

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: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>07/01/2020</u> and ending <u>06/30/2021</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/23/1968</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/23/1968</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> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>103 ORONOCO STREET</u> <u>ALEXANDRIA, VA 22314-2015</u> </div> <div style="width: 45%;"> <u>103 ORONOCO STREET</u> <u>ALEXANDRIA, VA 22314</u> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>52-6152779</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>703-739-9020</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>238220</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>52-6152779</u>	2c Plan Sponsor's telephone number <u>703-739-9020</u>	2d Business code (see instructions) <u>238220</u>	
2b Employer Identification Number (EIN) <u>52-6152779</u>					
2c Plan Sponsor's telephone number <u>703-739-9020</u>					
2d Business code (see instructions) <u>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.	03/24/2022	MARK MCMANUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/24/2022	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

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
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 171919
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) 79370
a(2) Total number of active participants at the end of the plan year		6a(2) 79779
b Retired or separated participants receiving benefits.....		6b 44706
c Other retired or separated participants entitled to future benefits		6c 42319
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 166804
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 7751
f Total. Add lines 6d and 6e		6f 174555
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 4414
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021	
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

(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	174555	07/01/2020	06/30/2021

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	1998719	
c	<div style="display: flex;"> <div style="flex: 1;"> Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below) ▶ </div> <div style="flex: 1; border: 1px solid black; padding: 2px;"> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7c(1)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7c(2)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7c(3)</div> <div style="text-align: right; color: blue;">69857</div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7c(4)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7c(5)</div> <div></div> </div> <div style="height: 40px; background-color: #f0f0f0;"></div> </div> </div>	7c(6)	69857	
d	(6) Total additions	7c(6)	69857	
e	Total of balance and additions (add lines 7b and 7c(6))	7d	2068576	
e	Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below) ▶	<div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7e(1)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7e(2)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7e(3)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7e(4)</div> <div></div> </div> <div style="height: 40px; background-color: #f0f0f0;"></div>	7e(5)	0
f	(5) Total deductions	7e(5)	0	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2068576	

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. Specify nature of costs.	10b	

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. ▶

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021	
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	174555	07/01/2020	06/30/2021

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

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

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

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

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

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

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

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

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	113584342

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. Specify nature of costs.	10b	

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 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

▶ **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 2020

b Assets

(1) Current value of assets.....	1b(1)	6084624326
(2) Actuarial value of assets for funding standard account	1b(2)	6382367911
c (1) Accrued liability for plan using immediate gain methods	1c(1)	8446874688
(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)	8446874688
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)	17026454381
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	420789067
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	638698977
(3) Expected plan disbursements for the plan year.....	1d(3)	674762148

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	03/25/2022
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) 2020
v. 200204

2 Operational information as of beginning of this plan year:**a** Current value of assets (see instructions)**2a**

6084624326

b "RPA '94" current liability/participant count breakdown:**(1)** For retired participants and beneficiaries receiving payment**(1)** Number of participants

52174

(2) Current liability

8127753220

(2) For terminated vested participants

27552

2180220059

(3) For active participants:**(a)** Non-vested benefits.....

377850248

(b) Vested benefits.....

6340630854

(c) Total active

76664

6718481102

(4) Total

156390

17026454381

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage**2c**

35.74 %

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
01/01/2021	390424307				
Totals ▶			3(b)	390424307	3(c)

4 Information on plan status:**a** Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))**4a**

75.6 %

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	2.68 %
b Rates specified in insurance or annuity contracts.....	<div>Pre-retirement</div> ☐ Yes ☐ No ☒ N/A		<div>Post-retirement</div> ☐ 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	18.3 % ☐ N/A	% ☒ N/A	
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.9 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	1.8 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	30504285	3214648

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	-117313715

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	159528648
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)	3340055419
(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	45023469
e Total charges. Add lines 9a through 9d.....	9e	645336386

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	1048687625
g Employer contributions. Total from column (b) of line 3.....	9g	390424307
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	226861017
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	95441716
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	3838251633
(2) "RPA '94" override (90% current liability FFL)	9j(2)	9371674897
(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	1566739160
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	921402774
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 2020 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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021		
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	
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

