Allete Inc	Equity	N/A	N/A	21,773	1,373,259	1,189,024
	Alliance Data Systems Corp.	Equity	N/A	N/A	16,493	3,309,271	744,164
	Allianz Se	Equity	N/A	N/A	9,900	1,664,791	2,006,631
	Allianz Se	Equity	N/A	N/A	10,836	2,512,830	2,196,349
	Allison Transmission Holding	Equity	N/A	N/A	82,205	3,554,434	3,023,500
	Allscripts Healthcare Solutions Inc	Equity	N/A	N/A	127,313	1,565,443	861,909
	Allstate Corp	Equity	N/A	N/A	58,258	5,828,766	5,650,443
	Allstate Corp	Equity	N/A	N/A	15,900	413,592	1,542,141
	Ally Financial Inc	Equity	N/A	N/A	163,384	4,121,416	3,239,905
	Ally Financial Inc	Equity	N/A	N/A	15,500	396,112	307,365
	Ally Financial Inc	Equity	N/A	N/A	172,181	3,475,003	3,414,349
	Alphabet Inc	Equity	N/A	N/A	7,314	830,090	10,371,618
	Alphabet Inc	Equity	N/A	N/A	10,633	4,035,123	15,030,915
	Alphabet Inc	Equity	N/A	N/A	3,656	2,312,637	5,184,391
	Alphabet Inc	Equity	N/A	N/A	16,347	15,344,301	23,108,283
	Alphabet Inc/Ca-Cl A	Equity	N/A	N/A	2,510	2,594,030	3,559,306
	Alstom	Equity	N/A	N/A	22,439	1,117,297	1,043,950
	Altice Usa Inc	Equity	N/A	N/A	106,410	1,971,497	2,398,481
	Altra Industrial Motion Corp	Equity	N/A	N/A	24,241	816,812	772,318
	Altra Industrial Motion Corp	Equity	N/A	N/A	13,334	444,091	424,821
	Altri Sgpps Sa	Equity	N/A	N/A	37,500	264,521	179,815

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	Altria Group Inc	Equity	N/A	N/A	150,689	\$ 5,984,097	\$ 5,914,543
	Amazon Com Inc	Equity	N/A	N/A	1,781	3,451,095	4,913,458
	Amazon Com Inc	Equity	N/A	N/A	11,470	4,321,869	31,643,665
	Amazon Com Inc	Equity	N/A	N/A	18,881	10,863,615	50,089,280
	Amc Networks Inc	Equity	N/A	N/A	18,800	1,090,331	439,732
	Amdocs Limited	Equity	N/A	N/A	18,264	1,076,756	1,111,912
	Amedisys Inc	Equity	N/A	N/A	4,906	1,057,547	974,037
	Ameresco Inc-CI A	Equity	N/A	N/A	31,839	589,959	884,487
	American Airlines Group Inc	Equity	N/A	N/A	20,200	888,234	264,014
	American Campus Cmnty Inc	Equity	N/A	N/A	11,517	355,546	402,634
	American Eagle Outfitters Inc	Equity	N/A	N/A	32,600	513,606	355,340
	American Eagle Outfitters Inc	Equity	N/A	N/A	22,554	273,796	245,839
	American Finl Group Inc Ohio	Equity	N/A	N/A	6,300	306,547	399,798
	American Finl Group Inc Ohio	Equity	N/A	N/A	14,223	1,302,630	902,592
	American International Group Inc	Equity	N/A	N/A	18,278	674,660	569,908
	American Tower Corp	Equity	N/A	N/A	26,845	5,542,251	6,940,506
	American Tower Corp	Equity	N/A	N/A	535	106,311	138,319
	American Vanguard Corp	Equity	N/A	N/A	36,504	760,382	502,295
	American Woodmark Corp	Equity	N/A	N/A	6,322	418,894	478,259
	Americold Realty Trust	Equity	N/A	N/A	28,156	852,854	1,022,063
	Ameriprise Financial Inc	Equity	N/A	N/A	12,200	806,734	1,830,488
	Ameris Bancorp	Equity	N/A	N/A	29,537	953,475	696,778
	Ameris Bancorp	Equity	N/A	N/A	13,297	605,026	313,676
	Amerisourcebergen Corp	Equity	N/A	N/A	17,277	1,548,978	1,741,003
	Amicus Therapeutics Inc	Equity	N/A	N/A	42,063	288,933	634,310
	Amn Healthcare Services	Equity	N/A	N/A	8,603	402,022	389,200
	Amundi Sa	Equity	N/A	N/A	14,522	34,367	1,137,182
	Annaly Capital Mgmt Inc	Equity	N/A	N/A	78,500	878,792	514,960
	Ant International Co	Equity	N/A	N/A	117,268	657,873	657,873
	Anthem Inc	Equity	N/A	N/A	13,338	3,292,263	3,507,627
	Antofagast A Plc	Equity	N/A	N/A	98,247	1,033,285	1,141,410
	Aozora Bank Ltd	Equity	N/A	N/A	12,400	392,580	215,442
	Apellis Pharmaceuticals Inc	Equity	N/A	N/A	12,286	269,043	401,261
	Apple Inc	Equity	N/A	N/A	56,133	1,654,234	18,477,318
	Apple Inc	Equity	N/A	N/A	47,716	12,546,825	17,406,797
	Applied Materials Inc	Equity	N/A	N/A	28,900	1,552,020	1,747,005
	Aptiv Plc	Equity	N/A	N/A	3,266	264,308	254,487
	Arch Capital Group Ltd	Equity	N/A	N/A	31,087	998,148	890,643
	Arch Resources Inc	Equity	N/A	N/A	4,400	380,268	123,596
	Arcosa Inc - W/I	Equity	N/A	N/A	28,745	972,398	1,213,039
	Arcs Co Ltd	Equity	N/A	N/A	13,600	355,206	272,945
	Arena Pharmaceuticals Inc	Equity	N/A	N/A	8,138	346,050	512,287
	Ares Management Corp	Equity	N/A	N/A	21,452	624,489	851,644
	Argan Inc	Equity	N/A	N/A	5,847	220,748	277,031
	Arista Networks Inc	Equity	N/A	N/A	4,562	877,130	958,157
	Arkema	Equity	N/A	N/A	6,300	565,807	602,622
	Armstrong World Industrie	Equity	N/A	N/A	10,390	410,418	810,004
	Arrow Electronics Inc	Equity	N/A	N/A	22,042	1,442,508	1,514,065
	Arrow Electronics Inc	Equity	N/A	N/A	7,400	623,716	508,306
	Artisan Partners Asset Manag	Equity	N/A	N/A	14,825	484,773	481,813
	Ascendis Pharma A/S	Equity	N/A	N/A	1,293	125,942	191,235
	Asgn Inc	Equity	N/A	N/A	11,073	724,506	738,348

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(b) Identity of issuer, borrower, lessor or similar party							(d) Cost	(e) Current Value
(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares			
	Ashland Global Holdings Inc	Equity	N/A	N/A	8,072	\$	517,106	\$ 557,775
	Ashland Global Holdings Inc	Equity	N/A	N/A	45,613		2,880,684	3,151,858
	Asml Holding Nv	Equity	N/A	N/A	8,750		728,652	3,194,625
	Assa Abloy Ab-B	Equity	N/A	N/A	61,671		1,235,679	1,219,236
	Assembly Biosciences Inc	Equity	N/A	N/A	6,152		220,674	143,465
	Assurant Inc	Equity	N/A	N/A	19,186		1,861,911	1,981,722
	Assured Guaranty Ltd	Equity	N/A	N/A	5,918		292,904	144,458
	Astellas Pharma Inc	Equity	N/A	N/A	68,400		934,020	1,139,947
	Astm Spa	Equity	N/A	N/A	17,545		288,514	400,936
	Astrazeneca Plc	Equity	N/A	N/A	171,671		6,545,727	9,079,679
	Atlantic Union Bankshares Corp	Equity	N/A	N/A	32,488		762,260	752,422
	Atlantic Union Bankshares Corp	Equity	N/A	N/A	49,989		1,667,854	1,157,745
	Atlassian Corp Plc	Equity	N/A	N/A	8,047		1,071,661	1,450,633
	Atos Se	Equity	N/A	N/A	3,720		354,806	317,216
	Atreca Inc	Equity	N/A	N/A	15,510		263,667	330,053
	Austevoll Seafood Asa	Equity	N/A	N/A	30,100		389,945	248,455
	Autodesk Inc	Equity	N/A	N/A	42,238		1,558,481	10,102,907
	Automatic Data Processing Inc	Equity	N/A	N/A	317		47,198	47,198
	Autonation Inc	Equity	N/A	N/A	27,300		1,301,098	1,025,934
	Autozone Inc	Equity	N/A	N/A	362		415,957	408,379
	Avalonbay Communities Inc	Equity	N/A	N/A	13,255		1,845,940	2,049,753
	Avanos Medical Inc	Equity	N/A	N/A	16,706		670,254	490,989
	Avanos Medical Inc	Equity	N/A	N/A	22,392		1,099,154	658,101
	Avidity Biosciences Inc	Equity	N/A	N/A	11,000		198,000	310,860
	Avrobio Inc	Equity	N/A	N/A	9,475		217,854	165,339
	Axcelis Technologies Inc	Equity	N/A	N/A	49,890		1,280,922	1,389,437
	Axis Capital Holdings Ltd	Equity	N/A	N/A	33,993		1,653,018	1,378,756
	B3 Sa-Brasil Bolsa Balcao	Equity	N/A	N/A	30,803		182,821	315,444
	Babcock Intl Group Plc	Equity	N/A	N/A	66,100		583,503	248,536
	Bac Systems Plc	Equity	N/A	N/A	198,000		1,449,140	1,197,900
	Baloise Holding Ag	Equity	N/A	N/A	7,500		426,029	1,124,861
	Banc Of California Inc	Equity	N/A	N/A	66,270		1,316,968	717,704
	Banco Bilbao Vizcaya Argenta	Equity	N/A	N/A	394,828		2,895,205	1,359,148
	Banco Latinoamericano De Comercio Exterior S.A.	Equity	N/A	N/A	20,000		366,465	230,000
	Banco Santander S.A.	Equity	N/A	N/A	87,100		783,798	212,788
	Bancorpsouth Bank	Equity	N/A	N/A	35,740		582,487	812,728
	Bandwidth Inc	Equity	N/A	N/A	9,329		584,884	1,184,783
	Bank Central Asia Tbk Pt	Equity	N/A	N/A	453,800		603,040	905,848
	Bank Hapolum Ltd	Equity	N/A	N/A	127,000		485,979	754,531
	Bank New York Mellon Corp Com	Equity	N/A	N/A	153,119		5,280,930	5,918,049
	Bank Of Queensland Ltd	Equity	N/A	N/A	36,250		286,414	154,349
	Barclays Plc	Equity	N/A	N/A	239,900		1,871,215	340,123
	Barratt Developments Plc	Equity	N/A	N/A	76,600		633,385	470,682
	Bayer Ag Reg	Equity	N/A	N/A	16,000		1,208,336	1,184,000
	Bayerische Motorenwerke Ag	Equity	N/A	N/A	29,515		1,082,797	1,906,079
	Beach Energy Ltd	Equity	N/A	N/A	283,800		519,305	286,638
	Becton Dickinson & Co	Equity	N/A	N/A	10,494		2,024,227	2,510,899
	Beiersdorf Ag	Equity	N/A	N/A	12,767		1,460,318	1,448,709
	Belden Inc	Equity	N/A	N/A	14,250		515,086	463,838
	Bellway Plc	Equity	N/A	N/A	13,000		344,571	410,116
	Berkeley Group Holding	Equity	N/A	N/A	5,000		189,215	257,470
	Berkshire Hathaway Inc	Equity	N/A	N/A	1,818		333,984	324,531
	Best Buy Co Inc	Equity	N/A	N/A	15,597		1,281,050	1,361,150

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b)							
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Best Buy Co Inc	Equity	N/A	N/A	14,500	\$ 529,634	\$ 1,265,415
	Bhp Group Plc	Equity	N/A	N/A	102,409	1,942,392	2,099,344
	Big Lots Inc	Equity	N/A	N/A	11,400	475,252	478,800
	Biogen Inc	Equity	N/A	N/A	16,783	5,187,597	4,490,292
	Biomarin Pharmaceutical Inc	Equity	N/A	N/A	37,942	2,079,758	4,679,766
	Black Diamond Therapeutics I	Equity	N/A	N/A	6,820	138,706	287,531
	Black Hills Corp	Equity	N/A	N/A	22,890	1,407,614	1,296,947
	Blackbaud Inc	Equity	N/A	N/A	19,504	1,636,330	1,113,288
	Block H & R Inc	Equity	N/A	N/A	24,223	388,886	345,904
	Bloomin Brands Inc	Equity	N/A	N/A	21,800	459,276	232,388
	Blucora Inc	Equity	N/A	N/A	8,864	133,203	101,227
	Bluebird Bio Inc	Equity	N/A	N/A	1,774	101,088	108,285
	Blueprint Medicines Corp	Equity	N/A	N/A	5,120	217,229	399,360
	Bnp Paribas	Equity	N/A	N/A	15,400	1,101,627	607,684
	Boeing Co	Equity	N/A	N/A	23,567	1,798,481	4,319,831
	Boeing Co	Equity	N/A	N/A	173	41,919	31,711
	Boise Cascade Co	Equity	N/A	N/A	16,173	422,343	608,267
	Boliden Ab	Equity	N/A	N/A	20,000	254,413	455,023
	Booking Holdings Inc	Equity	N/A	N/A	366	570,306	582,796
	Booking Holdings Inc	Equity	N/A	N/A	2,222	3,407,383	3,538,179
	Borg Warner Inc.	Equity	N/A	N/A	20,600	1,078,766	727,180
	Boston Pptys Inc Reit	Equity	N/A	N/A	34,694	3,125,648	3,135,644
	Boston Scientific Corp	Equity	N/A	N/A	90,406	2,905,551	3,174,155
	Bp Plc	Equity	N/A	N/A	277,100	2,458,292	1,036,354
	Brandywine Rlty Tr	Equity	N/A	N/A	42,600	627,095	463,914
	Brandywine Rlty Tr Sh Ben Int New Reit	Equity	N/A	N/A	67,755	745,069	737,852
	Briggs & Stratton Corp	Equity	N/A	N/A	19,700	401,626	25,807
	Brigham Minerals Inc	Equity	N/A	N/A	20,699	399,749	255,633
	Brighthouse Financial Inc-Wi	Equity	N/A	N/A	85,116	2,667,646	2,367,927
	Brinker International Inc	Equity	N/A	N/A	19,400	861,142	465,600
	Bristol Myers Squibb Co	Equity	N/A	N/A	116,782	7,031,092	6,866,782
	British American Tobacco Plc	Equity	N/A	N/A	30,102	1,162,515	1,183,310
	Brixmor Property Group Inc	Equity	N/A	N/A	39,000	709,735	499,980
	Brother Industries Ltd	Equity	N/A	N/A	22,800	311,310	410,073
	Brunswick Corp	Equity	N/A	N/A	25,779	1,410,917	1,650,114
	Brunswick Corp	Equity	N/A	N/A	15,572	736,736	996,764
	Brunswick Corp	Equity	N/A	N/A	8,100	477,838	518,481
	Bryn Mawr Bank Corp	Equity	N/A	N/A	26,469	806,444	732,133
	Bt Group Plc	Equity	N/A	N/A	198,600	749,905	280,026
	Bunzl Plc S	Equity	N/A	N/A	66,489	1,748,192	1,784,486
	Burberry Group Plc	Equity	N/A	N/A	70,016	713,122	1,387,671
	Bwx Technologies Inc	Equity	N/A	N/A	7,819	265,289	442,868
	C&C Group Plc	Equity	N/A	N/A	49,100	228,998	184,125
	Cabot Corp	Equity	N/A	N/A	38,677	2,126,286	1,432,983
	Cabot Corp	Equity	N/A	N/A	17,056	728,392	631,925
	Cabot Corp	Equity	N/A	N/A	8,700	327,153	322,335
	Cabot Oil & Gas Corp Com	Equity	N/A	N/A	117,229	2,339,014	2,013,994
	Cabot Oil & Gas Corp Com	Equity	N/A	N/A	395,937	6,711,850	6,802,198
	Cactus Inc	Equity	N/A	N/A	4,737	137,243	97,724
	Campbell Soup Co	Equity	N/A	N/A	1,262	63,292	62,633
	Canadian Pacific Railway Ltd	Equity	N/A	N/A	3,700	692,258	944,758
	Cannae Holdings Inc	Equity	N/A	N/A	21,845	281,345	897,830
	Capgemini Se	Equity	N/A	N/A	1,000	62,949	114,061

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(b)								
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value	
	Capri Hldgs Ltd	Equity	N/A	N/A	9,500	\$ 463,938	\$	148,485
	Cardinal Health Inc	Equity	N/A	N/A	94,046	4,756,672		4,908,261
	Cardinal Health Inc	Equity	N/A	N/A	9,300	751,870		485,367
	Cardiovascular Sys Inc	Equity	N/A	N/A	16,343	588,638		515,622
	Cardlytics Inc	Equity	N/A	N/A	27,201	837,254		1,903,526
	Cardtronics Ltd	Equity	N/A	N/A	24,580	718,337		589,428
	Cargurus Inc	Equity	N/A	N/A	31,747	950,314		804,786
	Carpenter Technology Corp	Equity	N/A	N/A	16,239	649,882		394,283
	Catalent Inc	Equity	N/A	N/A	12,967	352,115		950,481
	Cathay General Bancorp	Equity	N/A	N/A	26,855	399,522		706,287
	Cavco Industries Inc	Equity	N/A	N/A	5,038	757,185		971,578
	Cbl & Assoc Pptys Inc	Equity	N/A	N/A	65,600	1,076,211		17,843
	Cbre Group Inc	Equity	N/A	N/A	81,001	3,196,486		3,662,865
	Celanese Corp	Equity	N/A	N/A	15,300	814,466		1,321,002
	Centene Corp	Equity	N/A	N/A	50,618	3,080,004		3,216,774
	Centric A Plc	Equity	N/A	N/A	150,200	852,414		71,727
	Century Communities Inc	Equity	N/A	N/A	42,417	1,085,898		1,300,505
	Championx Corporation	Equity	N/A	N/A	39,268	1,355,317		383,256
	Chefs Warehouse Holdings Inc	Equity	N/A	N/A	62,530	1,604,452		849,157
	Chegg Inc	Equity	N/A	N/A	9,607	515,605		646,167
	Chevron Corporation	Equity	N/A	N/A	4,287	1,137,867		382,529
	Chimera Investment Corp	Equity	N/A	N/A	29,140	459,786		280,035
	China Aviation Oil Singapore	Equity	N/A	N/A	309,900	375,714		222,372
	China Mengniu Dairy Co	Equity	N/A	N/A	179,000	537,744		683,619
	China Resources Cement	Equity	N/A	N/A	682,000	507,169		835,061
	Chipotle Mexican Gril	Equity	N/A	N/A	4,748	3,205,436		4,996,605
	Chipotle Mexican Gril	Equity	N/A	N/A	1,610	1,293,263		1,694,300
	Chocoladefabriken Lindt	Equity	N/A	N/A	86	597,275		710,188
	Chubb Ltd	Equity	N/A	N/A	4,742	729,937		600,432
	Churchill Downs Inc	Equity	N/A	N/A	8,749	144,727		1,164,929
	Cie Financiere Richemont Sa	Equity	N/A	N/A	25,724	2,162,470		1,653,539
	Cigna Corp	Equity	N/A	N/A	39,316	7,033,020		7,377,647
	Cimarex Energy Co	Equity	N/A	N/A	5,700	503,470		156,693
	Cimarex Energy Co	Equity	N/A	N/A	10,231	196,854		281,250
	Cinemark Holdings Inc	Equity	N/A	N/A	33,419	443,021		385,989
	Cintas Corp	Equity	N/A	N/A	3,794	883,037		1,010,570
	Cisco Systems Inc	Equity	N/A	N/A	25,787	820,783		1,202,706
	Citic Telecom International	Equity	N/A	N/A	934,000	354,976		296,442
	Citigroup Inc	Equity	N/A	N/A	152,087	8,986,870		7,771,646
	Citizens Financial Group	Equity	N/A	N/A	147,057	4,699,435		3,711,719
	Citizens Financial Group	Equity	N/A	N/A	40,100	1,566,651		1,012,124
	Citrix Systems Inc	Equity	N/A	N/A	34,338	4,702,973		5,078,934
	Citrix Systems Inc	Equity	N/A	N/A	3,400	479,219		502,894
	City Office Reit Inc	Equity	N/A	N/A	33,000	432,305		331,980
	Ck Hutchison Holdings Ltd	Equity	N/A	N/A	99,500	890,739		644,263
	Clarivate Plc	Equity	N/A	N/A	39,171	527,079		874,688
	Clean Harbors Inc	Equity	N/A	N/A	10,910	579,670		654,382
	Clean Harbors Inc	Equity	N/A	N/A	42,353	2,474,939		2,540,333
	Cleveland-Cliffs Inc	Equity	N/A	N/A	60,700	477,136		335,064
	Cno Financial Group Inc	Equity	N/A	N/A	23,600	219,804		367,452
	Cno Financial Group Inc	Equity	N/A	N/A	30,703	504,611		478,046
	Cnx Resources Corp	Equity	N/A	N/A	17,943	105,176		155,207