ONE FEDERAL STREET, 17TH FLOOR
BOSTON, MA 02110

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 50	NONE	4966734	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	2250711	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	2241789	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)

CHLIC

PO BOX 644546
PITTSBURGH, PA 15264

06-1059331

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	2177897	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	1644126	Yes ☒ No ☐	Yes ☒ No ☐	0	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	1413272	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)

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	1323084	Yes ☒ No ☐	Yes ☒ No ☐	0	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	1249925	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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 50	NONE	1246093	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

SCHRODER INVESTMENT MGMT

875 THIRD AVENUE
NEW YORK, NY 10022

13-4064414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1229934	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON MANAGEMENT

75 STATE STREET
BOSTON, MA 02109

04-2683227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 68 28	NONE	1220958	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 50	NONE	1094093	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DISCIPLINED GROWTH INVESTORS

150 S FIFTH ST
MINNEAPOLIS, MN 55402

41-1901273

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	1070581	Yes ☒ No ☐	Yes ☒ No ☐	0	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	1004934	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

LSV ASSET MGMT

155 N WACKER DR
CHICAGO, IL 60606

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	692179	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)

EXPRESS SCRIPTS, INC.

21653 NETWORK PL
CHICAGO, IL 60673

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	654876	Yes ☐ No ☒	Yes ☐ No ☐		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	653970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VOYA INVESTMENT

230 PARK AVENUE
NEW YORK, NY 02111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	504612	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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	491293	Yes ☒ No ☐	Yes ☒ No ☐	0	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 50	NONE	438866	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 50	NONE	371475	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRANDYWINE GLOBAL

2929 ARCH STREET
PHILADELPHIA, PA 19104

51-0294065

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	361249	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

PC CONNECTION SALES CORP

PO BOX 536472
PITTSBURGH, PA 15253

02-0497006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	360527	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC BANK

PO BOX 856177
LOUISVILLE, KY 40285

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62 68	NONE	331430	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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(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 50	NONE	309660	Yes ☐ No ☒	Yes ☐ No ☐		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	307418	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 50	NONE	305471	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	268772	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	229155	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 50	NONE	228066	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 50	NONE	227523	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

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30	EMPLOYEE	200767	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TK ELEVATOR

PO BOX 3796
CAROL STREAM, IL 60132

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 50	NONE	184326	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAMLOCHAN NAFEEZA 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	177815	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

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30	EMPLOYEE	170848	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	161319	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRIKRYL, ANDREW G.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	157950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUGO, CURTIS A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	154771	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZENEBE, IYOB

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	153823	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 50	NONE	153207	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KUKKALA, VENKATESWARARAO E.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	149333	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GAGHAN MECHANICAL, INC.

5649D GENERAL WASHINGTON DR
ALEXANDRIA, VA 22312

54-1789937

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	149250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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 50	NONE	145839	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	145611	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDWARDS, PERPETUA E.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	144316	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

O'REILLY-WALKER, ARLETTE M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	134209	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEVORE, KAREN A.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	127673	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

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30	EMPLOYEE	127641	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)

ANDRE-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	120160	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	113615	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 50	NONE	112020	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)

GEOHAGAN, WAYNE S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	111650	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XIOLOGIX, LLC

PO BOX 1880
TUALATIN, OR 97062

93-1297700

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	111638	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RASHEED, SUSAN B.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	111509	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)

FENDERSON, MELISSA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	107994	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 50	NONE	106197	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	105047	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)

ROBINSON, KIVEN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	103358	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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	100495	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUZA, CHERYL

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	99777	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DOMINION ENERGY VIRGINIA

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 50	NONE	97776	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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	97536	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REVEL, DONNA L.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	96812	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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	96315	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	96258	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GUERRA, MARY M.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	95194	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PHIFER, LINDA S.