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b)							
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Cognex Corp	Equity	N/A	N/A	90,896	\$ 3,568,607	\$ 5,428,309
	Coherent Inc	Equity	N/A	N/A	1,538	173,543	201,447
	Cohu Inc	Equity	N/A	N/A	14,141	289,550	245,205
	Columbus Mckinnon Corp N Y	Equity	N/A	N/A	25,847	739,647	864,582
	Commercial Metals Co	Equity	N/A	N/A	20,548	288,046	419,179
	Compag Nie De Saint Gobain	Equity	N/A	N/A	17,500	639,662	630,140
	Conocophillips	Equity	N/A	N/A	86,666	3,108,891	3,641,705
	Constellation Brands Inc	Equity	N/A	N/A	28,428	5,203,737	4,973,479
	Constellation Brands Inc	Equity	N/A	N/A	2,373	425,277	415,156
	Constellation Pharmaceutical	Equity	N/A	N/A	15,100	517,115	453,755
	Continental Ag	Equity	N/A	N/A	12,298	2,167,719	1,199,055
	Cooper Tire & Rubber Co	Equity	N/A	N/A	26,976	821,600	744,807
	Cooper Tire & Rubber Co	Equity	N/A	N/A	20,400	563,460	563,244
	Core Laboratories N V	Equity	N/A	N/A	34,264	2,415,003	696,244
	Core Mark Holding Co Inc	Equity	N/A	N/A	25,648	756,807	640,046
	Corecivic Inc	Equity	N/A	N/A	28,900	467,566	270,504
	Corporate Office Pptys Tr Reit	Equity	N/A	N/A	86,324	2,364,850	2,187,450
	Costar Group Inc	Equity	N/A	N/A	3,926	2,232,798	2,790,090
	Costco Wholesale Corp	Equity	N/A	N/A	28,163	2,291,276	8,539,303
	Coupa Software Inc	Equity	N/A	N/A	17,352	2,787,203	4,807,198
	Coupa Software Inc	Equity	N/A	N/A	900	151,391	249,336
	Covetrus Inc-When Issued	Equity	N/A	N/A	29,139	523,535	521,297
	Cracker Barrel Old Country	Equity	N/A	N/A	3,442	356,315	381,752
	Credit Agricole Sa	Equity	N/A	N/A	38,754	1,211,952	366,954
	Credit Suisse Group	Equity	N/A	N/A	37,492	1,366,475	386,168
	Crest Nicholson Holdings	Equity	N/A	N/A	49,200	430,536	120,525
	Crinetics Pharmaceuticals In	Equity	N/A	N/A	10,200	142,800	178,704
	Crispr Therapeutics Ag	Equity	N/A	N/A	2,387	111,011	175,421
	Crocs Inc	Equity	N/A	N/A	9,827	162,855	361,830
	Csg Sys Intl Inc	Equity	N/A	N/A	19,695	619,305	815,176
	Csg Sys Intl Inc	Equity	N/A	N/A	10,800	338,888	447,012
	Csl Ltd	Equity	N/A	N/A	6,457	463,001	1,278,861
	Cubsmart	Equity	N/A	N/A	26,880	232,052	725,491
	Cummins Inc	Equity	N/A	N/A	6,683	821,397	1,157,897
	Cummins Inc	Equity	N/A	N/A	8,500	1,111,274	1,472,710
	Curtiss Wright Corp	Equity	N/A	N/A	24,664	2,888,574	2,202,002
	Cvb Financial Corp	Equity	N/A	N/A	39,900	432,885	747,726
	Cvs Health Corporation	Equity	N/A	N/A	17,254	1,255,590	1,120,992
	Cyrusone Inc	Equity	N/A	N/A	11,151	466,508	811,235
	Cytokinetics Inc New	Equity	N/A	N/A	24,843	399,097	585,550
	Daimler Ag Ord	Equity	N/A	N/A	17,000	752,322	691,900
	Daiwa House Industries Co Ltd	Equity	N/A	N/A	14,100	343,046	331,949
	Daiwabo Holdings Co Ltd	Equity	N/A	N/A	8,900	400,705	580,282
	Dana Incorporated	Equity	N/A	N/A	49,506	745,145	603,478
	Dana Incorporated	Equity	N/A	N/A	152,870	2,998,673	1,863,485
	Danaher Corp	Equity	N/A	N/A	35,722	4,784,342	6,316,721
	Danaher Corp	Equity	N/A	N/A	32,418	2,988,105	5,732,475
	Danone	Equity	N/A	N/A	27,614	2,204,161	1,901,776
	Danske Bank A/S	Equity	N/A	N/A	29,100	881,318	387,327
	Darling Ingredients Inc	Equity	N/A	N/A	23,159	726,658	570,175
	Darling Ingredients Inc	Equity	N/A	N/A	39,393	668,571	969,856
	Davita Inc	Equity	N/A	N/A	710	58,091	56,189
	Davita Inc	Equity	N/A	N/A	9,700	579,813	767,658

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b) Identity of issuer, borrower, lessor or similar party						(d) Cost	(e) Current Value
(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares		
	Dbx Group Holdings Ltd	Equity	N/A	N/A	21,200	\$ 283,592	\$ 326,268
	Deckers Outdoor Corp	Equity	N/A	N/A	7,293	945,626	1,432,272
	Delek Holdco Inc	Equity	N/A	N/A	17,368	447,810	302,377
	Delek Holdco Inc	Equity	N/A	N/A	7,844	263,184	136,564
	Deluxe Corporation	Equity	N/A	N/A	54,011	2,595,210	1,271,419
	Derichebourg	Equity	N/A	N/A	82,300	438,844	235,597
	Deutsche Bank Ag	Equity	N/A	N/A	49,350	2,018,575	469,812
	Deutsche Post Ag	Equity	N/A	N/A	36,700	1,166,549	1,336,749
	Deutsche Wohnen Ag	Equity	N/A	N/A	46,030	1,933,196	2,070,798
	Deutz Ag	Equity	N/A	N/A	83,500	669,200	396,957
	Devon Energy Corp New	Equity	N/A	N/A	28,902	352,699	327,749
	Dexcom Inc	Equity	N/A	N/A	12,595	2,133,214	5,106,013
	Dfds A/S	Equity	N/A	N/A	8,500	370,631	267,019
	Diageo Plc	Equity	N/A	N/A	56,588	1,341,022	1,907,581
	Diamond Back Energy Inc	Equity	N/A	N/A	5,511	110,613	230,470
	Dicerna Pharmaceuticals Inc	Equity	N/A	N/A	12,137	291,720	308,280
	Dick'S Sporting Goods Inc.	Equity	N/A	N/A	18,400	450,607	759,184
	Dillards Inc	Equity	N/A	N/A	6,000	135,988	154,740
	Diodes Inc	Equity	N/A	N/A	19,400	771,850	983,580
	Direct Line Insurance Group	Equity	N/A	N/A	86,716	381,558	291,188
	Discover Financial W/I	Equity	N/A	N/A	15,800	545,133	791,422
	Diversified Healthcare Trust	Equity	N/A	N/A	54,300	900,541	240,278
	Dmc Global Inc	Equity	N/A	N/A	19,339	859,806	533,756
	Dnb Asa	Equity	N/A	N/A	102,674	651,488	1,349,342
	Docusign Inc	Equity	N/A	N/A	13,180	868,103	2,269,728
	Dolby Laboratories Inc Class A	Equity	N/A	N/A	80,775	4,108,417	5,320,649
	Dollar General Corp	Equity	N/A	N/A	25,382	4,468,324	4,835,525
	Dollar General Corp	Equity	N/A	N/A	28,900	2,792,888	5,505,739
	Dollar Tree Inc	Equity	N/A	N/A	2,600	277,782	240,968
	Domtar Corporation New	Equity	N/A	N/A	16,800	714,288	354,648
	Donnelley Financial Solu-	Equity	N/A	N/A	67,906	1,111,874	570,410
	Douglas Emmett Inc-W/I	Equity	N/A	N/A	55,532	2,052,612	1,702,611
	Dover Corp	Equity	N/A	N/A	28,321	1,752,222	2,734,676
	Duerr Ag	Equity	N/A	N/A	8,700	320,732	226,962
	Dxc Technology Co	Equity	N/A	N/A	8,200	711,254	135,300
	Dycom Industries Inc	Equity	N/A	N/A	62,923	2,177,979	2,572,921
	Eastman Chem Co	Equity	N/A	N/A	22,900	1,397,056	1,594,756
	Eastman Chem Co	Equity	N/A	N/A	20,460	1,659,408	1,424,834
	Ebay Inc	Equity	N/A	N/A	101,398	3,722,553	5,318,325
	Ebay Inc	Equity	N/A	N/A	19,300	710,037	1,012,285
	Edion Corp	Equity	N/A	N/A	45,600	462,036	461,596
	Edison Intl	Equity	N/A	N/A	17,700	828,961	961,287
	Edwards Lifesciences Corp	Equity	N/A	N/A	47,169	518,345	3,259,850
	Edwards Lifesciences Corp	Equity	N/A	N/A	45,120	3,336,794	3,118,243
	Electronic Art	Equity	N/A	N/A	42,588	4,096,041	5,623,745
	Electronic Art	Equity	N/A	N/A	993	99,941	131,126
	Element Solutions Inc	Equity	N/A	N/A	37,320	286,741	404,922
	Emcor Group Inc	Equity	N/A	N/A	26,109	1,867,579	1,726,849
	Emergent Biosolutions Inc	Equity	N/A	N/A	9,609	524,694	759,880
	Employers Holdings Inc	Equity	N/A	N/A	28,322	542,743	853,908
	Enagas Sa	Equity	N/A	N/A	27,600	655,877	674,434
	Encompass Health Corp	Equity	N/A	N/A	18,554	1,229,573	1,149,049
	Enel Spa	Equity	N/A	N/A	246,900	1,538,212	2,154,203

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(b) Identity of issuer, borrower, lessor or similar party		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value	
(a)								
	Enerplus Corp	Equity	N/A	N/A	61,986	\$ 531,814	\$	175,420
	Ennis Inc.	Equity	N/A	N/A	22,300	505,692		404,522
	Enstar Group Ltd	Equity	N/A	N/A	1,115	200,812		170,339
	Entergy Corp New	Equity	N/A	N/A	29,806	3,147,090		2,796,101
	Envestnet Inc	Equity	N/A	N/A	5,443	358,976		400,278
	Envista Holdings Corp	Equity	N/A	N/A	15,172	265,264		319,977
	Eog Res Inc	Equity	N/A	N/A	60,223	3,122,862		3,050,897
	Epr Properties	Equity	N/A	N/A	48,698	2,875,594		1,613,365
	Eqt Corporation	Equity	N/A	N/A	28,564	395,761		339,912
	Eqt Corporation	Equity	N/A	N/A	72,924	1,819,100		867,796
	Eqt Corporation	Equity	N/A	N/A	21,248	158,972		252,851
	Equifax Inc	Equity	N/A	N/A	11,400	1,673,894		1,959,432
	Equinor Asa	Equity	N/A	N/A	19,600	762,806		281,260
	Equinor Asa	Equity	N/A	N/A	131,900	1,669,779		1,892,765
	Equitable Holdings Inc	Equity	N/A	N/A	206,250	4,414,081		3,978,563
	Equitrans Midstream Corp	Equity	N/A	N/A	98,601	2,322,988		819,374
	Equitrans Midstream Corp	Equity	N/A	N/A	10,044	72,179		83,466
	Erste Group Bank Ag	Equity	N/A	N/A	51,224	2,057,174		1,188,397
	Essent Group Ltd	Equity	N/A	N/A	13,000	477,667		471,510
	Essent Group Ltd	Equity	N/A	N/A	29,203	1,060,910		1,059,193
	Essential Properties Realty	Equity	N/A	N/A	17,862	331,139		265,072
	Essential Properties Realty	Equity	N/A	N/A	100,857	2,124,331		1,496,718
	Essilor International	Equity	N/A	N/A	6,926	624,331		889,016
	Ethan Allen Interiors Inc	Equity	N/A	N/A	15,400	420,149		182,182
	Etsy Inc	Equity	N/A	N/A	6,000	441,527		637,380
	Euronet Worldwide Inc	Equity	N/A	N/A	7,738	137,487		741,455
	Everest Re Group Ltd	Equity	N/A	N/A	4,000	494,084		824,800
	Evergy Inc	Equity	N/A	N/A	36,743	2,176,826		2,178,492
	Evergy Inc	Equity	N/A	N/A	42,941	2,293,859		2,545,972
	Evonik Industries Ag	Equity	N/A	N/A	15,600	532,097		396,625
	Exact Sciences Corp	Equity	N/A	N/A	9,042	874,012		786,111
	Exelon Corporation	Equity	N/A	N/A	65,855	3,114,293		2,389,878
	Exelon Corporation	Equity	N/A	N/A	17,400	668,995		631,446
	Exlservice Holdings Inc	Equity	N/A	N/A	34,274	1,628,078		2,172,972
	Expeditors International Washington Inc	Equity	N/A	N/A	62,269	4,344,245		4,734,935
	F5 Networks Inc	Equity	N/A	N/A	892	85,606		124,416
	Fabrinet	Equity	N/A	N/A	11,239	439,746		701,538
	Facebook Inc	Equity	N/A	N/A	1,556	270,831		353,321
	Facebook Inc	Equity	N/A	N/A	66,764	2,335,764		15,160,101
	Facebook Inc	Equity	N/A	N/A	125,767	15,222,385		28,557,913
	Factset Resh Sys Inc	Equity	N/A	N/A	11,761	1,312,832		3,863,136
	Federal Agric Mtg Corp	Equity	N/A	N/A	10,090	377,439		645,861
	Ferro Corp	Equity	N/A	N/A	59,253	593,325		707,481
	Fidelity National Information	Equity	N/A	N/A	50,662	4,945,779		6,793,268
	Fifth Third Bancorp	Equity	N/A	N/A	53,065	1,510,953		1,023,093
	Fifth Third Bancorp	Equity	N/A	N/A	40,800	505,412		786,624
	Finecobank Banca Fineco Spa	Equity	N/A	N/A	77,289	852,052		1,043,307
	First American Financial	Equity	N/A	N/A	19,886	919,146		954,926
	First Bancorp	Equity	N/A	N/A	112,191	1,127,136		627,148
	First Bancshares Inc	Equity	N/A	N/A	6,985	259,252		157,163
	First Hawaiian Inc	Equity	N/A	N/A	4,249	110,998		73,253
	First Interstate Bancsys	Equity	N/A	N/A	63,798	2,546,145		1,975,186
	Firstenergy Corp	Equity	N/A	N/A	20,100	664,575		779,478

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b)							
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Firstenergy Corp	Equity	N/A	N/A	74,124	\$ 2,721,811	\$ 2,874,529
	Firstgroup Plc	Equity	N/A	N/A	100,500	568,892	62,700
	Fiserv Inc	Equity	N/A	N/A	54,393	4,030,834	5,309,845
	Five Point Holdings Llc	Equity	N/A	N/A	36,913	419,963	169,800
	Fleetcor Technologies Inc	Equity	N/A	N/A	3,453	796,299	868,533
	Flowers Foods Inc	Equity	N/A	N/A	74,965	1,686,610	1,676,217
	Fnf Group	Equity	N/A	N/A	73,489	1,919,009	2,253,173
	Foot Locker Inc	Equity	N/A	N/A	15,000	296,881	437,400
	Form Factor Inc	Equity	N/A	N/A	87,128	1,166,249	2,555,464
	Forma Therapeutics Holdings	Equity	N/A	N/A	7,800	156,000	362,622
	Forteschue Metal Group Ltd	Equity	N/A	N/A	151,600	684,727	1,448,970
	Fortive Corp	Equity	N/A	N/A	10,196	632,197	689,861
	Forward Air Corp	Equity	N/A	N/A	4,898	243,752	244,018
	Fox Factory Holding Corp	Equity	N/A	N/A	5,219	103,095	431,142
	Franklin Street Properties C	Equity	N/A	N/A	59,600	672,042	303,364
	Fresenius Se & Co Kgaa	Equity	N/A	N/A	16,693	673,491	825,198
	Freshpet Inc	Equity	N/A	N/A	16,398	501,355	1,371,857
	Frontdoor Inc	Equity	N/A	N/A	14,758	521,848	654,222
	G1 Therapeutics Inc	Equity	N/A	N/A	38,129	853,983	925,010
	Gaming And Leisure Prope	Equity	N/A	N/A	14,779	529,195	511,351
	Gaming And Leisure Prope-W/I	Equity	N/A	N/A	540	20,646	18,669
	Garmin Ltd	Equity	N/A	N/A	65,000	2,516,917	6,337,500
	Gci Liberty Inc	Equity	N/A	N/A	20,673	695,961	1,470,264
	Gea Group Ag	Equity	N/A	N/A	58,667	1,503,947	1,848,833
	General Electric Co	Equity	N/A	N/A	7,200	91,055	49,176
	General Mills Inc	Equity	N/A	N/A	21,431	1,489,930	1,321,221
	General Motors Co	Equity	N/A	N/A	48,773	853,144	1,233,957
	Generation Bio Co	Equity	N/A	N/A	7,200	136,800	151,200
	Genpact Ltd	Equity	N/A	N/A	31,086	942,155	1,135,261
	Gentex Corp	Equity	N/A	N/A	234,492	3,302,270	6,042,859
	Gentherm Inc	Equity	N/A	N/A	45,470	1,672,882	1,768,783
	Genworth Finl Inc	Equity	N/A	N/A	37,000	1,103,821	85,470
	Genworth Mortgage Insurance	Equity	N/A	N/A	240,100	179,221	342,983
	Glaxosmithkline Plc	Equity	N/A	N/A	102,000	2,154,631	2,049,180
	Glaxosmithkline Plc	Equity	N/A	N/A	84,089	1,714,554	1,689,348
	Global Blood Therapeutics In	Equity	N/A	N/A	10,316	250,315	651,249
	Global Payments Inc	Equity	N/A	N/A	45,789	5,298,881	7,766,730
	Globus Medical Inc	Equity	N/A	N/A	12,830	452,856	612,119
	Glycomimetics Inc	Equity	N/A	N/A	38,161	326,411	143,485
	Go Ahead Group Plc	Equity	N/A	N/A	14,700	307,129	151,546
	Goldman Sachs Group Inc	Equity	N/A	N/A	4,341	963,490	857,868
	Goldman Sachs Group Inc	Equity	N/A	N/A	36,305	5,234,965	7,174,594
	Goldman Sachs Group Inc	Equity	N/A	N/A	9,114	1,947,247	1,801,109
	Goodyear Tire & Rubber Co	Equity	N/A	N/A	36,300	1,147,909	324,704
	Grace W R & Co Del	Equity	N/A	N/A	15,380	1,066,292	781,458
	Graco Inc	Equity	N/A	N/A	61,200	991,909	2,936,988
	Grainger W W Inc	Equity	N/A	N/A	2,828	522,033	888,444
	Gramham Holdings Company	Equity	N/A	N/A	2,058	1,182,211	705,215
	Granges Ab Sedol	Equity	N/A	N/A	49,600	391,007	392,565
	Graphic Packaging Hldg Co	Equity	N/A	N/A	271,103	3,534,256	3,792,731
	Gray Television Inc	Equity	N/A	N/A	49,635	711,139	692,408
	Green Plains Inc	Equity	N/A	N/A	32,849	626,812	335,553
	Greif Inc	Equity	N/A	N/A	14,255	588,782	490,515