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	94340	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	94002	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

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30	EMPLOYEE	93970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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	93724	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

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30	EMPLOYEE	92738	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

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30	EMPLOYEE	92706	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	92515	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONGOLD, GARY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	92003	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	91891	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)

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	91286	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 50	NONE	90303	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 50	NONE	89336	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)

SOUTHERN CALIFORNIA PIPE TRADES

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 50	NONE	88112	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLAASSEN, GREGORY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	88003	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	87710	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)

FP MAILING SOLUTIONS

140 N MITCHELL CT STE 200
ADDISION, IL 60101

38-1716563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	87593	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	86471	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	86437	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GREEN, TOLEATHIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	86096	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

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30	EMPLOYEE	85475	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	85411	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	84849	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOSLEY, NAKETA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	84840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAMS, YURI

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	84512	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KARAWA, CAROLYNE SANARE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	83942	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	83426	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	83152	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROCTOR, CHRISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	82674	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATON-WALLIS, TRACY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	82259	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEWIS, WILLIAM

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	82061	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PETERS, MICHAEL JR

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	81564	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

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30	EMPLOYEE	81516	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

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30	EMPLOYEE	81241	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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	80771	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

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30	EMPLOYEE	80646	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

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30	EMPLOYEE	79604	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WAKE, BRIAN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78723	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	78519	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUNT, JASON

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76693	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CONGRESS ASSET MGMT

2 SEAPORT LANE
BOSTON, MA 02210

94-3362212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	76307	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 50	NONE	75945	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILEY, ALEXANDER

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	75805	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

POWELL, PENNY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	75366	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHARITY, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75316	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ST. REMY, CHRIS

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	74813	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

YOUHOUSE MARIANELLA A

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74372	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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	73966	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DICKENSON, MARY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	73731	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)

ANTONIE CLARK-WASTON

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73651	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	73649	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORRISON, RYAN

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	72946	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	72539	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	71511	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	70730	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUTCHEE, TONIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70476	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ATKINS, LISA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70460	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

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30	EMPLOYEE	70026	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRANFORD, CYNTHIA

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69286	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HIRSCHBERG, HEATHER

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	66675	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	66431	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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(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 50	NONE	66250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	63441	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	63135	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAGE STEPHANIE L

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	62502	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	62048	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	61828	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AUTOMATIC DATA PROCESSING

11411 RED RUN BLVD
OWINGS MILLS, MD 21117

13-3036741

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	61684	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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	61268	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	60810	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)

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	60213	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DATABANK IMX, LLC

2912 MOMENTUM PL
CHICAGO, IL 60689

25-1921937

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	59804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPENCER, MARIAH

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	59731	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)

PINO, MARK

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	58907	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLER, BRIANNA

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	58712	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COOPER, KEYONA

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	58481	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)

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	EMPLOYEE	58033	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 50	NONE	57576	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	57170	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)

DANIELS, JANICE

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56786	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	56701	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAMOS, YENY

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	55740	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	53988	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SMITH, TORIA 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	53684	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VIRGINIA & AMBINDER LLP

40 BROAD STREET
NEW YORK, NY 10004

13-4166736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	49309	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AFLAC

1932 WYNNTON RD
COLUMBUS, GA 31999

58-0663085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23 50	NONE	47566	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRAMER WARNER ASSOCIATES, INC.

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 50	NONE	46354	Yes ☒ No ☐	Yes ☒ No ☐	0	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	46289	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONCEPCION, ANA 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	40894	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCGEADY, SHERRY

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	40034	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	EMPLOYEE	38965	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VISION BUSINESS PRODUCTS

PO BOX 643897
PITTSBURGH, PA 15264

25-1303374

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	38567	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	36229	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSCOE, BRIANNA N.

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	35593	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EJIGU, HABTAMU

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	33977	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOMAR, KYRAN L

103 ORONOCO STREET
ALEXANDRIA, VA 22314

52-6088636

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30	EMPLOYEE	30251	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 50	NONE	28157	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 50	NONE	27785	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 50	NONE	27768	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

43-3135453

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

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 50	NONE	25468	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 50	NONE	24800	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 50	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)

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 50	NONE	22393	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPEN TEXT, INC.

951 MARINERS ISLAND BLVD
SAN MATEO, CA 94404

46-0525483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	20606	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 50	NONE	20376	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 VIRGINIA STAFFING, INC.

7115 LEESBURG PIKE 314
FALLS CHURCH, VA 22043

54-1549320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	20004	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RESERVE ACCOUNT

PO BOX 223648
PITTSBURGH, PA 15250

84-1386389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	20000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

METRO MAIL SERVICES, INC.