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(b) Identity of issuer, borrower, lessor or similar party							(d) Cost	(e) Current Value
(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares			
	Group 1 Automotive Inc	Equity	N/A	N/A	5,400	\$	468,822	\$ 356,238
	Guardant Health Inc	Equity	N/A	N/A	10,634		822,644	862,736
	Haemonetics Corp	Equity	N/A	N/A	10,884		1,234,713	974,771
	Hamilton Lane Inc	Equity	N/A	N/A	16,382		607,982	1,103,655
	Hanesbrands Inc	Equity	N/A	N/A	32,500		397,821	366,925
	Hannon Armstrong Sustainable	Equity	N/A	N/A	28,137		698,219	800,779
	Hanover Insurance Group Inc	Equity	N/A	N/A	13,023		1,549,476	1,319,621
	Harley Davidson Inc	Equity	N/A	N/A	9,500		426,784	225,815
	Harsco Corp	Equity	N/A	N/A	62,369		1,165,189	842,605
	Hartford Finl Svcs Group Inc	Equity	N/A	N/A	44,757		1,959,430	1,725,382
	Hartford Finl Svcs Group Inc	Equity	N/A	N/A	20,600		571,668	794,130
	Harvey Norman Holdings Ltd	Equity	N/A	N/A	95,929		338,765	234,349
	Haynes Intl Inc Com	Equity	N/A	N/A	13,467		549,246	314,589
	Hca Healthcare Inc	Equity	N/A	N/A	13,100		1,030,825	1,271,486
	Hca Healthcare Inc	Equity	N/A	N/A	4,833		646,086	469,091
	Hd Supply Holdings Inc	Equity	N/A	N/A	5,220		124,614	180,873
	Hd Supply Holdings Inc	Equity	N/A	N/A	14,700		521,079	509,355
	Hdfc Bank Ltd Spon - Adr	Equity	N/A	N/A	13,305		430,289	604,845
	Health Catalyst Inc	Equity	N/A	N/A	21,131		543,212	616,391
	Helen Of Troy Limited	Equity	N/A	N/A	5,511		499,989	1,039,154
	Helix Energy Solutions Group	Equity	N/A	N/A	21,965		177,884	76,219
	Helmerich & Payne Inc	Equity	N/A	N/A	49,091		951,296	957,765
	Here Holdings Inc	Equity	N/A	N/A	18,997		741,091	583,778
	Hewlett Packard Enterprise Co	Equity	N/A	N/A	57,700		917,327	561,421
	Hilltop Hldgs Inc	Equity	N/A	N/A	28,400		612,085	523,980
	Hilton Worldwide Hldgs	Equity	N/A	N/A	5,558		393,960	408,235
	Hitachi Capital Corp	Equity	N/A	N/A	25,000		655,420	549,664
	Hitachi Ltd	Equity	N/A	N/A	17,780		580,421	560,364
	Hms Hldgs Corp	Equity	N/A	N/A	37,719		807,089	1,221,718
	Hollyfrontier Corp	Equity	N/A	N/A	56,344		2,759,765	1,645,245
	Hollyfrontier Corp	Equity	N/A	N/A	20,600		1,176,634	601,520
	Hologic Inc	Equity	N/A	N/A	51,296		2,494,260	2,923,872
	Home Bancshares Inc	Equity	N/A	N/A	53,160		1,039,470	817,601
	Home Bancshares Inc	Equity	N/A	N/A	84,956		1,305,467	1,306,623
	Home Depot Inc	Equity	N/A	N/A	38,506		5,698,641	9,646,138
	Homology Medicines Inc	Equity	N/A	N/A	14,288		209,117	217,035
	Honeywell Intl Inc	Equity	N/A	N/A	236		32,969	34,123
	Hong Kong Exchanges & Clea	Equity	N/A	N/A	26,054		797,517	1,087,494
	Hong Leong Asia Ltd	Equity	N/A	N/A	112,400		286,081	39,923
	Hostess Brands Inc	Equity	N/A	N/A	77,080		1,006,192	941,918
	Houghton Mifflin Harcourt Co	Equity	N/A	N/A	166,290		1,148,403	300,985
	Hp Inc	Equity	N/A	N/A	210,220		4,264,426	3,664,135
	Hub Group Inc	Equity	N/A	N/A	6,500		140,767	311,090
	Hubbell Inc	Equity	N/A	N/A	2,961		256,180	371,191
	Hudson Pacific Properties In Reits	Equity	N/A	N/A	16,641		474,423	418,688
	Humana Inc	Equity	N/A	N/A	13,253		4,354,930	5,138,851
	Humana Inc	Equity	N/A	N/A	11,347		4,140,061	4,399,799
	Humana Inc	Equity	N/A	N/A	2,600		914,426	1,008,150
	Huntington Ingalls Inds Inc	Equity	N/A	N/A	6,931		1,231,612	1,209,390
	Huntington Ingalls Inds Inc	Equity	N/A	N/A	4,800		678,848	837,552
	Huntsman Corp	Equity	N/A	N/A	63,176		1,345,057	1,135,273
	Huntsman Corp	Equity	N/A	N/A	47,000		719,083	844,590
	Huron Consulting Group Inc	Equity	N/A	N/A	24,669		1,138,708	1,091,603

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b) Identity of issuer, borrower, lessor or similar party						(d) Cost	(e) Current Value
(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares		
	Iaa Inc	Equity	N/A	N/A	23,976	\$ 242,794	\$ 924,754
	Iac / Interactive Corp	Equity	N/A	N/A	9,919	2,132,319	3,207,805
	Iberdrola Sa	Equity	N/A	N/A	206,112	2,028,100	2,398,938
	Idacorp Inc	Equity	N/A	N/A	17,558	1,792,018	1,534,042
	Ihs Markit Ltd	Equity	N/A	N/A	36,541	1,201,468	2,758,846
	Ihs Markit Ltd	Equity	N/A	N/A	3,600	221,491	271,800
	Ii-Vi Inc	Equity	N/A	N/A	19,340	704,189	913,235
	Illumina Inc	Equity	N/A	N/A	13,327	1,654,773	4,935,654
	Immunogen	Equity	N/A	N/A	126,893	492,765	583,708
	Incyte Corporation	Equity	N/A	N/A	19,200	1,743,850	1,996,224
	Industria De Diseno Textil	Equity	N/A	N/A	44,625	356,516	1,184,437
	Industrial Logistics Propert	Equity	N/A	N/A	26,600	527,529	546,630
	Infineon Technologies Ag	Equity	N/A	N/A	86,218	1,931,209	2,010,442
	Ing Groep Nv Rts 9	Equity	N/A	N/A	53,400	782,546	366,324
	Ingevity Corp	Equity	N/A	N/A	8,334	471,062	438,118
	Ingevity Corp	Equity	N/A	N/A	4,850	241,701	254,965
	Ingevity Corp	Equity	N/A	N/A	23,568	1,369,369	1,238,970
	Inghams Group Ltd	Equity	N/A	N/A	156,300	469,543	345,159
	Ingredion Inc	Equity	N/A	N/A	29,566	3,167,573	2,453,978
	Ingredion Inc	Equity	N/A	N/A	7,900	912,268	655,700
	Innovative Industrial Proper	Equity	N/A	N/A	15,933	872,723	1,402,423
	Inphi Corp	Equity	N/A	N/A	12,978	797,815	1,524,915
	Insperty Inc	Equity	N/A	N/A	8,094	384,945	523,925
	Installed Building Products	Equity	N/A	N/A	32,055	1,828,058	2,204,743
	Integer Holdings Corporation	Equity	N/A	N/A	8,565	604,714	625,673
	Intel Corp	Equity	N/A	N/A	190,580	10,771,633	11,402,401
	Inter Parfums Inc	Equity	N/A	N/A	16,716	1,042,442	804,875
	Intercontinental Exchange Inc	Equity	N/A	N/A	22,451	1,486,607	2,056,512
	International Paper Co	Equity	N/A	N/A	6,565	219,661	231,154
	International Paper Co	Equity	N/A	N/A	12,000	558,139	422,520
	Intesa San Paolo	Equity	N/A	N/A	514,011	942,763	983,673
	Intl Consolidated Airline Di	Equity	N/A	N/A	65,000	478,250	182,000
	Intuit Software	Equity	N/A	N/A	28,685	1,660,943	8,496,210
	Intuit Software	Equity	N/A	N/A	29,850	4,898,146	8,841,272
	Intuitive Surgical Inc	Equity	N/A	N/A	14,675	2,198,624	8,362,255
	Intuitive Surgical Inc	Equity	N/A	N/A	9,167	4,984,642	5,223,632
	Intuitive Surgical Inc	Equity	N/A	N/A	10,339	2,472,377	5,891,472
	Investec Plc	Equity	N/A	N/A	96,700	692,913	193,510
	Invitae Corp	Equity	N/A	N/A	23,387	232,891	708,392
	Inwido Ab	Equity	N/A	N/A	25,000	356,382	172,780
	Ionis Pharmaceuticals Inc	Equity	N/A	N/A	12,177	736,076	717,956
	Iovance Biotherapeutics Inc	Equity	N/A	N/A	7,368	183,144	202,252
	Ipg Photonics Corp	Equity	N/A	N/A	15,992	2,134,831	2,564,957
	Irhythm Technologies Inc	Equity	N/A	N/A	6,550	518,372	759,080
	Ishares Russell 2000 Etf	Equity	N/A	N/A	62,250	6,078,571	8,912,955
	Isracard Ltd	Equity	N/A	N/A	6,279	18,397	14,251
	Israel Discount Bank A	Equity	N/A	N/A	226,720	389,840	687,238
	Isuzu Motors Ltd	Equity	N/A	N/A	54,000	761,224	486,762
	Itochu Corp	Equity	N/A	N/A	64,400	1,100,146	1,384,622
	Itron Inc.	Equity	N/A	N/A	19,095	1,116,638	1,265,044
	J & J Snack Foods Corp	Equity	N/A	N/A	4,485	466,678	570,178
	J2 Global Inc	Equity	N/A	N/A	3,820	353,153	241,462
	James River Group Holdings Ltd	Equity	N/A	N/A	26,019	959,842	1,170,855

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b)							
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Japan Airlines Co Ltd	Equity	N/A	N/A	21,300	\$ 716,853	\$ 383,094
	Jardine Strategic Hldgs Ltd	Equity	N/A	N/A	40,952	626,118	882,516
	Jazz Pharmaceuticals Plc	Equity	N/A	N/A	11,570	1,536,280	1,276,634
	Jazz Pharmaceuticals Plc	Equity	N/A	N/A	4,533	646,298	500,171
	Jefferies Financial Group In	Equity	N/A	N/A	51,917	702,914	807,309
	Jeld-Wen Holding Inc	Equity	N/A	N/A	100,211	1,989,101	1,614,399
	Jetblue Airways	Equity	N/A	N/A	431,842	4,699,367	4,707,078
	Jetblue Airways	Equity	N/A	N/A	41,300	885,401	450,170
	Jetblue Airways	Equity	N/A	N/A	75,869	801,698	826,972
	Jiangnan Group Ltd	Equity	N/A	N/A	1,181,000	379,040	46,472
	Jm Smucker Co/The	Equity	N/A	N/A	10,100	1,242,669	1,068,681
	John Bean Technology	Equity	N/A	N/A	5,242	114,821	450,917
	Johnson & Johnson	Equity	N/A	N/A	49,630	5,986,566	6,979,467
	Johnson Ctls Intl	Equity	N/A	N/A	122,625	3,467,831	4,186,418
	Johnson Electric Holdings	Equity	N/A	N/A	124,500	510,038	220,711
	Jpmorgan Chase & Co	Equity	N/A	N/A	46,476	5,226,752	4,371,533
	Jtekt Corp	Equity	N/A	N/A	13,800	204,054	106,975
	Juniper Networks Inc	Equity	N/A	N/A	18,990	301,657	434,111
	Juniper Networks Inc	Equity	N/A	N/A	17,600	483,564	402,336
	Kadant Inc	Equity	N/A	N/A	9,632	875,562	959,925
	Kaiser Aluminum Corp	Equity	N/A	N/A	4,526	439,838	333,204
	Kaken Pharmaceutical	Equity	N/A	N/A	2,700	145,529	137,782
	Kandenko Co Ltd	Equity	N/A	N/A	61,100	557,258	518,904
	Kansas City Southern	Equity	N/A	N/A	5,942	772,207	887,081
	Kar Auction Services Inc	Equity	N/A	N/A	23,976	148,176	329,910
	Kb Home	Equity	N/A	N/A	6,164	145,306	189,112
	Kddi Corp	Equity	N/A	N/A	49,800	1,161,437	1,491,578
	Kddi Corp	Equity	N/A	N/A	67,700	1,386,721	2,027,708
	Keller Group Plc	Equity	N/A	N/A	42,000	471,996	329,946
	Kennametal Inc	Equity	N/A	N/A	40,216	1,185,005	1,154,601
	Kennedy Wilson Holdings Inc	Equity	N/A	N/A	44,998	916,024	684,870
	Kering	Equity	N/A	N/A	13,229	6,649,970	7,236,263
	Keycorp New	Equity	N/A	N/A	60,500	922,031	736,890
	Keyence Corp	Equity	N/A	N/A	3,800	493,119	1,584,600
	Kilroy Rlty Corp Reit	Equity	N/A	N/A	17,469	1,001,702	1,025,430
	Kimball Electronics Inc	Equity	N/A	N/A	24,698	367,567	334,411
	Kimball International Inc	Equity	N/A	N/A	42,687	524,342	493,462
	Kimberly-Clark Corp	Equity	N/A	N/A	19,392	2,729,655	2,741,059
	Kingboard Chemicals Holding	Equity	N/A	N/A	133,000	527,923	344,920
	Kingdee International Software	Equity	N/A	N/A	200,000	392,739	465,002
	Kingfisher Plc	Equity	N/A	N/A	187,500	844,247	526,875
	Kirby Corp	Equity	N/A	N/A	13,080	896,552	700,565
	Kla Corp	Equity	N/A	N/A	1,800	230,083	350,064
	Knorr-Bremse Ag	Equity	N/A	N/A	11,495	1,095,419	1,155,983
	Kodiak Sciences Inc	Equity	N/A	N/A	19,883	487,383	1,076,068
	Kohls Corp	Equity	N/A	N/A	21,800	1,042,217	452,786
	Koninklijke Ahold Delhaize Nv	Equity	N/A	N/A	63,100	1,248,486	1,722,630
	Koninklijke Bam Groep Nv	Equity	N/A	N/A	172,800	454,564	312,564
	Koninklijke Philips Nv	Equity	N/A	N/A	34,190	1,528,605	1,589,835
	Konoike Transport Co Ltd	Equity	N/A	N/A	26,500	335,470	285,432
	Kontoor Brands Inc	Equity	N/A	N/A	33,662	835,865	599,520
	Korn Ferry	Equity	N/A	N/A	13,955	354,008	428,837
	Kroger Co	Equity	N/A	N/A	169,256	5,501,428	5,729,316

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(b) Identity of issuer, borrower, lessor or similar party		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value	
(a)								
	Kroger Co	Equity	N/A	N/A	42,600	\$ 829,640	\$	1,442,010
	Kubota Corp	Equity	N/A	N/A	55,500	838,853		811,965
	Kulicke & Soffa Industries Inc	Equity	N/A	N/A	22,800	273,463		474,924
	L3 Harris Technologies Inc	Equity	N/A	N/A	1,653	388,681		280,465
	Lam Research Corp	Equity	N/A	N/A	3,200	354,077		1,035,072
	Lam Research Corp	Equity	N/A	N/A	4,117	1,080,632		1,331,685
	Lamar Advertising Co	Equity	N/A	N/A	29,623	1,746,076		1,977,631
	Landstar Sys Inc	Equity	N/A	N/A	41,360	1,975,562		4,645,142
	Lannett Inc	Equity	N/A	N/A	10,500	673,035		76,230
	Lattice Semiconductor Corp	Equity	N/A	N/A	98,544	917,440		2,797,664
	Lauder Estee Cos Inc	Equity	N/A	N/A	36,325	4,135,328		6,853,801
	Lci Industries	Equity	N/A	N/A	6,049	555,676		695,514
	Lear Corp	Equity	N/A	N/A	6,400	495,018		697,728
	Lee & Man Paper Manufacturing	Equity	N/A	N/A	530,000	304,940		284,472
	Legend Biotech Corp	Equity	N/A	N/A	2,400	57,284		102,144
	Lend Lease Group	Equity	N/A	N/A	25,100	231,511		214,266
	Leonardo Spa	Equity	N/A	N/A	51,900	144,828		347,315
	Level One Bancorp Inc	Equity	N/A	N/A	34,238	923,191		573,144
	Lexington Realty Trust	Equity	N/A	N/A	43,700	312,557		461,035
	Liberty Braves	Equity	N/A	N/A	34,124	698,277		673,608
	Liberty Braves	Equity	N/A	N/A	27,088	659,564		534,717
	Liberty Broadband	Equity	N/A	N/A	8,392	877,698		1,040,272
	Liberty Latin Americ	Equity	N/A	N/A	38,317	716,191		361,712
	Lilly Eli & Co	Equity	N/A	N/A	15,925	1,837,135		2,614,567
	Lilly Eli & Co	Equity	N/A	N/A	38,618	4,964,889		6,340,303
	Lincoln National Corp	Equity	N/A	N/A	19,400	932,041		713,726
	Linde Plc	Equity	N/A	N/A	6,300	1,201,658		1,336,293
	Littelfuse Inc	Equity	N/A	N/A	7,517	375,673		1,282,626
	Livent Corp	Equity	N/A	N/A	55,167	638,028		339,829
	Lloyds Banking Group Plc	Equity	N/A	N/A	717,900	841,716		269,213
	Lockheed Martin Corp	Equity	N/A	N/A	1,231	350,710		449,217
	Logmein Inc	Equity	N/A	N/A	3,693	311,741		313,056
	Lonza Ag-Reg	Equity	N/A	N/A	3,950	571,062		2,085,377
	Louisiana Pacific Corp	Equity	N/A	N/A	28,918	942,522		741,747
	Louisiana Pacific Corp	Equity	N/A	N/A	34,196	849,768		877,127
	Lowes Companies Inc	Equity	N/A	N/A	6,365	825,194		860,039
	Lululemon Athletica Inc	Equity	N/A	N/A	28,409	3,824,387		8,863,892
	Lululemon Athletica Inc	Equity	N/A	N/A	9,938	2,112,617		3,100,755
	Lumentum Holdings Inc	Equity	N/A	N/A	14,473	849,530		1,178,536
	Macquarie Group Ltd	Equity	N/A	N/A	10,682	894,163		874,558
	Macy'S Inc	Equity	N/A	N/A	12,800	736,735		88,064
	Madden Steven Ltd	Equity	N/A	N/A	34,412	1,004,400		849,632
	Madison Square Garden Entert	Equity	N/A	N/A	8,631	593,763		647,325
	Madrigal Pharmaceuticals Inc	Equity	N/A	N/A	3,692	349,803		418,119
	Magnolia Oil & Gas Corp	Equity	N/A	N/A	55,694	618,935		337,506
	Manhattan Assocs Inc	Equity	N/A	N/A	57,032	2,663,557		5,372,414
	Manpower Group Inc	Equity	N/A	N/A	43,503	3,594,137		2,990,831
	Manpower Group Inc	Equity	N/A	N/A	7,900	770,808		543,125
	Mantech Intl Corp	Equity	N/A	N/A	5,254	408,237		359,846
	Marathon Petroleum Corp	Equity	N/A	N/A	14,200	505,054		530,796
	Markel Corp (Holding Co)	Equity	N/A	N/A	970	824,677		895,475
	Marks And Spencer Group Plc	Equity	N/A	N/A	139,600	590,972		171,247
	Marriott International Inc	Equity	N/A	N/A	12,422	1,376,614		1,064,938

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b) Identity of issuer, borrower, lessor or similar party							
(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Marriott Vacations Worldwide Corp	Equity	N/A	N/A	9,493	\$ 358,991	\$ 780,420
	Marriott Vacations Worldwide Corp	Equity	N/A	N/A	16,072	1,519,548	1,321,279
	Marsh & McLennan Companies Inc	Equity	N/A	N/A	14,901	1,334,042	1,599,920
	Marubeni Corp	Equity	N/A	N/A	157,900	827,856	712,907
	Marvell Technology Group	Equity	N/A	N/A	79,106	1,978,236	2,773,456
	Marvell Technology Group	Equity	N/A	N/A	69,926	1,028,446	2,451,606
	Masco Corp	Equity	N/A	N/A	109,110	4,569,285	5,478,413
	Mastec Inc	Equity	N/A	N/A	9,100	338,751	408,317
	Mastercard Inc	Equity	N/A	N/A	48,669	2,363,941	14,391,423
	Mastercard Inc	Equity	N/A	N/A	40,920	4,251,943	12,100,044
	Match Group Inc	Equity	N/A	N/A	5,727	493,979	613,075
	Match Group Inc	Equity	N/A	N/A	1,100	87,101	117,755
	Matsumotokiyo Holdings Ltd	Equity	N/A	N/A	17,500	605,437	634,522
	Maxim Intergrated Products Inc	Equity	N/A	N/A	7,006	412,397	424,634
	Mayville Engineering Co Inc	Equity	N/A	N/A	24,833	216,916	196,181
	Mcdonald'S Corp	Equity	N/A	N/A	1,300	244,065	239,811
	Mcgrath Rentcorp	Equity	N/A	N/A	12,746	663,784	688,411
	Mcj Co Ltd	Equity	N/A	N/A	30,300	196,670	240,211
	Mckesson Corporation	Equity	N/A	N/A	33,455	5,025,897	5,132,666
	Mckesson Corporation	Equity	N/A	N/A	6,500	864,734	997,230
	Mdu Resources Group Inc	Equity	N/A	N/A	24,085	797,538	534,205
	Mdu Resources Group Inc	Equity	N/A	N/A	33,316	864,687	738,949
	Mdu Resources Group Inc	Equity	N/A	N/A	32,500	892,192	720,850
	Medallia Inc	Equity	N/A	N/A	30,876	842,324	779,310
	Mediobanca Spa	Equity	N/A	N/A	41,100	406,643	295,062
	Mellanox Technologies Ltd	Equity	N/A	N/A	3,554	154,884	443,859
	Merck & Co Inc	Equity	N/A	N/A	66,298	4,343,060	5,126,824
	Mercury Systems Inc	Equity	N/A	N/A	8,287	354,758	651,855
	Meritor Inc	Equity	N/A	N/A	45,900	469,779	908,820
	Mersana Therapeutics Inc	Equity	N/A	N/A	11,900	232,533	278,460
	Meta Financial Group Inc	Equity	N/A	N/A	29,686	873,491	539,395
	Metcash Ltd	Equity	N/A	N/A	257,700	691,031	483,718
	Methode Electronics Inc	Equity	N/A	N/A	28,240	752,538	882,782
	Methode Electronics Inc	Equity	N/A	N/A	16,200	643,458	506,412
	Metlife Inc.	Equity	N/A	N/A	150,266	6,606,062	5,487,714
	Metro Ag	Equity	N/A	N/A	23,000	460,000	217,731
	Mfa Financial Inc	Equity	N/A	N/A	63,900	520,360	159,111
	Mgic Invt Corp	Equity	N/A	N/A	47,500	452,954	389,025
	Mgic Invt Corp Wis	Equity	N/A	N/A	175,646	2,179,216	1,438,541
	Mgic Invt Corp Wis	Equity	N/A	N/A	55,007	497,185	450,507
	Mgm Growth Properties Llc	Equity	N/A	N/A	72,548	1,997,601	1,974,031
	Michelin	Equity	N/A	N/A	5,900	207,559	613,600
	Michelin	Equity	N/A	N/A	9,623	1,189,922	1,000,792
	Microchip Technology Inc	Equity	N/A	N/A	41,360	1,567,532	4,355,622
	Micron Technology Inc	Equity	N/A	N/A	31,539	1,072,748	1,624,889
	Microsoft Corp	Equity	N/A	N/A	22,564	3,783,595	4,592,000
	Microsoft Corp	Equity	N/A	N/A	127,084	9,645,658	25,862,865
	Microsoft Corp	Equity	N/A	N/A	125,786	8,254,934	25,598,709
	Middleby Corp	Equity	N/A	N/A	60,983	3,371,842	4,813,998
	Miller Industries Inc	Equity	N/A	N/A	22,520	696,734	670,420
	Mimecast Ltd	Equity	N/A	N/A	33,268	1,551,369	1,385,945
	Mirati Therapeutics Inc	Equity	N/A	N/A	4,599	420,849	525,068
	Misumi Group Inc	Equity	N/A	N/A	56,300	1,394,596	1,404,697

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b)							
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Mitchells & Butlers Plc	Equity	N/A	N/A	93,500	\$ 342,613	\$ 217,808
	Mitsubishi Gas Chemical Co Inc	Equity	N/A	N/A	32,850	353,881	495,906
	Mitsubishi Ufj Financial Group	Equity	N/A	N/A	117,900	628,153	460,352
	Mitsubishi Ufj Financial Group	Equity	N/A	N/A	368,400	2,270,558	1,438,455
	Mitsubishi Ufj Lease & Finance Co	Equity	N/A	N/A	79,900	500,187	377,392
	Mitsui Chemicals Inc	Equity	N/A	N/A	20,400	602,654	424,532
	Mizuho Financial Group Inc	Equity	N/A	N/A	559,900	1,204,318	693,716
	Molson Coors Beverage Company	Equity	N/A	N/A	18,300	1,248,682	628,788
	Monarch Casino & Resort Inc	Equity	N/A	N/A	19,802	687,888	674,852
	Mondelez International	Equity	N/A	N/A	49,254	2,360,789	2,518,357
	Mondelez International	Equity	N/A	N/A	72,326	1,252,302	3,698,028
	Moog Inc	Equity	N/A	N/A	11,666	820,906	618,065
	Morgan Stanley	Equity	N/A	N/A	133,498	6,600,299	6,447,953
	Morgan Stanley	Equity	N/A	N/A	39,942	1,861,767	1,929,199
	Motorola Solutions Inc	Equity	N/A	N/A	263	38,665	36,854
	Msc Indl Direct Inc	Equity	N/A	N/A	25,706	2,085,595	1,871,654
	Msci Inc	Equity	N/A	N/A	1,500	404,241	500,730
	Muenchener Rueckver Ag Reg	Equity	N/A	N/A	6,300	1,194,390	1,651,230
	Murata Manufacturing Co	Equity	N/A	N/A	28,300	1,400,844	1,686,680
	Murphy Oil Corp	Equity	N/A	N/A	112,765	3,019,605	1,556,157
	Murphy Usa Inc-W/I	Equity	N/A	N/A	11,851	1,307,336	1,334,304
	Myer Holdings Ltd	Equity	N/A	N/A	205,700	405,078	26,260
	Mylan N V	Equity	N/A	N/A	13,900	708,961	223,512
	Myokardia Inc	Equity	N/A	N/A	9,079	115,757	877,213
	Myriad Genetics Inc	Equity	N/A	N/A	126,720	4,023,254	1,437,005
	Nabtesco Corp	Equity	N/A	N/A	53,700	1,309,530	1,651,160
	Nanostring Technologies Inc	Equity	N/A	N/A	23,272	662,017	683,033
	National Fuel Gas Co	Equity	N/A	N/A	44,029	1,847,981	1,846,136
	National Fuel Gas Co	Equity	N/A	N/A	21,600	1,223,985	905,688
	National Grid Plc	Equity	N/A	N/A	103,599	1,320,112	1,269,826
	National Instruments Corp	Equity	N/A	N/A	11,277	305,930	436,533
	National Retail Pptys Inc	Equity	N/A	N/A	16,909	444,030	599,931
	National Storage Affiliates	Equity	N/A	N/A	63,475	1,613,131	1,819,194
	Natixis	Equity	N/A	N/A	90,500	739,187	236,397
	Navient Corp	Equity	N/A	N/A	217,789	2,958,238	1,531,057
	Navient Corp	Equity	N/A	N/A	35,100	252,697	246,753
	Navigator Holdings Ltd	Equity	N/A	N/A	14,417	160,487	92,701
	Ncr Corp	Equity	N/A	N/A	18,000	491,005	311,760
	Nestle Sa-Reg	Equity	N/A	N/A	48,012	3,341,249	5,305,326
	Netflix Inc	Equity	N/A	N/A	43,920	11,187,853	19,985,357
	Netflix Inc	Equity	N/A	N/A	23,412	5,668,591	10,653,396
	New Market Corporation	Equity	N/A	N/A	1,141	530,723	456,948
	Nexity	Equity	N/A	N/A	8,900	433,691	287,974
	Nexon Co Ltd	Equity	N/A	N/A	57,200	742,122	1,291,006
	Nexpoint Residential	Equity	N/A	N/A	29,928	1,006,703	1,057,955
	Next Group Plc	Equity	N/A	N/A	20,163	1,498,601	1,222,712
	Nextcure Inc	Equity	N/A	N/A	4,928	180,498	105,656
	Nextera Energy Partners Lp	Equity	N/A	N/A	23,989	1,110,754	1,230,156
	Nike Inc	Equity	N/A	N/A	104,049	2,698,124	10,202,004
	Nike Inc	Equity	N/A	N/A	3,151	284,636	308,956
	Ninety One Plc	Equity	N/A	N/A	17,350	21,313	44,286
	Nintendo Co Ltd	Equity	N/A	N/A	3,200	1,187,674	1,431,680
	Nippon Electric Gas Co	Equity	N/A	N/A	16,800	457,871	262,172

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b) Identity of issuer, borrower, lessor or similar party							
(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Nippon Konpo Unyu Soko Co	Equity	N/A	N/A	8,300	\$ 149,177	\$ 164,808
	Nippon Telegraph & Tele	Equity	N/A	N/A	94,000	1,256,291	2,209,000
	Nissin Electric Co Ltd	Equity	N/A	N/A	68,800	597,703	667,769
	Nitto Kogyo Corp	Equity	N/A	N/A	9,500	157,323	169,720
	Nmi Holdings Inc	Equity	N/A	N/A	34,100	494,450	548,328
	Nomad Foods Ltd	Equity	N/A	N/A	63,897	1,049,100	1,370,591
	Nomura Holdings Inc	Equity	N/A	N/A	144,300	745,073	644,689
	Nordstrom Inc	Equity	N/A	N/A	85,039	3,265,055	1,317,254
	Norfolk Southern Corp	Equity	N/A	N/A	3,610	704,171	633,808
	Northrop Grumman Corporation	Equity	N/A	N/A	143	43,244	43,964
	Northwestern Corporation	Equity	N/A	N/A	3,179	255,261	173,319
	Northwestern Corporation	Equity	N/A	N/A	15,458	616,933	842,770
	Novagold Resources Inc	Equity	N/A	N/A	51,249	399,373	470,466
	Novartis Ag	Equity	N/A	N/A	43,939	3,215,216	3,785,345
	Novartis Ag	Equity	N/A	N/A	11,930	941,733	1,027,770
	Nrg Energy Inc.	Equity	N/A	N/A	93,681	2,997,049	3,050,253
	Nrg Energy Inc.	Equity	N/A	N/A	32,666	1,083,483	1,063,605
	Nrg Energy Inc.	Equity	N/A	N/A	16,700	604,418	543,752
	Nutrien Ltd	Equity	N/A	N/A	452	24,039	14,509
	Nuvasive Inc	Equity	N/A	N/A	15,151	804,709	843,305
	Nvidia Corp	Equity	N/A	N/A	42,522	9,882,762	16,154,533
	Nvidia Corp	Equity	N/A	N/A	13,708	2,693,442	5,207,806
	Nws Holdings Ltd	Equity	N/A	N/A	229,000	338,877	197,666
	Ocado Group Plc	Equity	N/A	N/A	35,068	396,515	890,201
	Oceanfirst Financial Corp	Equity	N/A	N/A	44,306	1,108,273	781,115
	Odonate Therapeutics Inc	Equity	N/A	N/A	15,595	407,870	660,292
	Office Depot Inc	Equity	N/A	N/A	88,300	480,963	199,558
	Office Properties Income Tru	Equity	N/A	N/A	14,868	1,456,150	386,122
	Oge Energy Corp	Equity	N/A	N/A	5,381	137,577	163,367
	O-I Glass Inc	Equity	N/A	N/A	31,100	618,532	279,278
	Old Republic International Corp	Equity	N/A	N/A	25,600	550,139	417,536
	Old Second Bancorp Inc	Equity	N/A	N/A	5,900	72,467	45,902
	Omega Healthcare Invs Inc	Equity	N/A	N/A	28,500	784,831	847,305
	Omnicell Inc	Equity	N/A	N/A	19,325	1,384,592	1,364,732
	On Semiconductor Corporation	Equity	N/A	N/A	22,800	569,923	451,896
	Open Text Corp	Equity	N/A	N/A	188,000	5,330,885	7,986,240
	Oracle Corp	Equity	N/A	N/A	84,945	4,767,293	4,694,910
	Orasure Technologies Inc	Equity	N/A	N/A	19,297	222,314	224,424
	Orchard Therapeutics	Equity	N/A	N/A	11,386	157,753	68,316
	Origin Enterprises Plc	Equity	N/A	N/A	70,800	465,810	214,767
	Orix Corporation	Equity	N/A	N/A	42,000	621,860	528,360
	Oshkosh Corporation	Equity	N/A	N/A	7,800	284,220	558,636
	Oshkosh Corporation Class B	Equity	N/A	N/A	12,857	1,151,598	920,818
	Outfront Media Inc	Equity	N/A	N/A	32,100	831,742	454,857
	Outfront Media Inc	Equity	N/A	N/A	14,630	318,586	207,307
	Oversea Chinese Banking Corp	Equity	N/A	N/A	147,900	1,150,071	955,152
	Owens & Minor Inc	Equity	N/A	N/A	11,800	396,428	89,916
	Owens Corning Inc	Equity	N/A	N/A	45,497	2,314,436	2,536,913
	Owens Corning Inc	Equity	N/A	N/A	9,400	516,005	524,144
	Oyster Point Pharma Inc	Equity	N/A	N/A	9,132	255,794	263,732
	Paccar Inc	Equity	N/A	N/A	4,378	222,490	327,693
	Pacific Andes Resources Deve	Equity	N/A	N/A	1,533,000	434,271	24,007
	Packaging Corp Pkg	Equity	N/A	N/A	30,652	2,345,348	3,059,070