7942 P CLUNY COURT
SPRINGFIELD, VA 22153

54-1988261

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	19667	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)

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 50	NONE	18616	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN E. KELLY & SONGS ELECTRIC

8431 OLD MARLBORO PIKE STE 201
UPPER MARLBORO, MD 20772

52-1544913

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	18097	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLY GENERATOR & EQUIPMENT INC

1955 DALE LN
OWINGS, MD 20736

52-1250908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	17272	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)

BMA MEDIA GROUP, INC.

4091 ERIE STREET
WILLOUGHBY, OH 44094

34-1674265

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	14400	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 50	NONE	12899	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WASHINGTON GAS

PO BOX 37747
PHILADELPHIA, PA 19101

53-0162882

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	11846	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ALEXANDRIA RENEW

1800 LIMERICK STREET
ALEXANDRIA, VA 22314

54-6002976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	10714	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 50	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 50	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 50	NONE	9858	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL VISION ADMINISTRATORS

PO BOX 28144
NEW YORK, NY 10087

74-3033381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9835	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 50	NONE	9780	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DIGICERT, INC

2801 NORTH
LEHI, UT 84043

41-2089542

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	9752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRAKOW SOURIS & LANDRY

225 FRIEND STREET
BOSTON, MA 02114

04-3363718

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	9700	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 50	NONE	9192	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)

INSIGHT DIRECT USA INC

PO BOX 731069
DALLAS, TX 75373

36-3948996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	8995	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 50	NONE	8250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 50	NONE	7584	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 50	NONE	7581	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 50	NONE	7543	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PITNEY BOWES INC.

PO BOX 371896
PITTSBURGH, PA 15250

06-0495050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	7311	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 50	NONE	7283	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 50	NONE	6333	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 50	NONE	6029	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)

BLAKE & UHLIG, PA

753 STATE AVE STE 475
KANSAS CITY, KS 66101

48-0918231

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	5408	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 ☐

(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	5000
(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	CYBER 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	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 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST

b Name of sponsor of entity listed in (a): PNC BANK, NATIONAL ASSOCIATION

c EIN-PN <u>52-6328901-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>177615324</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NEWTOWER TRUST COMPANY MULTI-EMPLOY

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

c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>206316028</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO SL STOCK INDEX FUND

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

c EIN-PN <u>25-6078093-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>785746327</u>
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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

c EIN-PN <u>26-6399613-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>228109471</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: COMMINGLED PENSION TRUST FUND (EMER

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, NA

c EIN-PN <u>13-4179575-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>213281061</u>
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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, LLC

c EIN-PN <u>20-8080381-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>77298091</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NIS PREFERRED STOCK FUND II, LLC

b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC

c EIN-PN <u>16-1626084-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>62159836</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE AGGREGATE BOND INDEX

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-088	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190453776
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 1000 VALUE IN

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-098	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 391355737
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE RUSSELL 2000 GROWTH I

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-120	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123887031
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHRODER COLLECTIVE INVESTMENT TRUS

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

c EIN-PN 46-4679164-072	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 225981824
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA SENIOR LOAN TRUST FUND

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST CO.

c EIN-PN 06-1440627-045	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 119543523
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a Name of MTIA, CCT, PSA, or 103-12 IE: BELL AUSTRALIA TRUST

b Name of sponsor of entity listed in (a): BELL ASSET MANAGEMENT LTD.

c EIN-PN 04-3412674-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 228175662
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a Name of MTIA, CCT, PSA, or 103-12 IE: BELL GLOBAL TRUST

b Name of sponsor of entity listed in (a): BELL ASSET MANAGEMENT LTD.

c EIN-PN 26-0733642-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108096415
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a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS EQUITY SERIES

b Name of sponsor of entity listed in (a): RBC GLOBAL ASSET MANAGEMENT (U.S.) INC.