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b) Identity of issuer, borrower, lessor or similar party							
(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Pact Group Holdings Ltd	Equity	N/A	N/A	270,300	\$ 470,533	\$ 408,640
	Pacwest Bancorp	Equity	N/A	N/A	32,558	830,524	641,718
	Pandora	Equity	N/A	N/A	12,700	618,072	689,907
	Pandora	Equity	N/A	N/A	20,727	1,123,815	1,125,961
	Paragon Group Of Co Plc	Equity	N/A	N/A	84,600	404,996	366,896
	Paramount Group Inc	Equity	N/A	N/A	132,943	1,912,195	1,024,991
	Parsley Energy Inc-Class A	Equity	N/A	N/A	31,359	592,695	334,914
	Patrick Industries Inc	Equity	N/A	N/A	22,063	968,499	1,351,359
	Paychex Inc	Equity	N/A	N/A	27,240	1,015,009	2,063,430
	Paycom Software Inc	Equity	N/A	N/A	2,900	652,028	898,217
	Paypal Holdings Inc	Equity	N/A	N/A	62,902	5,861,057	10,959,415
	Paypal Holdings Inc	Equity	N/A	N/A	63,653	4,729,599	9,986,087
	Pdc Energy Inc	Equity	N/A	N/A	18,279	616,598	227,391
	Pennymac Mortgage Investment	Equity	N/A	N/A	32,850	729,224	575,861
	Pentair Plc	Equity	N/A	N/A	7,186	190,698	272,996
	People'S Utah Bancorp	Equity	N/A	N/A	11,936	570,085	268,202
	Performance Food Group Co	Equity	N/A	N/A	65,167	1,961,995	1,898,966
	Perspecta Inc	Equity	N/A	N/A	37,546	863,064	872,194
	Peugeot Sa	Equity	N/A	N/A	13,100	346,211	213,113
	Pfizer Inc	Equity	N/A	N/A	293,302	10,522,026	9,590,975
	Pgt Innovations Inc	Equity	N/A	N/A	53,469	707,181	838,394
	Pharming Group Nv	Equity	N/A	N/A	260,000	371,986	338,000
	Phasebio Pharmaceuticals Inc	Equity	N/A	N/A	40,266	204,830	185,224
	Philip Morris Internat-W/I	Equity	N/A	N/A	111,511	9,549,620	7,812,461
	Philips Lighting N V	Equity	N/A	N/A	20,100	703,348	519,166
	Phillips 66	Equity	N/A	N/A	62,251	6,642,306	4,475,847
	Piedmont Office Realty Tru A	Equity	N/A	N/A	49,100	884,496	815,551
	Piedmont Office Realty Tru A	Equity	N/A	N/A	39,596	927,056	657,690
	Pilgrim'S Pride Corp	Equity	N/A	N/A	28,785	763,749	486,179
	Pinnacle Financial	Equity	N/A	N/A	18,254	590,704	766,485
	Pinnacle Financial	Equity	N/A	N/A	42,776	2,433,638	1,796,164
	Pinnacle West Capital Corp	Equity	N/A	N/A	26,847	2,075,823	1,967,617
	Pioneer Nat Res Co	Equity	N/A	N/A	1,057	151,478	103,269
	Pitney Bowes Inc	Equity	N/A	N/A	35,900	532,862	93,340
	Plantronics Inc	Equity	N/A	N/A	73,282	3,174,476	1,075,780
	Plexus Corp	Equity	N/A	N/A	111,360	3,285,023	7,857,562
	Polyone Corporation	Equity	N/A	N/A	22,787	626,256	597,703
	Popular Inc	Equity	N/A	N/A	70,511	3,239,203	2,620,894
	Popular Inc	Equity	N/A	N/A	22,333	741,359	830,118
	Portland General Electric Co	Equity	N/A	N/A	23,881	1,276,605	998,465
	Portland General Electric Co	Equity	N/A	N/A	25,144	1,552,340	1,051,271
	Portola Pharmaceuticals Inc	Equity	N/A	N/A	13,695	344,015	246,373
	Post Holdings Inc	Equity	N/A	N/A	7,941	406,094	695,790
	Power Integrations Inc	Equity	N/A	N/A	66,107	3,583,167	7,809,220
	Ppl Corporation	Equity	N/A	N/A	22,200	688,187	573,648
	Pra Group Inc	Equity	N/A	N/A	32,117	1,067,045	1,241,643
	Preferred Apartment Commun-A	Equity	N/A	N/A	26,700	481,927	202,920
	Prima Meat Packers Ltd	Equity	N/A	N/A	15,100	191,960	403,319
	Primo Water Corp	Equity	N/A	N/A	74,863	950,677	1,029,366
	Principal Financial Group	Equity	N/A	N/A	55,434	2,822,139	2,302,728
	Principal Financial Group	Equity	N/A	N/A	12,700	347,480	527,558
	Principia Biopharma Inc	Equity	N/A	N/A	9,679	295,983	578,707
	Proassurance Corporation	Equity	N/A	N/A	20,552	698,783	297,387

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b) Identity of issuer, borrower, lessor or similar party							
(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Proassurance Corporation	Equity	N/A	N/A	33,674	\$ 938,213	\$ 487,263
	Procter & Gamble Co	Equity	N/A	N/A	6,463	1,306,509	772,781
	Proqr Therapeutics Nv	Equity	N/A	N/A	43,949	347,987	267,210
	Prosight Global Inc	Equity	N/A	N/A	18,500	259,000	164,650
	Prosperity Bancshares Inc	Equity	N/A	N/A	15,670	641,964	930,485
	Proto Labs Inc	Equity	N/A	N/A	34,960	1,553,206	3,931,951
	Prudential Financial Inc.	Equity	N/A	N/A	5,338	297,849	325,084
	Prudential Plc	Equity	N/A	N/A	101,202	1,410,270	1,495,766
	Prysmian Spa	Equity	N/A	N/A	51,044	1,429,341	1,174,012
	Ps Business Pks Inc	Equity	N/A	N/A	15,686	1,530,928	2,076,826
	Public Service Enterprise Group Inc	Equity	N/A	N/A	48,776	2,715,693	2,397,828
	Public Service Enterprise Group Inc	Equity	N/A	N/A	20,800	670,189	1,022,528
	Pulte Group Inc	Equity	N/A	N/A	18,257	503,945	621,286
	Pure Storage Inc	Equity	N/A	N/A	205,391	3,463,097	3,559,426
	Pvh Corp	Equity	N/A	N/A	6,900	705,177	331,545
	Q2 Holdings Inc	Equity	N/A	N/A	12,515	901,817	1,073,662
	Qts Realty Trust Inc	Equity	N/A	N/A	19,220	1,032,588	1,231,810
	Quadient	Equity	N/A	N/A	6,700	484,055	97,706
	Qualcomm	Equity	N/A	N/A	14,990	1,305,041	1,367,238
	Quidel Corp	Equity	N/A	N/A	4,410	181,162	986,693
	Quidel Corp	Equity	N/A	N/A	6,325	429,584	1,415,156
	Qurate Retail Inc	Equity	N/A	N/A	43,791	702,704	416,015
	Qurate Retail Inc	Equity	N/A	N/A	332,095	4,257,253	3,154,903
	Qurate Retail Inc Series A	Equity	N/A	N/A	39,019	338,951	370,681
	Radian Group Inc	Equity	N/A	N/A	108,895	2,134,770	1,688,961
	Radius Health Inc	Equity	N/A	N/A	17,899	527,136	243,963
	Rambus Inc Del	Equity	N/A	N/A	61,154	870,265	929,541
	Rapid7 Inc	Equity	N/A	N/A	29,327	1,383,574	1,496,264
	Raven Industries Inc	Equity	N/A	N/A	21,726	417,819	467,326
	Reach Plc	Equity	N/A	N/A	76,300	731,141	72,798
	Realpage Inc.	Equity	N/A	N/A	79,168	1,922,633	5,146,712
	Reata Pharmaceuticals Inc	Equity	N/A	N/A	2,218	334,224	346,052
	Recruit Holdings Co Ltd	Equity	N/A	N/A	36,800	291,436	1,300,880
	Redfin Corp	Equity	N/A	N/A	22,003	463,293	922,146
	Regal Beloit Corp	Equity	N/A	N/A	25,490	2,057,493	2,225,787
	Regal Beloit Corp	Equity	N/A	N/A	9,000	686,931	785,880
	Regeneron Pharmaceuticals Inc	Equity	N/A	N/A	500	234,511	311,825
	Regions Financial Corp	Equity	N/A	N/A	102,200	1,358,719	1,136,464
	Reinsurance Group Of America	Equity	N/A	N/A	15,646	1,934,064	1,227,272
	Reinsurance Group Of America	Equity	N/A	N/A	3,900	586,740	305,916
	Reliance Stl & Alum Co	Equity	N/A	N/A	16,353	1,655,309	1,552,390
	Reliance Stl & Alum Co	Equity	N/A	N/A	7,900	433,204	749,947
	Renault Sa	Equity	N/A	N/A	2,800	168,549	71,032
	Repare Therapeutics Inc	Equity	N/A	N/A	4,231	84,620	131,246
	Repligen Corp	Equity	N/A	N/A	12,721	687,085	1,572,443
	Repsol Sa	Equity	N/A	N/A	60,500	1,451,741	529,225
	Republic Sves Inc	Equity	N/A	N/A	35,847	1,600,865	2,941,246
	Reserve Invst Fds Inc #25	Equity	N/A	N/A	1,331,559	1,331,559	1,331,559
	Resona Holdings Inc	Equity	N/A	N/A	188,700	960,682	642,776
	Restaurant Brands Intern	Equity	N/A	N/A	1,598	102,188	87,299
	Restaurant Group Plc	Equity	N/A	N/A	9,759	21,236	6,814
	Retail Opportunity Investmen	Equity	N/A	N/A	47,085	724,894	533,473
	Retail Propeties Of Ame A	Equity	N/A	N/A	78,906	990,268	577,592

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b)							
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Retail Value Inc	Equity	N/A	N/A	3,696	\$ 119,263	\$ 45,683
	Revolution Medicines Inc	Equity	N/A	N/A	1,500	25,500	47,355
	Rexford Industrial Realty In	Equity	N/A	N/A	24,834	603,607	1,028,873
	Rexford Industrial Realty In	Equity	N/A	N/A	56,072	1,290,819	2,323,063
	Rexnord Corp	Equity	N/A	N/A	1,331	33,247	38,799
	Rheinmetall Ag	Equity	N/A	N/A	8,200	732,730	711,217
	Rhi Magnesita Nv	Equity	N/A	N/A	14,343	385,319	436,844
	Rhythm Pharmaceuticals Inc	Equity	N/A	N/A	17,628	386,503	393,104
	Rigel Pharmaceuticals Inc New	Equity	N/A	N/A	36,377	125,906	66,570
	Ringcentral Inc	Equity	N/A	N/A	17,113	4,669,139	4,877,376
	Robert Half International Inc	Equity	N/A	N/A	8,458	344,389	446,836
	Roche Holding Ag-Genusschein	Equity	N/A	N/A	12,200	3,001,127	4,197,410
	Roche Holding Ag-Genusschein	Equity	N/A	N/A	17,079	4,705,399	5,876,030
	Rocket Pharmaceuticals Inc	Equity	N/A	N/A	11,561	186,121	241,972
	Rogers Corp	Equity	N/A	N/A	9,668	612,487	1,204,633
	Roper Technologies Inc	Equity	N/A	N/A	7,094	1,627,320	2,754,316
	Ross Stores Inc	Equity	N/A	N/A	31,892	2,349,141	2,718,474
	Royal Caribbean Cruises Ltd	Equity	N/A	N/A	71,046	3,535,447	3,573,614
	Royal Dutch Shell Plc	Equity	N/A	N/A	86,900	2,997,489	1,307,845
	Royal Dutch Shell Plc	Equity	N/A	N/A	152,882	2,643,354	2,482,804
	Royal Mail Plc	Equity	N/A	N/A	54,400	346,816	122,849
	Rush Enterprises Inc Cl A	Equity	N/A	N/A	25,321	1,017,240	1,049,809
	S&P Global Inc	Equity	N/A	N/A	20,130	2,123,812	6,632,432
	S&P Global Inc	Equity	N/A	N/A	9,877	1,915,001	3,254,274
	Sage Therapeutics Inc	Equity	N/A	N/A	3,498	138,801	145,447
	Saia Inc	Equity	N/A	N/A	5,529	581,660	614,714
	Sainsbury J Plc	Equity	N/A	N/A	179,500	784,669	463,110
	Salesforce.Com	Equity	N/A	N/A	115,949	8,244,014	21,720,726
	Salesforce.Com	Equity	N/A	N/A	45,627	3,546,182	8,547,306
	Samsung Electronics Ltd	Equity	N/A	N/A	43,581	1,789,668	1,913,020
	Samsung Sdi Co Ltd	Equity	N/A	N/A	4,824	858,710	1,457,808
	Sandfire Resources	Equity	N/A	N/A	83,800	362,259	293,199
	Sankyu Inc	Equity	N/A	N/A	8,300	199,153	311,322
	Sanofi	Equity	N/A	N/A	28,000	2,463,907	2,828,000
	Santen Pharmaceutical Co Ltd	Equity	N/A	N/A	92,300	1,401,255	1,695,123
	Sap	Equity	N/A	N/A	27,901	2,595,285	3,885,214
	Sas Ab Sas Ss	Equity	N/A	N/A	152,600	290,797	128,489
	Satsuma Pharmaceuticals Inc	Equity	N/A	N/A	12,100	181,500	347,996
	Sawai Pharmaceuticals Co Ltd	Equity	N/A	N/A	11,300	654,854	579,782
	Scandinavian Tobacco Group	Equity	N/A	N/A	33,800	446,621	498,400
	Schindler Holding	Equity	N/A	N/A	4,803	911,529	1,130,475
	Schneider Electric	Equity	N/A	N/A	26,140	1,794,959	2,867,558
	Schneider National Inc-Cl B	Equity	N/A	N/A	57,470	1,299,687	1,417,785
	Schwab Charles Corp New	Equity	N/A	N/A	15,617	722,157	526,918
	Schweitzer Mauduit Intl Inc	Equity	N/A	N/A	15,602	664,264	521,263
	Science Applications Inte	Equity	N/A	N/A	7,012	517,466	544,692
	Sciply Corp-Class A	Equity	N/A	N/A	24,732	386,400	366,776
	Sea Ltd-Adr Adr	Equity	N/A	N/A	23,600	2,018,749	2,530,864
	Seacoast Banking Corp Of Fla	Equity	N/A	N/A	43,458	1,163,209	886,543
	Seagate Technology	Equity	N/A	N/A	19,500	449,394	943,995
	Seagate Technology	Equity	N/A	N/A	14,757	548,048	714,386
	Seattle Genetics Inc	Equity	N/A	N/A	2,424	262,009	411,886
	Sekisui Chemical Co Ltd	Equity	N/A	N/A	78,600	635,483	1,122,493

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(b) Identity of issuer, borrower, lessor or similar party		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value	
(a)								
	Sempra Energy	Equity	N/A	N/A	2,333	\$ 279,632	\$	273,498
	Service Now Inc	Equity	N/A	N/A	6,265	1,425,341		2,537,701
	Service Now Inc	Equity	N/A	N/A	27,277	9,159,241		11,048,822
	Service Properties Trust	Equity	N/A	N/A	36,400	1,167,036		258,076
	Shake Shack Inc	Equity	N/A	N/A	9,315	449,920		493,509
	Shenzhen Intl Holdings	Equity	N/A	N/A	239,500	466,783		381,320
	Sherwin-Williams Co	Equity	N/A	N/A	820	370,772		473,837
	Shin-Etsu Polymer Co Ltd	Equity	N/A	N/A	18,900	129,855		154,036
	Shockwave Medical Inc	Equity	N/A	N/A	15,377	602,922		728,408
	Shopify Inc	Equity	N/A	N/A	9,338	6,393,403		8,863,630
	Siemens Ag	Equity	N/A	N/A	3,680	358,310		431,149
	Siemens Ag	Equity	N/A	N/A	13,570	1,607,894		1,589,861
	Signature Bk New York N Y	Equity	N/A	N/A	16,505	2,127,462		1,764,715
	Sika Ag Manufactures	Equity	N/A	N/A	4,369	827,366		840,875
	Silgan Hldgs Inc	Equity	N/A	N/A	50,963	1,595,446		1,650,692
	Silgan Hldgs Inc	Equity	N/A	N/A	19,100	567,736		618,649
	Silicon Laboratories Inc	Equity	N/A	N/A	4,530	476,891		454,223
	Siltronic Ag	Equity	N/A	N/A	7,200	504,134		732,231
	Simply Good Foods Co/The	Equity	N/A	N/A	56,722	1,214,115		1,053,895
	Simpson Mfg Inc	Equity	N/A	N/A	1,774	149,362		149,655
	Site Centers Corp	Equity	N/A	N/A	34,650	829,127		280,665
	Skf Ab	Equity	N/A	N/A	42,300	762,840		786,015
	Sky Network Television Ltd	Equity	N/A	N/A	52,300	263,196		5,062
	Sky Perfect Jsat Holdings Inc	Equity	N/A	N/A	92,600	518,915		343,042
	Skyline Champion Corp	Equity	N/A	N/A	23,382	776,581		569,118
	Skyline Champion Corp	Equity	N/A	N/A	66,938	1,578,009		1,629,271
	Skyworks Solutions Inc	Equity	N/A	N/A	8,600	990,411		1,099,596
	Sleep Number Corp	Equity	N/A	N/A	111,340	2,422,519		4,636,198
	Slm Corp	Equity	N/A	N/A	114,692	1,073,361		806,285
	Smc Corp	Equity	N/A	N/A	2,800	709,531		1,425,508
	Smith & Nephew Plc	Equity	N/A	N/A	56,900	1,051,944		1,064,296
	Smith A O Corp Common	Equity	N/A	N/A	48,144	2,008,625		2,268,545
	Smurfit Kappa Group Plc	Equity	N/A	N/A	20,900	393,689		713,735
	Snap Inc	Equity	N/A	N/A	53,000	1,023,914		1,244,970
	Snap On Inc	Equity	N/A	N/A	4,300	623,417		595,593
	Societe Bic Sa	Equity	N/A	N/A	7,500	506,258		380,865
	Sojitz Corp	Equity	N/A	N/A	199,600	773,300		434,595
	Solar Capital Ltd	Equity	N/A	N/A	25,583	562,010		409,584
	Solvay Sa	Equity	N/A	N/A	6,800	774,189		544,409
	Sony Corp	Equity	N/A	N/A	35,600	1,905,195		2,436,535
	Sopra Group	Equity	N/A	N/A	5,200	746,496		640,886
	South State Corp	Equity	N/A	N/A	14,236	1,090,359		678,488
	South State Corp	Equity	N/A	N/A	25,336	2,054,917		1,207,514
	Southwestern Energy Co	Equity	N/A	N/A	661,026	4,348,685		1,692,227
	Spirit Aerosystems Hold	Equity	N/A	N/A	15,300	718,412		366,282
	Splunk Inc	Equity	N/A	N/A	41,575	1,689,261		8,260,953
	Splunk Inc	Equity	N/A	N/A	20,914	2,304,191		4,155,612
	Spotify Technology Sa	Equity	N/A	N/A	9,047	1,365,362		2,335,845
	Sprouts Farmers Markets Inc	Equity	N/A	N/A	52,370	1,127,180		1,340,148
	Spx Flow Inc	Equity	N/A	N/A	5,700	159,154		213,408
	St Barbara Ltd	Equity	N/A	N/A	176,400	501,745		220,500
	Stag Industries Inc	Equity	N/A	N/A	22,940	569,225		672,601
	Stag Industries Inc	Equity	N/A	N/A	30,796	818,028		902,939
	Stamps.Com Inc	Equity	N/A	N/A	7,564	1,471,322		1,389,431

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b)							
(a)	Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Stamps.Com Inc	Equity	N/A	N/A	45,006	\$ 3,678,750	\$ 8,267,152
	State Str Corp	Equity	N/A	N/A	58,075	3,378,323	3,690,666
	State Str Corp	Equity	N/A	N/A	8,000	470,944	508,400
	State Str Corp	Equity	N/A	N/A	3,244	255,182	206,156
	Steel Dynamics Inc	Equity	N/A	N/A	118,881	5,026,783	3,101,605
	Sterling Bancorp	Equity	N/A	N/A	91,087	966,740	1,067,540
	Stifel Finl Corp	Equity	N/A	N/A	9,352	412,748	443,565
	Stifel Finl Corp	Equity	N/A	N/A	16,644	412,406	789,425
	Stitch Fix Inc	Equity	N/A	N/A	63,934	942,409	1,594,514
	Stockland Npv	Equity	N/A	N/A	162,500	506,295	371,306
	Strategic Ed Inc	Equity	N/A	N/A	14,992	2,219,198	2,303,521
	Straumann Holding Ag-Reg	Equity	N/A	N/A	1,142	897,436	985,215
	Stryker Corp	Equity	N/A	N/A	32,437	4,484,258	5,844,823
	Sturm Ruger & Co Inc	Equity	N/A	N/A	15,268	797,081	1,160,368
	Sumitomo Corp	Equity	N/A	N/A	47,900	729,166	548,934
	Sumitomo Mitsui Financial Gr	Equity	N/A	N/A	24,600	872,122	690,782
	Sunnova Energy International	Equity	N/A	N/A	63,051	844,754	1,076,281
	Sunpower Corp	Equity	N/A	N/A	62,934	598,439	482,074
	Super Micro Computer Inc	Equity	N/A	N/A	178,018	4,648,480	5,053,931
	Super Retail Group Ltd	Equity	N/A	N/A	84,500	457,990	469,421
	Supernus Pharmaceuticals Inc	Equity	N/A	N/A	27,475	930,644	652,531
	Suzuki Motor Corp	Equity	N/A	N/A	37,300	1,252,080	1,224,932
	Svmk Inc	Equity	N/A	N/A	56,229	876,272	1,323,631
	Swedbank Ab	Equity	N/A	N/A	28,700	461,204	368,939
	Swedish Orphan Biovitrum Ab	Equity	N/A	N/A	31,600	637,379	729,789
	Sydbank A/S	Equity	N/A	N/A	19,100	681,475	354,210
	Synchrony Financial	Equity	N/A	N/A	24,142	579,071	534,987
	Syndax Pharmaceuticals Inc	Equity	N/A	N/A	28,536	322,588	422,904
	Syneos Health Inc	Equity	N/A	N/A	17,406	934,852	1,013,900
	Synnex Corp	Equity	N/A	N/A	7,000	429,181	838,390
	Synopsys Inc	Equity	N/A	N/A	15,116	2,172,564	2,947,620
	Taiwan Semiconductor Mtg	Equity	N/A	N/A	26,022	1,007,905	1,477,269
	Take Two Interactive Software Cdt	Equity	N/A	N/A	35,043	4,349,174	4,890,952
	Takeda Pharmaceuticals Co Ltd	Equity	N/A	N/A	59,300	2,327,867	2,113,326
	Tandem Diabetes Care Inc	Equity	N/A	N/A	12,022	755,144	1,189,216
	Target Corp	Equity	N/A	N/A	2,362	285,110	283,275
	Tarkett	Equity	N/A	N/A	18,800	438,457	218,821
	Tate & Lyle Plc	Equity	N/A	N/A	62,200	604,445	514,531
	Taylor Wimpey Plc	Equity	N/A	N/A	199,300	530,777	352,153
	Tcf Finl Corp	Equity	N/A	N/A	24,471	565,515	719,937
	Tcf Finl Corp	Equity	N/A	N/A	28,132	841,811	827,643
	Techtronic Industries Co Ltd	Equity	N/A	N/A	143,000	1,172,534	1,358,500
	Tegna Inc	Equity	N/A	N/A	36,000	466,774	401,040
	Teijin Ltd	Equity	N/A	N/A	44,700	825,082	709,570
	Teladoc Health Inc	Equity	N/A	N/A	16,602	3,059,925	3,168,326
	Teleflex Inc	Equity	N/A	N/A	86	31,202	31,302
	Telephone And Data Systems Inc	Equity	N/A	N/A	134,905	3,862,987	2,681,911
	Television Francaise (T.F.1)	Equity	N/A	N/A	47,000	509,213	254,200
	Tencent Holdings Ltd	Equity	N/A	N/A	95,712	4,708,033	6,144,710
	Tencent Holdings Ltd	Equity	N/A	N/A	34,300	1,195,922	2,202,060
	Tencent Holdings Ltd	Equity	N/A	N/A	7,400	350,951	475,080
	Tencent Holdings Ltd	Equity	N/A	N/A	185,894	5,363,092	11,897,216
	Terumo Corp	Equity	N/A	N/A	27,800	625,604	1,091,150

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b) Identity of issuer, borrower, lessor or similar party						(d) Cost	(e) Current Value
(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares		
	Tesco Plc	Equity	N/A	N/A	365,708	\$ 1,063,553	\$ 1,009,354
	Tesla Inc	Equity	N/A	N/A	16,436	9,876,193	17,747,757
	Texas Instruments Inc	Equity	N/A	N/A	5,900	685,622	749,123
	Texas Roadhouse Inc	Equity	N/A	N/A	5,693	284,548	299,281
	Textron Inc	Equity	N/A	N/A	15,100	754,600	496,941
	Thermo Fisher Scientific Inc	Equity	N/A	N/A	13,563	2,110,003	4,914,417
	Third Point Reinsurance Ltd	Equity	N/A	N/A	67,634	718,416	507,931
	Thor Industries Inc	Equity	N/A	N/A	14,964	806,677	1,594,115
	Tjx Companies Inc	Equity	N/A	N/A	211,240	10,324,975	10,680,294
	Tjx Companies Inc New	Equity	N/A	N/A	10,700	630,289	540,992
	Toagosei Co Ltd	Equity	N/A	N/A	16,500	140,130	161,065
	Toho Holding Co Ltd	Equity	N/A	N/A	7,700	139,010	143,125
	Tokai Rika Co Ltd	Equity	N/A	N/A	32,300	682,275	466,364
	Tokio Marine Holdings Inc	Equity	N/A	N/A	34,700	1,546,211	1,510,429
	Toll Brothers Inc	Equity	N/A	N/A	12,400	474,596	404,116
	Tongda Group Holdings Ltd	Equity	N/A	N/A	2,290,000	317,373	135,912
	Topbuild Corp	Equity	N/A	N/A	17,260	736,002	1,963,670
	Total Se	Equity	N/A	N/A	41,700	1,835,859	1,572,090
	Towa Pharmaceutical Co Ltd	Equity	N/A	N/A	19,800	421,943	365,468
	Tower Semiconductor	Equity	N/A	N/A	38,262	791,423	730,422
	Toyota Motor Corporation	Equity	N/A	N/A	32,000	1,961,507	2,087,360
	Trade Desk Inc	Equity	N/A	N/A	12,144	3,477,683	4,936,536
	Transdigm Group Inc	Equity	N/A	N/A	5,914	1,290,945	2,614,284
	Tri Pointe Group Inc	Equity	N/A	N/A	5,046	75,652	74,126
	Tricida Inc	Equity	N/A	N/A	18,180	535,549	499,586
	Trinet Group Inc	Equity	N/A	N/A	44,955	1,415,348	2,739,558
	Trinity Industries Inc	Equity	N/A	N/A	22,800	443,205	485,412
	Trinseo S A	Equity	N/A	N/A	12,600	866,755	279,216
	Trip.Com Group Ltd	Equity	N/A	N/A	1,915	76,479	49,637
	Tripadvisor Inc	Equity	N/A	N/A	20,460	1,408,288	388,945
	Triton International Ltd	Equity	N/A	N/A	57,854	2,019,748	1,749,505
	Triumph Bancorp Inc	Equity	N/A	N/A	29,833	511,695	724,047
	Triumph Bancorp Inc	Equity	N/A	N/A	47,630	1,450,337	1,155,980
	Trupanion Inc	Equity	N/A	N/A	74,423	2,159,277	3,177,118
	Ttm Technologies	Equity	N/A	N/A	59,973	723,608	711,280
	Ttm Technologies	Equity	N/A	N/A	33,900	553,958	402,054
	Turning Point Therapeutics I	Equity	N/A	N/A	12,665	741,734	818,032
	Twilio Inc	Equity	N/A	N/A	1,000	200,266	219,420
	Twilio Inc	Equity	N/A	N/A	30,370	3,710,412	6,663,785
	Twist Bioscience Corp	Equity	N/A	N/A	13,326	372,241	603,668
	Two Harbors Investment-Wi	Equity	N/A	N/A	29,900	660,879	150,696
	Tyson Foods Inc	Equity	N/A	N/A	17,700	1,070,602	1,056,867
	Ube Industries Ltd	Equity	N/A	N/A	20,800	606,121	356,764
	Uber Technologies Inc	Equity	N/A	N/A	229,765	7,720,362	7,141,096
	Ubiquiti Inc	Equity	N/A	N/A	32,922	1,130,273	5,746,864
	Ubs Group Ag	Equity	N/A	N/A	28,700	482,350	331,198
	Ucb Sa	Equity	N/A	N/A	7,600	637,914	878,560
	Ucb Sa	Equity	N/A	N/A	13,604	1,188,577	1,572,622
	Ufp Industries Inc	Equity	N/A	N/A	17,272	633,390	855,137
	Ugi Holding Corp	Equity	N/A	N/A	46,828	1,507,848	1,489,130
	Ullico Inc, Class A	Equity	N/A	N/A	2,012,767	35,004,712	53,826,851
	Umicore	Equity	N/A	N/A	35,807	1,137,607	1,682,929
	Under Armour Inc	Equity	N/A	N/A	202,271	3,514,471	1,970,120

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value						
(b) Identity of issuer, borrower, lessor or similar party		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value	
(a)								
	Unifirst Corp	Equity	N/A	N/A	822	\$ 98,865	\$	147,097
	Unilever Plc	Equity	N/A	N/A	46,181	2,098,575		2,492,048
	Union Pacific Corp	Equity	N/A	N/A	24,655	4,546,384		4,168,421
	Union Pacific Corp	Equity	N/A	N/A	7,686	1,266,369		1,299,472
	Unisys Corp	Equity	N/A	N/A	49,690	720,863		542,118
	United Airlines Holdings Inc	Equity	N/A	N/A	19,400	1,010,818		671,434
	United Airlines Holdings Inc	Equity	N/A	N/A	303	25,379		10,487
	United Community Banks/Ga	Equity	N/A	N/A	54,642	1,582,731		1,099,397
	United Internet Ag	Equity	N/A	N/A	15,900	529,560		670,598
	United States Cellular Corp	Equity	N/A	N/A	25,666	829,022		792,309
	United Therapeutics Corp Del	Equity	N/A	N/A	3,682	442,310		445,522
	United Therapeutics Corp Del	Equity	N/A	N/A	8,310	715,474		1,005,510
	Unitedhealth Group Inc	Equity	N/A	N/A	29,197	4,746,526		8,611,655
	Universal Health Services Inc	Equity	N/A	N/A	6,420	848,102		596,354
	Universal Health Services Inc	Equity	N/A	N/A	26,458	2,995,020		2,457,684
	Unum Group	Equity	N/A	N/A	28,500	787,913		472,815
	Urban Outfitters Inc	Equity	N/A	N/A	59,466	1,714,337		905,073
	Urban Outfitters Inc	Equity	N/A	N/A	29,714	927,510		452,247
	Urban Outfitters Inc	Equity	N/A	N/A	8,958	152,148		136,341
	Urogen Pharma Ltd	Equity	N/A	N/A	11,751	275,991		306,936
	Us Foods Holding Corp	Equity	N/A	N/A	80,002	2,972,286		1,577,639
	Valero Energy Corp	Equity	N/A	N/A	2,891	419,866		170,049
	Valero Energy Corp	Equity	N/A	N/A	13,500	322,045		794,070
	Valvoline Inc	Equity	N/A	N/A	42,932	543,230		829,876
	Varex Imaging Corp	Equity	N/A	N/A	28,383	963,698		430,002
	Varian Medical Systems Inc	Equity	N/A	N/A	34,270	2,034,379		4,198,760
	Veeva Systems Inc	Equity	N/A	N/A	5,000	898,818		1,172,100
	Venture Corp Ltd	Equity	N/A	N/A	43,500	523,485		505,044
	VeracYTE Inc	Equity	N/A	N/A	26,489	637,856		686,065
	Vereit Inc	Equity	N/A	N/A	85,000	681,067		546,550
	Verint Sys Inc	Equity	N/A	N/A	13,096	537,501		591,677
	Verint Sys Inc	Equity	N/A	N/A	6,155	357,219		278,083
	Verisign Inc	Equity	N/A	N/A	23,295	4,572,656		4,818,105
	Veritex Holdings Inc	Equity	N/A	N/A	31,621	508,383		559,692
	Verizon Communications Inc	Equity	N/A	N/A	202,233	10,651,442		11,149,105
	Vertex Pharmaceuticals Inc	Equity	N/A	N/A	19,550	2,108,232		5,675,561
	Vertex Pharmaceuticals Inc	Equity	N/A	N/A	28,149	3,215,006		8,171,936
	Vertiv Holdings Llc	Equity	N/A	N/A	63,577	621,197		862,104
	Vestas Wind Systems A/S	Equity	N/A	N/A	20,597	1,318,398		2,113,252
	Vesuvius Plc	Equity	N/A	N/A	45,400	247,255		218,044
	Viacomcbs Inc	Equity	N/A	N/A	26,805	1,117,900		625,093
	Viasat Inc	Equity	N/A	N/A	50,106	3,457,008		1,922,567
	Viavi Solutions Inc	Equity	N/A	N/A	46,266	306,177		589,429
	Viper Energy Partners Lp	Equity	N/A	N/A	17,500	335,300		181,300
	Visa Inc	Equity	N/A	N/A	72,805	3,850,452		14,063,742
	Visa Inc	Equity	N/A	N/A	76,896	4,067,005		14,854,000
	Vishay Intertechnology Inc	Equity	N/A	N/A	64,800	686,848		989,496
	Vistra Corp	Equity	N/A	N/A	10,727	348,286		199,737
	Vistra Corp	Equity	N/A	N/A	30,322	609,506		564,596
	Vistra Corp	Equity	N/A	N/A	50,100	1,309,453		932,862
	Vmware Inc	Equity	N/A	N/A	5,691	1,017,125		881,308
	Volkswagen Ag	Equity	N/A	N/A	5,800	876,889		922,838
	Volvo Ab B Shs	Equity	N/A	N/A	69,800	716,164		1,092,896

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(b) Identity of issuer, borrower, lessor or similar party							
(a)		Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Voya Finl Inc Com	Equity	N/A	N/A	43,418	\$ 2,289,843	\$ 2,025,450
	Vroom Inc	Equity	N/A	N/A	2,400	52,800	125,136
	Warrior Met Coal Inc	Equity	N/A	N/A	41,433	878,866	637,654
	Washington Prime Group Inc	Equity	N/A	N/A	56,700	571,651	47,628
	Wave Life Sciences Ltd	Equity	N/A	N/A	9,751	260,827	101,508
	Werner Enterprises Inc	Equity	N/A	N/A	19,340	811,357	841,870
	West Pharmaceutical Svcs Inc	Equity	N/A	N/A	3,253	511,686	738,984
	Western Alliance Bancorp	Equity	N/A	N/A	36,600	1,082,015	1,386,042
	Western Union Co	Equity	N/A	N/A	45,200	900,882	977,224
	Western Union Co - W/I	Equity	N/A	N/A	18,132	267,524	392,014
	Westrock Co	Equity	N/A	N/A	16,300	653,115	460,638
	Wex Inc	Equity	N/A	N/A	5,706	144,363	941,547
	Wh Group Ltd	Equity	N/A	N/A	738,500	577,059	701,575
	Whirlpool Corp	Equity	N/A	N/A	6,600	408,027	854,898
	Whitebread Plc	Equity	N/A	N/A	43,567	2,109,564	1,186,068
	Wideopenwest Inc	Equity	N/A	N/A	49,600	329,536	261,392
	Wiley John A Sons Inc	Equity	N/A	N/A	14,583	530,509	568,737
	Willis Towers Watson Plc	Equity	N/A	N/A	19,561	3,026,288	3,852,539
	Wingstop Inc	Equity	N/A	N/A	6,074	374,627	844,104
	Wintrust Finl Corp	Equity	N/A	N/A	20,728	839,730	904,155
	Wintrust Finl Corp	Equity	N/A	N/A	23,601	921,664	1,029,476
	Wix.Com Ltd	Equity	N/A	N/A	8,378	1,714,543	2,146,611
	Wolverine World Wide Inc	Equity	N/A	N/A	32,589	861,296	775,944
	Workday Inc	Equity	N/A	N/A	20,810	2,348,739	3,898,962
	Workday Inc	Equity	N/A	N/A	42,973	3,312,151	8,051,421
	Worthington Industries Inc	Equity	N/A	N/A	8,282	340,174	308,919
	Wyndham Destinations Inc	Equity	N/A	N/A	4,200	177,445	118,356
	Wyndham Destinations Inc	Equity	N/A	N/A	65,398	2,168,531	1,842,916
	Wynn Resorts Ltd	Equity	N/A	N/A	779	139,609	58,028
	Xenia Hotels & Resorts Inc	Equity	N/A	N/A	25,300	498,649	236,049
	Xenia Hotels & Resorts Inc	Equity	N/A	N/A	53,576	1,271,261	499,864
	Xero Limited	Equity	N/A	N/A	17,409	537,200	1,082,574
	Xerox Holdings Corp	Equity	N/A	N/A	30,325	1,136,318	463,669
	Yamaha Motor Co Ltd	Equity	N/A	N/A	22,700	373,109	354,875
	Yaskawa Electric Corp	Equity	N/A	N/A	32,700	1,062,981	1,128,108
	Yeti Holdings Inc	Equity	N/A	N/A	22,916	638,692	979,201
	Yue Yuen Industrial Hldg	Equity	N/A	N/A	174,000	637,757	264,463
	Yum! Brands Inc	Equity	N/A	N/A	10,309	833,360	895,955
	Zimmer Biomet Holdings Inc	Equity	N/A	N/A	21,755	2,249,500	2,596,677
	Zions Bancorporation N.A.	Equity	N/A	N/A	11,500	304,894	391,000
	Zoetis Inc	Equity	N/A	N/A	9,221	1,105,418	1,263,646
	Zoom Video Communications	Equity	N/A	N/A	3,000	686,647	760,620
	Zurich Financial Services	Equity	N/A	N/A	4,400	1,011,888	1,547,260
	Zynga Inc	Equity	N/A	N/A	438,511	3,303,330	4,183,395
	Total common and preferred stocks					1,755,896,996	2,303,954,156
<u>Common collective trusts and mutual funds</u>							
	AFL-CIO Stock Index Fund	Mutual Fund	N/A	N/A	10,285,081	99,355,068	100,485,250
	Bell Australia Trust	Mutual Fund	N/A	N/A	2,126,037	32,050,877	218,802,532
	Bell International Trust	Mutual Fund	N/A	N/A	901,911	9,017,580	25,588,294
	Bluebay Global Funds SPC	Mutual Fund	N/A	N/A	922,742	82,057,772	85,335,150
	Frontier Mfg Core Infrastructure Fund	Mutual Fund	N/A	N/A	3,307,349	45,983,453	54,042,080
	Invesco Balanced Risk Allocation Trust	Mutual Fund	N/A	N/A	7,906,220	163,260,651	182,870,869