c EIN-PN 47-4883422-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 161323660
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a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT J

b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE COMPANY

c EIN-PN 13-1423090-201	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113584342
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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
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021		
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	56177100	65109869
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions		1b(1)	39745494	37448912
(2) Participant contributions.....		1b(2)		
(3) Other		1b(3)	35663279	35041984
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	96185430	80833359
(2) U.S. Government securities		1c(2)	154674121	138794280
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred		1c(3)(A)		
(B) All other.....		1c(3)(B)	419421381	411051757
(4) Corporate stocks (other than employer securities):				
(A) Preferred		1c(4)(A)		
(B) Common		1c(4)(B)	2303954156	1861347954
(5) Partnership/joint venture interests		1c(5)	650843841	1076454599
(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)	1271500888	2801748029
(10) Value of interest in pooled separate accounts		1c(10)	110842855	113584342
(11) Value of interest in master trust investment accounts		1c(11)		
(12) Value of interest in 103-12 investment entities		1c(12)		497595737
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	995002580	427469699
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	1989095	2058616
(15) Other.....		1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	6575646 4854328
f	Total assets (add all amounts in lines 1a through 1e)	1f	6142575866 7553393465
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	57379598 46569433
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	57379598 46569433
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	6085196268 7506824032

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	390397496
	(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)	390397496
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	155361
	(B) U.S. Government securities	2b(1)(B)	1588039
	(C) Corporate debt instruments	2b(1)(C)	18055042
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	44889375
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	64687817
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	23497742
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3989077
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	27486819
(3)	Rents	2b(3)	75608
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3805372837
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	3351098438
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	454274399
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	581845581
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	581845581

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		433576997
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		3412873
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		121298708
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		68844256
c Other income	2c		368945
d Total income. Add all income amounts in column (b) and enter total.....	2d		2146269499

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	677535524	
(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)		677535524
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)	2102295	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	18487031	
(4) Other.....	2i(4)	26516885	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		47106211
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		724641735

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1421627764
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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		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?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		X	
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4348648.			

<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>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

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	949

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) 2020
v. 200204

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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

1.14

b The corresponding number for the second preceding plan year.....

15b

1.15

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

7

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

48319

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: 10.0 % High-Yield Debt: 6.0 % Real Estate: 10.0 % Other: 16.0 %

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, 2021



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

CONSOLIDATED FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

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REPORT OF INDEPENDENT AUDITORS

To the Board of Trustees
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, 2021 and 2020, 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.

Auditor's 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 auditor's 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, 2021 and changes therein for the year then ended and its financial status as of June 30, 2020 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 conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The supplemental information on pages 19 through 56 are 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 56 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 21, 2022

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

CONSOLIDATED STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments		
Investments, at fair value	\$ 7,410,938,372	\$ 6,004,414,347
Investments on loan	<u>(157,209,039)</u>	<u>(169,253,761)</u>
Investments on hand	<u>7,253,729,333</u>	<u>5,835,160,586</u>
Securities lending		
Investments on loan	157,209,039	169,253,761
Cash collateral held for securities on loan	160,738,611	173,756,098
Obligations to refund collateral	<u>(160,738,611)</u>	<u>(173,756,098)</u>
Net securities lending	<u>157,209,039</u>	<u>169,253,761</u>
Receivables		
Employer contributions and reciprocals	36,870,425	39,173,552
Withdrawal liability (net)	578,487	571,942
Interest and dividends	6,828,283	8,794,988
Due from broker for securities sold	27,786,087	26,582,693
Other	<u>427,614</u>	<u>285,598</u>
Total receivables	<u>72,490,896</u>	<u>75,408,773</u>
Prepaid expenses and deposits	<u>694,838</u>	<u>81,199</u>
Property and equipment (net of depreciation and amortization)	<u>4,159,490</u>	<u>6,494,447</u>
Cash, noninterest bearing	<u>65,109,869</u>	<u>56,177,100</u>
Total assets	<u>7,553,393,465</u>	<u>6,142,575,866</u>
LIABILITIES		
Due to broker for securities purchased	33,138,130	45,156,544
Trade creditors	2,933,115	5,867,820
Others	<u>10,498,188</u>	<u>6,355,234</u>
Total liabilities	<u>46,569,433</u>	<u>57,379,598</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 7,506,824,032</u>	<u>\$ 6,085,196,268</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, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS		
Investment income		
Net appreciation in fair value		
of investments and foreign currency translation	\$ 1,663,252,814	\$ 44,504,700
Interest and dividends	92,174,636	81,710,050
Commissions recovered	32,713	31,818
Rental income (net of expenses)	<u>75,608</u>	<u>74,034</u>
	1,755,535,771	126,320,602
Less: investment expenses	<u>18,487,031</u>	<u>18,017,157</u>
Net investment income	<u>1,737,048,740</u>	<u>108,303,445</u>
Contributions		
Employer contributions and reciprocals (net)	390,382,533	407,136,670
Withdrawal liability	<u>14,963</u>	<u>615,422</u>
Total contributions	<u>390,397,496</u>	<u>407,752,092</u>
Other income	<u>336,232</u>	<u>329,417</u>
Total additions	<u>2,127,782,468</u>	<u>516,384,954</u>
DEDUCTIONS		
Benefits paid directly to participants	677,535,524	637,595,208
Administrative expenses	<u>28,619,180</u>	<u>26,441,592</u>
Total deductions	<u>706,154,704</u>	<u>664,036,800</u>
NET CHANGE	1,421,627,764	(147,651,846)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>6,085,196,268</u>	<u>6,232,848,114</u>
End of year	<u>\$ 7,506,824,032</u>	<u>\$ 6,085,196,268</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, 2021 AND 2020

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 upon consolidation. The DPLP was closed and terminated during the 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 recorded 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. See Note 10 for a discussion of fair value measurements.

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.

The Plan had \$923,363 and \$916,818 recorded as withdrawal liability contributions receivable at June 30, 2021 and 2020, respectively. An allowance for doubtful collections of \$344,876 has been recorded as of June 30, 2021 and 2020.

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

The following is a summary of net property and equipment:

	2021	2020
Land, building and improvements	\$ 11,826,332	\$ 11,624,261
Office furniture and furnishings	1,332,220	1,330,706
Data processing equipment	11,889,449	11,756,458
Office equipment	859,742	821,175
	25,907,743	25,532,600
Less: accumulated depreciation and amortization	(21,748,253)	(19,038,153)
Net property and equipment	\$ 4,159,490	\$ 6,494,447

Depreciation and amortization expense totaled \$2,710,899 and \$443,656 for the years ended June 30, 2021 and 2020, respectively.

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.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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, 2021 and 2020, is comprised of the following:

	2021	2020
Contributions from employers	\$ 368,093,340	\$ 391,115,485
Reciprocal receipts	<u>36,418,294</u>	<u>30,907,339</u>
	404,511,634	422,022,824
Deduct: reciprocal payments	<u>14,129,101</u>	<u>14,886,154</u>
Employer contributions and reciprocals (net)	<u>\$ 390,382,533</u>	<u>\$ 407,136,670</u>

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

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.

Administrative Expenses - The Plan's expenses are paid by the Plan, as provided by the plan document. Certain expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

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

NOTE 3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFIT

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on participants' years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

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

The actuarial present value of accumulated plan benefits as of July 1, 2020 (most recent valuation date) is as follows:

Vested benefits	
Participants currently receiving benefits	\$ 4,837,565,801
Terminated vested	935,314,296
Active participants	<u>2,493,241,193</u>
	8,266,121,290
Non-vested benefits	<u>180,753,398</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 8,446,874,688</u>

The factors that affected the change in actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

Actuarial present value of accumulated plan benefits at July 1, 2019	<u>\$ 8,345,722,744</u>
Change during the year attributed to	
Benefit accruals	132,770,280
Benefits paid	(637,595,208)
Interest	612,409,403
Experience gains	<u>(6,432,531)</u>
Net change	<u>101,151,944</u>
Actuarial present value of accumulated plan benefits at July 1, 2020	<u>\$ 8,446,874,688</u>

The significant actuarial assumptions used in the valuations as of July 1, 2020 were:

Healthy life mortality rates: RP-2000 Combined Mortality (Blue Collar) with ages set forward two years and generational mortality improvements using 75% of Scale AA.

Disabled life mortality rates: RP-2000 Disabled Mortality with ages set forward two years and generational mortality improvements using 75% of Scale AA.

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.

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.

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

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:	2.68% for current valuation; 3.07% 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.
Administrative expenses:	\$24,720,000 for current valuation; \$24,000,000 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 recognized 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 