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

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

JUNE 30, 2020

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity Date	Rate of Interest	Par Value/Number of Shares	(d) Cost	(e) Current Value
	Ishares Tr Russell 2000 Index Fund	Mutual Fund	N/A	N/A	62,250	\$ 8,958,775	\$ 9,322,539
	JP Morgan Emerging Markets Equity Fund	Mutual Fund	N/A	N/A	8,856,198	154,487,088	217,508,216
	JP Morgan Infrastructure Investments Fund	Mutual Fund	N/A	N/A	136,744,591	100,000,000	135,229,909
	Loomis Sayles Bond Nhit	Mutual Fund	N/A	N/A	7,064,617	83,270,573	113,316,461
	NIS Preferred Stock Fund II	Mutual Fund	N/A	N/A	9,680,229	40,000,000	54,593,541
	Northern Trust Aggregate Bond Index Fund	Mutual Fund	N/A	N/A	465,851	60,683,452	75,519,104
	Northern Trust Russell 2000 Growth Index	Mutual Fund	N/A	N/A	303,662	85,906,886	117,505,455
	RBC Emerging Markets Fund	Mutual Fund	N/A	N/A	120,141,915	121,430,792	120,141,915
	Schroder Diversified Growth Trust Fund	Mutual Fund	N/A	N/A	16,702,278	168,497,237	181,052,696
	Vanguard REIT Index Fund	Mutual Fund	N/A	N/A	2,594,823	46,763,862	44,708,803
	Voya Senior Loan Trust Fund	Mutual Fund	N/A	N/A	6,346,366	92,927,546	108,806,799
	Total common collective trusts and mutual funds					1,394,651,612	1,844,829,613
	<u>Real estate funds</u>						
	AFL-CIO Building Investment Trust	CCT	N/A	N/A	27,499	36,739,116	209,799,013
	Multi Employer Property Trust	CCT	N/A	N/A	18,030	28,696,683	211,874,842
	Ullico J for Jobs Mortgage Fund	PSA	N/A	N/A	6,899,899	83,471,430	110,842,855
	Total real estate funds					148,907,229	532,516,710
	<u>Limited partnerships</u>						
	Boyd Watterson GSA Fund, LP	LP	N/A	N/A	N/A	48,000,000	65,505,328
	Corbin Private Credit Manager Fund, LP	LP	N/A	N/A	N/A	20,000,000	20,625,290
	Entrust Cap Div C Class Fund, LP	LP	N/A	N/A	N/A	4,227,329	1,371,435
	50 South Capital PE Core Fund VIII, LP	LP	N/A	N/A	N/A	9,778,210	8,407,088
	GCM Labor Impact Feeder Fund, LP	LP	N/A	N/A	N/A	6,243,566	5,049,705
	Gerding Edlen Green Cities II, LP	LP	N/A	N/A	N/A	10,497,479	15,379,497
	Gerding Edlen Green Cities III, LP	LP	N/A	N/A	N/A	21,234,233	26,976,430
	Gerding Edlen Green Cities IV, LP	LP	N/A	N/A	N/A	6,196,129	5,658,147
	GESD Investors LP	LP	N/A	N/A	N/A	5,624,758	11,649
	Global Alpha International Small Cap Fund, LP	LP	N/A	N/A	N/A	93,334,757	87,992,642
	Grosvenor CIS II Offshore Feeder Fund LP	LP	N/A	N/A	N/A	36,318,076	48,410,543
	Grosvenor Secondary Opps Feeder Fund II LP	LP	N/A	N/A	N/A	12,340,035	11,708,777
	Hamilton Lane Secondary Fund IV LP	LP	N/A	N/A	N/A	45,618,133	56,369,680
	Harrison Street Real Estate Partners IV, LP	LP	N/A	N/A	N/A	2,316,007	10,214,198
	Harrison Street Real Estate Partners VII, LP	LP	N/A	N/A	N/A	8,928,425	8,477,402
	Landmark Equity Partners XVI, LP	LP	N/A	N/A	N/A	11,389,966	13,964,393
	MC Credit SM, LP	LP	N/A	N/A	N/A	7,631,771	7,673,108
	Mesirow Finl Real Estate Value Fund, LP	LP	N/A	N/A	N/A	260,405	180,224
	Mesirow Finl Real Estate Value Fund II, LP	LP	N/A	N/A	N/A	30,351,274	55,013,496
	Mesirow Finl Real Estate Value Fund III, LP	LP	N/A	N/A	N/A	27,961,472	31,009,322
	Mesirow Finl Private Equity Partnership Fd VI	LP	N/A	N/A	N/A	60,279,536	115,169,156
	Potomac Energy Fund, LP	LP	N/A	N/A	N/A	26,070,000	-
	Potomac Energy Fund II, LP	LP	N/A	N/A	N/A	41,099,135	-
	Realty Associate Fund XII, LP	LP	N/A	N/A	N/A	6,000,000	5,056,432
	Siguler Guff Small Buyout Opportunities Fund IV, LP	LP	N/A	N/A	N/A	15,487,049	16,801,356
	Ullico Infrastructure Fund LP	LP	N/A	N/A	N/A	23,361,565	33,818,543
	Total limited partnerships					580,549,310	650,843,841
	<u>Guaranteed Investment contract with insurance company</u>						
	Brighthouse Financial Life Insurance Company	GIC	N/A	N/A	N/A	1,998,719	1,989,095
	Total assets held (at end of year)					\$ 4,549,118,989	\$ 6,004,414,347

Exhibit 6

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

AGE/SERVICE DISTRIBUTION OF ACTIVE PARTICIPANTS

PARTICIPANTS AS OF JULY 1, 2019

AGE	COMPLETED YEARS OF CREDITED SERVICE										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	2,214	901	0	0	0	0	0	0	0	3,115
25 to 29	0	3,070	4,049	343	0	0	0	0	0	0	7,462
30 to 34	0	2,485	3,951	3,219	332	0	0	0	0	0	9,987
35 to 39	0	1,717	2,798	3,441	2,346	252	0	0	0	0	10,554
40 to 44	0	1,158	1,903	2,633	2,504	1,761	140	0	0	0	10,099
45 to 49	0	804	1,247	1,925	2,109	2,258	1,109	153	0	0	9,605
50 to 54	0	538	803	1,524	1,677	1,886	1,430	985	135	0	8,978
55 to 59	0	366	582	1,253	1,405	1,690	1,171	1,403	941	11	8,822
60 to 64	0	167	297	624	710	785	551	613	824	17	4,588
65 to 69	0	40	78	167	163	146	97	93	135	11	930
70 & up	0	6	13	13	12	3	3	8	10	2	70
Total	0	12,565	16,622	15,142	11,258	8,781	4,501	3,255	2,045	41	74,210
Average Age =				43.3	Average Service =				12.5		

FOR PLAN YEAR COMMENCING JULY 1, 2019

**ANNUAL CERTIFICATION OF PLAN STATUS UNDER SECTION 432(b) OF THE
INTERNAL REVENUE CODE, (SEC. 305(b) OF THE EMPLOYEE RETIREMENT
INCOME SECURITY ACT OF 1974)**

FOR

PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND

EIN: 52-6152779

PN: 001

Plan Year 7/1/2019

Fund Contact

Toni C. Inscoe

Administrator

(703) 739-9020

September 27, 2019

Board of Trustees
Plumbers & Pipefitters National Pension Fund
103 Oronoco Street
Alexandria, Virginia 22314

September 27, 2019
EIN: 52-6152779
PN: 001
Phone: 703.739.9020

***Re: Annual Certification of Plan Status under Internal Revenue Code §432(b) and
Employee Retirement Income Security Act of 1974 §305(b)***

Dear Board of Trustees:

CERTIFICATION

As required by Section 432(b)(3) of the Internal Revenue Code (“Code”) and Section 305(b)(3) of the Employee Retirement Income Security Act of 1974 (“ERISA”), we certify, for the plan year beginning July 1, 2019, that the Fund is classified as being in Endangered status as these terms are defined in Section 432(b) of the Code and Section 305(b) of ERISA as amended by the Multiemployer Pension Reform Act of 2014. In addition, the Fund is not projected to be classified as being in Critical status for the following five plan years.

The Funding Improvement Period began July 1, 2012, when initially classified as Seriously Endangered status and ends June 30, 2027. Based on the reasonably anticipated experience and actuarial assumptions, the Funding Improvement Plan is currently projected to meet the required funded status (81.45%) by the end of the Funding Improvement Period as defined by the PPA. The Trustees will continue to monitor this and make changes when deemed appropriate.

This certification and its contents have been prepared in accordance with the requirements of Section 432 of the Code, Section 305 of ERISA, and generally recognized and accepted actuarial principles and practices and our understanding of the Code of Professional Conduct and applicable Actuarial Standards of Practice set out by the Actuarial Standards Board as well as applicable laws and regulations. Furthermore, as credentialed actuaries, we meet the Qualification Standards of the American Academy of Actuaries to render the opinion contained herein. This certification does not address any contractual or legal issues. We are not attorneys, and our firm does not provide any legal services or advice.

This status certification was prepared exclusively for the Board of Trustees of the Plumbers and Pipefitters National Pension Fund and the Secretary of Treasury. It only certifies the condition of the Fund under Code Section 432 as added by the Pension Protection Act of 2006 and should be used only for that purpose. Other users of this certification are not intended users as defined in the Actuarial Standards of Practice, and Cheiron assumes no duty or liability to any other user.

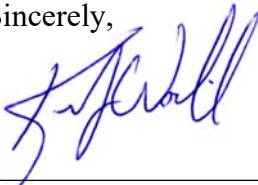
In preparing this certification, we have relied without audit, on information supplied by the Fund Office and the Fund’s auditor. This information includes, but is not limited to, Plan provisions, employee data, financial information, and expectations of future industry activity. The material presented is based on the same Plan provisions, actuarial assumptions and data used in preparing the July 1, 2018 actuarial valuation of the Plan, unless otherwise noted.

Future reports may differ significantly from the current results presented in this report due to such factors as the following: plan experience differing from that anticipated by the assumptions; changes in assumptions; and, changes in plan provisions or applicable law.

The attached appendices show the results for the statutory tests and describe the methodologies and assumptions used to perform the tests. Please contact the undersigned with any questions.

Thank you.

Sincerely,



Kevin J. Woodrich, FSA, EA (17-7086)



Matt Deveney, FSA, EA (17-7754)

cc: Secretary of the Treasury

Attachments

- Appendix I: Tests of Fund Status
- Appendix II: Detail for Actuarial Certification
- Appendix III: Methodology and Assumptions

APPENDIX I - TESTS OF FUND STATUS

Critical Status – The Fund will be certified as critical if it meets the conditions of any one of the five following tests: **Condition Met?**

1	The Fund has a funded ratio of less than 65%, and the value of Fund assets plus projected contributions is less than the value of projected Fund benefits and expenses to be paid for the current and six succeeding plan years.	NO
2	The Fund has a funded ratio of less than 65% and is projected to have an accumulated funding deficiency for the current year or the next four plan years.	NO
3	The Fund is projected to have an accumulated funding deficiency for the current plan year or the next three plan years.	NO
4	Normal cost plus interest on the unfunded liabilities exceeds contributions, the present value of vested benefits of inactives exceeds the present value of vested benefits of actives, and the Fund is projected to have a funded deficiency for the current plan year or the next four plan years.	NO
5	The value of Plan assets plus projected contributions is less than the value of projected benefits and expenses to be paid for the current and four succeeding plan years.	NO

Critical and Declining Status – The Fund will be certified as critical and declining if it meets test 6.

6	The Fund is critical and projected to become insolvent within the current or the next 14 (19 if the Fund's number of inactives is more than twice the number of actives or if the funding level is below 80%) plan years.	N/A
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Projected Critical Status – If the Fund is not in critical status, it will be eligible to elect to be in critical status for the year if it meets test 7 below:

7	The Fund is projected to meet one of the tests above (1-5) in the following five plan years.	NO
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Endangered Status – The Fund will be certified as endangered if it is not in critical status and it meets either test 8 or test 9 below:

8	The ratio of assets to liabilities is less than 80% on the first day of the plan year.	YES
9	The Fund is projected to have an accumulated funding deficiency for the current plan year or in any of the six succeeding plan years.	NO

Seriously Endangered Status – The Fund will be certified as seriously endangered if it is not in critical status and meets both test 8 and test 9 above.

The Fund is certified as being in Endangered status for the Plan Year beginning July 1, 2019. The Fund is also not projected to be in Critical status for the following five plan years.

APPENDIX II - DETAIL FOR ACTUARIAL CERTIFICATION

A. DETERMINATION OF FUNDED PERCENTAGE as of July 1, 2019 (used in Tests 1, 2, and 8)

Assets at Market Value as of June 30, 2019:

1. Most recent reported Market Value of Plan Assets ¹	\$	6,199,704,363
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Development of Actuarial Value of Assets:

1. Most recent reported Market Value of Plan Assets	\$	6,199,704,363
2. 75% of 2018-19 Preliminary (Gain)/Loss		129,472,006
3. 50% of 2017-18 (Gain)/Loss		(61,066,616)
4. 25% of 2016-17 (Gain)/Loss		(55,680,298)
5. Preliminary Actuarial Value of Assets (1+2+3+4)	\$	6,212,429,455
6. Corridor for Actuarial Value of Assets		
a. 80% of Market Value of Plan Assets	\$	4,959,763,490
b. 120% of Market Value of Plan Assets	\$	7,438,645,236
7. Actuarial Value of Assets (Greater of 6 and 7a, but not greater than 7b)	\$	6,212,429,455

Development of Unit Credit Liabilities:

1. Unit Credit Liabilities from Actuarial Valuation as of July 1, 2018		
a. Active liability	\$	2,636,399,916
b. Inactive liability		5,542,027,882
2. Adjustments ²		
a. To active liability		36,581,070
b. To inactive liability		76,897,783
3. Unit Credit Liabilities as of June 30, 2019 [1a. + 1b. + 2a. + 2b.]	\$	8,291,906,651

FUNDED PERCENTAGE = Actuarial Value of Assets / Unit Credit Liabilities	74.92%
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¹ The Market Value of Plan Assets is based on the estimated value of Plan assets at time of certification of \$6,099.7 million under management by the Plan's investment consultant and an additional \$100 million not held by the investment consultant.

² The Unit Credit Liabilities have been adjusted for the following:
 Accrual of benefits
 Accrual of interest
 Benefit payments

APPENDIX II - DETAIL FOR ACTUARIAL CERTIFICATION

B. PROJECTIONS

1a. Funding Standard Account Credit Balance without 431(d)(1) Extension (Used in Tests 2, 3, 4 and 7)

<u>Date</u>	<u>Credit Balance</u>	adjusted with interest to end of year		
		<u>Charges</u>	<u>Credits</u>	<u>Contributions</u>
7/1/2019	\$ 632,310,610	\$ 527,280,865	\$ 103,966,319	\$ 451,347,922
7/1/2020	707,767,281	521,749,367	39,450,122	453,604,661
7/1/2021	732,155,243	525,042,360	39,450,122	455,872,685
7/1/2022	757,347,333	531,928,168	39,450,122	458,152,048
7/1/2023	779,822,385	530,626,554	39,450,122	460,442,808
7/1/2024	807,575,440	525,174,387	39,450,122	462,745,022
7/1/2025	845,164,355	527,188,546	39,450,122	465,058,747
7/1/2026	885,872,005	529,143,797	39,450,122	467,384,041
7/1/2027	930,002,771	524,619,167	39,450,122	469,720,961
7/1/2028	984,304,895	526,608,615	39,450,122	472,069,566
7/1/2029	1,043,038,835			

1b. Funding Standard Account Credit Balance with 431(d)(1) Extension (Used in Test 9)

<u>Date</u>	<u>Credit Balance</u>	adjusted with interest to end of year		
		<u>Charges</u>	<u>Credits</u>	<u>Contributions</u>
7/1/2019	\$ 1,274,610,959	\$ 844,710,880	\$ 103,966,319	\$ 451,347,922
7/1/2020	1,080,810,141	639,063,089	39,450,122	453,604,661
7/1/2021	1,015,862,596	627,105,247	39,450,122	455,872,685
7/1/2022	960,269,849	588,154,314	39,450,122	458,152,048
7/1/2023	941,737,944	556,406,614	39,450,122	460,442,808
7/1/2024	955,854,606	536,237,945	39,450,122	462,745,022
7/1/2025	993,500,901	532,467,628	39,450,122	465,058,747
7/1/2026	1,040,054,709			

The projected funding standard account is based on the methods and assumptions set out in Appendix III. In addition, the projection of future contributions is based on the Trustees' estimate of future industry activity multiplied by the contribution rates contained in the collective bargaining agreements under which the Plan is maintained.

APPENDIX II - DETAIL FOR ACTUARIAL CERTIFICATION

2. Asset Projection (used in Tests 1, 5 and 7)

<u>Date</u>	Market Value Assets	Projected Contributions	Projected Benefits and Expenses	Projected Investment Earnings
7/1/2019	\$ 6,199,704,363	\$ 435,318,591	\$ 664,692,520	\$ 456,531,805
7/1/2020	6,426,862,239	437,495,184	687,099,492	472,823,721
7/1/2021	6,650,081,652	439,682,660	706,334,166	488,937,464
7/1/2022	6,872,367,610	441,881,073	723,457,877	505,059,331
7/1/2023	7,095,850,137	444,090,479	736,553,618	521,419,663
7/1/2024	7,324,806,660	446,310,931	748,787,471	538,222,688
7/1/2025	7,560,552,808	448,542,486	759,414,263	555,594,519
7/1/2026	7,805,275,550	450,785,198	769,155,277	573,672,622
7/1/2027	8,060,578,092	453,039,124	777,137,615	592,609,380
7/1/2028	8,329,088,982	455,304,320	784,322,574	612,566,541
7/1/2029	8,612,637,269	457,580,841	791,033,265	633,669,387
7/1/2030	8,912,854,232	459,868,746	797,356,096	656,037,085
7/1/2031	9,231,403,968			

Projected benefit payments and contributions reflect projected changes in industry activity provided by the Trustees. Contribution projections include an estimated annual growth assumption of 0.5% per year due to expected total hours worked. Projected expenses incorporate an expense inflation assumption of 3.5% per year. The projections use the balance of assumptions set out in Appendix III.

APPENDIX III – METHODOLOGY AND ASSUMPTIONS

A. Actuarial Assumptions

Rationale for Economic and Demographic Assumptions

Assumptions were set on the basis of recommendations made by Cheiron as a result of an experience study presented in September 2016 to the Board of Trustees. This study analyzed experience between July 1, 2010 and June 30, 2015. This presentation is incorporated by reference as the rationale for both economic and demographic assumptions. Furthermore, the Fund's investment consultant was projecting a long-term annual return of 7.8% at the time of the experience study.

1. Rate of Investment Return

Funding and disclosure purposes: 7.50% compounded annually.

All investment returns are net of investment expenses.

2. Rate of Mortality

Healthy Lives – RP-2000 Combined Mortality (Blue Collar) with ages set forward two years and generational mortality improvements using 75% of Scale AA.

Disabled Lives – RP-2000 Disabled Mortality with ages set forward two years and generational mortality improvements using 75% of Scale AA.

3. Rate of Retirement

Annual retirements for eligible members (male and female) are based on the following table:

Age	Retirement Probability	Age	Retirement Probability
55	10.0 %	63	30.0%
56	10.0	64	30.0
57	10.0	65	35.0
58	10.0	66	45.0
59	15.0	67	45.0
60	20.0	68	32.5
61	25.0	69	32.5
62	40.0	70	100.0

Terminated vested participants are assumed to retire as follows:

Age	Retirement Probability
62	50.0%
63	30.0
64	30.0
65	100.0

APPENDIX III – METHODOLOGY AND ASSUMPTIONS

4. Rate of Turnover

Illustrative rates of terminations are shown below:

Years of Service	Rate (%)
1	15.00
2	13.00
3	11.00
4	9.00
5-12	7.00
13-14	6.00
15	5.50
16-18	5.00
19-27	4.00
28-38	3.00
39 & Up	2.50

5. Disability

Illustrative disability incidence rates are shown below:

Age	Rate (%)
25	0.026
30	0.033
35	0.045
40	0.067
45	0.109
50	0.367
55	0.762
60	1.229
62	1.473
65	0.000

6. Percent Married

Social Security awards during 1972. Sample rates as follows:

Age	Percent Married	
	Males	Females
40-44	71.4 %	63.1 %
45-49	73.3	61.0
50-54	75.7	64.0
55-59	77.0	57.6
60-64	74.0	49.5
65-69	69.9	22.7

APPENDIX III – METHODOLOGY AND ASSUMPTIONS

7. Spouse's Age

It was assumed that husbands are three-years older than their spouses.

8. Administrative Expenses

\$22,500,000 as of the beginning of the year is added to the normal cost. The administrative expenses are assumed to increase by 3.5% per year for purposes of performing projections.

9. Average Annual Service Credits

It was assumed actives will earn 1.02 years of service per year based on the average annual hours of service.

10. Load for New Entrants

A 2.5% load was applied to the normal cost to anticipate accruals for new entrants in the upcoming plan year.

11. Assumption for Suspended Retirees

Benefit payments were assumed to resume on the valuation date for suspended retirees.

12. Future Benefit Accruals

The benefit accrual rate is calculated based on the contribution rate and benefit accrual schedule in effect as of January 1, 2018. We were provided information on those employers adopting the higher contribution rate for their members to be eligible for an accrual under Schedule D of the Plan. Employers who did not adopt the higher contribution rate for their members would be eligible for accrual under Schedule G of the Plan, which is a 75% reduction of the accruals under Schedule D. We assumed that this rate remained the same for benefit accruals on future service.

13. Changes in Assumptions Since Last Valuation

The assumed administrative expenses were also increased for this valuation from \$20.5 million as of July 1, 2017 to \$22.5 million as of July 1, 2018 to better reflect anticipated experience.

APPENDIX III – METHODOLOGY AND ASSUMPTIONS

B. Actuarial Methods

1. Asset Valuation Method

Actuarial Value of Assets is based on the Market Value of Plan Assets less a portion of the actual market value returns that are more or less than expected returns. The gain or loss for the year equals the actual market value net investment income less the expected return on an actuarial value based on the net investment return assumption. 25% of the gain or loss is recognized each year for four years. The actuarial value is further adjusted to be within 20% of market value. If such a further adjustment is necessary, the gain or loss in the following year is adjusted by an amount equal to the adjustment, but of the opposite sign.

2. Funding Method for Funding: Unit Credit Cost Method

The cost method for valuation of liabilities used for this valuation is the Unit Credit method. This is one of a family of valuation methods known as accrued benefit methods. The chief characteristic of accrued benefit methods is that the funding pattern follows the pattern of benefit accrual. The normal cost is determined as that portion of each participant's benefit attributable to service expected to be earned in the upcoming plan year. The Actuarial Liability, which is determined for each participant as of each valuation date, represents the actuarial present value of the portion of each participant's benefit attributable to service earned prior to the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the Unit Credit method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost would increase over time.

3. Funding Method for Accrued Benefits:

Same as for funding.

4. Active Participants

- a. Active Data Collection Date: January 1, 2018
- b. Active participants include all employees who had at least one year of earned future service credit as of the data collection date.
- c. For purposes of the valuation, the active data was rolled forward by six months to the valuation date.

APPENDIX III – METHODOLOGY AND ASSUMPTIONS

5. PRA 2010 Funding Relief

The Fund's Board of Trustees elected funding relief under § 431(b)(8) of the Code and § 304(b)(8) of ERISA, specifically:

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

6. Changes in Methods since the Last Valuation

None

Exhibit 1

Schedule MB, Line 3 – Withdrawal Liability amounts

Date	Amount
January-2020	\$560,764

Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status

The ratio of assets to liabilities was less than 80% on the first day of the Plan year. Further support can be found on the attached actuarial certification.

Schedule MB, Line 4c – Documentation Regarding Progress under Funding Improvement Plan or Rehabilitation Plan

The Plan's Funding Improvement Plan (FIP) began on July 1, 2012. The funded ratio was 76.8% as of this date. In the year in which the FIP was adopted, the Plan was certified as Seriously Endangered. Based on the Plan's reasonably anticipated experience and actuarial assumptions, the Plan is projected to have a funded ratio greater than 81.4% by June 30, 2027 and no funding deficiency is expected. At the time the actuarial certification for the current Plan year (July 1, 2020 – June 30, 2021) was prepared, the Plan was projected to have a funded ratio of 83.78% as of June 30, 2027. Therefore, the Funding Improvement Plan is making the scheduled progress as required by the Pension Protection Act.

Exhibit 7

Schedule MB, Line 9c and 9h - Schedule of Funding Standard Account Bases

Table V-5 Schedule of Amortizations Required for Minimum Required Contribution as of July 1, 2019				
Type of Base	Date Established	7/1/2019 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES				
1. Change Assumptions	7/1/2001	\$ 6,440,496	17	\$ 635,062
2. Experience Loss	7/1/2001	27,383,867	2	14,186,825
3. Plan Amendment	7/1/2001	199,764,442	17	19,697,708
4. Combined Base	7/1/2001	192,878,780	1	192,878,780
5. Plan Amendment	7/1/2002	102,139,805	18	9,789,169
6. Experience Loss	7/1/2002	119,199,627	3	42,638,827
7. Plan Amendment	7/1/2003	105,438,734	19	9,848,557
8. Experience Loss	7/1/2003	113,177,778	4	31,433,683
9. Benefit Level Increase	7/1/2004	85,877,834	20	7,836,228
10. Experience Loss	7/1/2004	90,019,793	5	20,697,409
11. Experience Loss	7/1/2005	27,151,439	6	5,380,907
12. Benefit Change	7/1/2006	25,444,332	22	2,229,322
13. Plan Amendment	7/1/2007	15,963,368	23	1,374,116
14. Change Assumptions	7/1/2007	64,278,257	23	5,533,029
15. Plan Merger	7/1/2008	3,874,619	9	565,034
16. Experience Loss	7/1/2008	14,314,100	9	2,087,425
17. Plan Merger	7/1/2009	13,381,545	10	1,813,491
18. Recognized Eligible Net Investment Los	7/1/2009	761,529,487	19	71,131,032
19. Bifurcation Base	7/1/2009	31,391,438	10	4,254,225
20. Recognized Eligible Net Investment Los	7/1/2010	46,898,526	19	4,380,579
21. Recognized Eligible Net Investment Los	7/1/2012	66,945,627	19	6,253,088
22. Bifurcation Base	7/1/2012	38,063,643	8	6,045,109
23. Recognized Eligible Net Investment Los	7/1/2013	226,352,510	19	21,142,566
24. Change Assumptions	7/1/2014	8,717,350	10	1,181,391
25. Recognized Eligible Net Investment Los	7/1/2014	238,674,595	19	22,293,517
26. Change Assumptions	7/1/2015	3,733,919	11	474,807
27. Experience Loss	7/1/2015	190,226,688	11	24,189,310
28. Plan Merger	7/1/2016	9,233,624	12	1,110,421
29. Experience Loss	7/1/2016	235,744,566	12	28,350,276
30. Experience Loss	7/1/2017	190,024,486	13	21,753,684
31. Experience Loss	7/1/2018	317,174,754	14	34,755,677
32. Experience Loss	7/1/2019	137,660,594	15	14,507,152
TOTAL CHARGES		\$ 3,709,100,623		\$ 630,448,406

Exhibit 7

Schedule MB, Line 9c and 9h - Schedule of Funding Standard Account Bases

Table V-6 Schedule of Amortizations Required for Minimum Required Contribution as of July 1, 2019				
Type of Base	Date Established	7/1/2019 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CREDITS				
1. Combined Credit	7/1/2013	\$ 64,527,342	0.5	\$ 64,527,342
2. Bifurcation Base	7/1/2014	192,380,562	10	26,071,759
3. Change Assumptions	7/1/2016	50,838,454	12	6,113,753
TOTAL CREDITS		<u>\$ 307,746,358</u>		<u>\$ 96,712,854</u>
NET CHARGE		\$ 3,401,354,265		\$ 533,735,552

Exhibit 8

Schedule MB, Line 11 - Justification for Changes in Actuarial Assumptions

The interest assumption for the measurement of the current liabilities for minimum funding was increased from 3.00% to 3.07%. Pursuant to regulation, the mortality table for RPA '94 current liability calculations was also changed.

The assumed administrative expenses were also increased for this valuation from \$22.5 million as of July 1, 2018 to \$24.0 million as of July 1, 2019 to better reflect anticipated experience.

Exhibit 4
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

A. Actuarial Assumptions

Rationale for Economic and Demographic Assumptions

Assumptions were set on the basis of recommendations made by Cheiron as a result of an experience study presented in September 2016 to the Board of Trustees. This study analyzed experience between July 1, 2010 and June 30, 2015. This presentation is incorporated by reference as the rationale for both economic and demographic assumptions. Furthermore, the Fund's investment consultant was projecting a long-term annual return of 7.8% at the time of the experience study.

1. Rate of Investment Return

Funding and disclosure purposes: 7.50% compounded annually

Current Liability under RPA 1994: Minimum funding 3.07%

All investment returns are net of investment expenses.

2. Rate of Mortality

(a) Funding:

Healthy Lives – RP-2000 Combined Mortality (Blue Collar) with ages set forward two years and generational mortality improvement using 75% of Scale AA.

Disabled Lives – RP-2000 Disabled Mortality with ages set forward two years and generational mortality improvements using 75% of Scale AA.

(b) RPA '94 Current Liability:

2019 Current Liability Mortality Table pursuant to Internal Revenue Service

3. Rate of Retirement

Annual retirements for eligible members (male and female) are based on the following table:

Age	Retirement Probability	Age	Retirement Probability
55	10.0 %	63	30.0%
56	10.0	64	30.0
57	10.0	65	35.0
58	10.0	66	45.0
59	15.0	67	45.0
60	20.0	68	32.5
61	25.0	69	32.5
62	40.0	70	100.0

Exhibit 4
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

Terminated vested participants are assumed to retire as follows:

Age	Retirement Probability
62	50.0%
63	30.0
64	30.0
65	100.0

4. Rate of Turnover

Illustrative rates of terminations are shown below:

Years of Service	Rate (%)
1	15.00
2	13.00
3	11.00
4	9.00
5-12	7.00
13-14	6.00
15	5.50
16-18	5.00
19-27	4.00
28-38	3.00
39 & Up	2.50

5. Disability

Illustrative disability incidence rates are shown below:

Age	Rate (%)
25	0.026
30	0.033
35	0.045
40	0.067
45	0.109
50	0.367
55	0.762
60	1.229
62	1.473
65	0.000

6. Percent Married

Social Security awards during 1972. Sample rates as follows:

Age	Percent Married	
	Males	Females
40-44	71.4%	63.1%
45-49	73.3	61.0
50-54	75.7	64.0
55-59	77.0	57.6
60-64	74.0	49.5
65-69	69.9	22.7

Exhibit 4
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

7. Spouse's Age

It is assumed that husbands are three-years older than their spouses.

8. Administrative Expenses

\$24,000,000 as of the beginning of the year is added to the normal cost.

For determining the Present Value of Accumulated Benefits FASB ASC 960, the mid-year expense assumption is \$157.38 per participant for the current plan year increasing at the rate of 3% per year.

9. Average Annual Service Credits

It is assumed actives will earn 1.02 years of service per year based on the average annual hours of service.

10. Load for New Entrants

A 2.5% load was applied to the normal cost to anticipate accruals for new entrants in the upcoming plan year.

11. Assumption for Suspended Retirees

Benefit payments were assumed to resume on the valuation date for retirees currently under suspension.

12. Future Benefit Accruals

The benefit accrual rate is calculated based on the contribution rate and benefit accrual schedule in effect as of January 1, 2019. We were provided information on those employers adopting the higher contribution rate for their members to be eligible for accrual under Schedule D of the Plan. Employers who did not adopt the higher contribution rate for their members would be eligible for accrual under Schedule G of the Plan, which is a 75% reduction of the accrual under Schedule D. We assumed that this rate remained the same for benefit accrual on future service.

13. Changes in Assumptions Since Last Valuation

The interest assumption for the measurement of the current liabilities for minimum funding was increased from 3.00% to 3.07%. Pursuant to regulation, the mortality table for RPA '94 current liability calculations was also changed.

The current year assumed administrative expenses were increased for this valuation from \$22.5 million as of July 1, 2018 to \$24.0 million as of July 1, 2019 to better reflect anticipated experience. For financial disclosure under FASB Topic ASC 960, the per participant mid-year expense assumption was changed to \$157.38 to reflect the increase to \$24.0 million above.

Exhibit 4
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

B. Actuarial Methods

1. Asset Valuation Method

Actuarial asset value is based on the Market Value of Assets less a portion of the actual market value returns that are more or less than expected returns. The gain or loss for the year equals the actual market value net investment income less the expected return on an actuarial value based on the net investment return assumption. 25% of the gain or loss is recognized each year for four years. However, the 2009 investment loss is recognized at a rate of 10% per Plan year due to PRA 2010 Funding Relief. The actuarial value is further adjusted to be within 20% of market value. If such a further adjustment is necessary, the gain or loss in the following year is adjusted by an amount equal to the adjustment, but of the opposite sign.

2. Funding Method: Unit Credit Cost Method

The cost method for valuation of liabilities used for this valuation is the Unit Credit method. This is one of a family of valuation methods known as accrued benefit methods. The chief characteristic of accrued benefit methods is that the funding pattern follows the pattern of benefit accrual. The normal cost is determined as that portion of each participant's benefit attributable to service expected to be earned in the upcoming plan year. The Actuarial Liability, which is determined for each participant as of each valuation date, represents the actuarial present value of the portion of each participant's benefit attributable to service earned prior to the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the Unit Credit method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost would increase over time.

3. Active Participants

- (a) Active Data Collection Date: January 1, 2019
- (b) Active participants include all employees who had at least one year of earned future service credit as of the data collection date.
- (c) For purposes of the valuation, the active data was rolled forwarded by six months to the valuation date.

4. PRA 2010 Funding Relief

The Fund's Board of Trustees elected funding relief under § 431(b)(8) of the Code and § 304(b)(8) of ERISA, specifically:

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

5. Changes in Methods Since Last Valuation

None.

Exhibit 5

Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Plan Year ending June 30,	Expected Annual Benefit Payments
2020	\$ 635,539,120
2021	\$ 658,519,624
2022	\$ 677,130,170
2023	\$ 691,256,144
2024	\$ 701,462,469
2025	\$ 706,409,280
2026	\$ 709,358,010
2027	\$ 709,982,845
2028	\$ 708,020,177
2029	\$ 703,742,805

Notes on the Expected Annual Benefit Payments:

- Based on the 2019 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions, they do not include additional accruals, new entrants or expected expenses

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 <div style="font-size: 24pt; 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 07/01/2019 and ending 06/30/2020			
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 ☐ the first return/report ☐ an amended return/report ☐ a DFE (specify) _____ ☐ the final return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here	☐ ☒	
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II Basic Plan Information - enter all requested information			
1a	Name of plan PLUMBERS AND PIPEFITTERS NATIONAL PENSION FUND	1b	Three-digit plan number (PN) ► 001
		1c	Effective date of plan 07/23/1968
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) B/O/T PLUMBERS & PIPEFITTERS NATIONAL PENSION FUND 103 ORONOCO STREET ALEXANDRIA VA 22314-2015	2b	Employer Identification Number (EIN) 52-6152779
		2c	Plan Sponsor's telephone number 703-739-9020
		2d	Business code (see instructions) 525100

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

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

SIGN HERE			MARK MCMANUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			SMITTY G. BELCHER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (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	169,914
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)	81,667
a (2) Total number of active participants at the end of the plan year	6a(2)	79,370
b Retired or separated participants receiving benefits	6b	44,011
c Other retired or separated participants entitled to future benefits	6c	41,230
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	164,611
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	7,308
f Total. Add lines 6d and 6e	6f	171,919
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	4,593

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

1A

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

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

a Pension Schedules

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

b General Schedules

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

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

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

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

OMB No. 1210-0110

2019**This Form is Open to Public
Inspection**

For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020

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

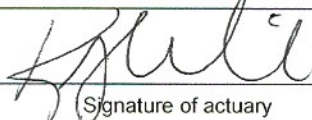
A Name of plan Plumbers and Pipefitters National Pension Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF B/O/T Plumbers & Pipefitters National Pension Plan	D Employer Identification Number (EIN) 52-6152779

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)**1a** Enter the valuation date: Month 7 Day 1 Year 2019**b** Assets

(1) Current value of assets	1b(1)	6,232,377,475
(2) Actuarial value of assets for funding standard account.....	1b(2)	6,217,179,360
c (1) Accrued liability for plan using immediate gain methods	1c(1)	8,345,722,744
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	8,345,722,744
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	15,903,814,992
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	371,743,132
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	624,223,845
(3) Expected plan disbursements for the plan year.....	1d(3)	660,423,066

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

Kevin Woodrich, FSA, EA

3/16/2021

Date

20-07086

Type or print name of actuary

Cheiron, Inc.

Most recent enrollment number

(703) 893-1456

Firm name

9115 Harris Corners Parkway
Suite 380
Charlotte

Telephone number (including area code)

Address of the firm

NC 28269

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

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

Schedule MB (Form 5500) 2019
v. 190130

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	6,232,377,475
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	51,850	7,776,007,983
(2) For terminated vested participants	27,047	1,972,387,831
(3) For active participants:		
(a) Non-vested benefits.....		338,265,250
(b) Vested benefits.....		5,817,153,928
(c) Total active	74,210	6,155,419,178
(4) Total	153,107	15,903,814,992
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	39.19 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2020	407,697,434				
Totals ▶			3(b)	407,697,434	3(c) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	74.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	E
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☒ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.07 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	11P+2
(2) Females	6c(2)	11FP+2
d Valuation liability interest rate	6d	7.50 %
e Expense loading	6e	18.1 % ☐ N/A ☒ N/A
f Salary scale	6f	% ☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.2 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	137,660,594	14,507,152

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....		☒ Yes ☐ No
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?.....		☒ Yes ☐ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		☒ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?.....		☐ Yes ☒ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	-317,430,004

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	156,770,280
c Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	3,709,100,623
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	59,041,401
e Total charges. Add lines 9a through 9d.....	9e	846,260,087

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	1,272,810,881
g Employer contributions. Total from column (b) of line 3.....	9g	407,697,434
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	307,746,358
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	117,726,543

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	3,824,983,886
(2) "RPA '94" override (90% current liability FFL)	9j(2)	8,519,920,613
(3) FFL credit.....	9j(3)	0
k (1) Waived funding deficiency.....	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	1,894,947,712
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	1,048,687,625
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2019 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No	

Attachments to Schedule MB (Form 5500)
Actuarial Information

Plan: Plumbers and Pipefitters National Pension Fund

PN: 001

EIN: 52-6152779

1. Schedule MB, Line 3 – Withdrawal Liability Amounts
2. Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status
3. Schedule MB, Line 4c – Documentation Regarding Progress under Funding Improvement Plan or Rehabilitation Plan
4. Schedule MB, Line 6 – Summary of Plan Provisions
5. Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods
6. Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments
7. Schedule MB, Line 8b(2) - Schedule of Active Participant Data
8. Schedule MB, Line 9c and 9h – Schedule of Funding Standard Account Bases
9. Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions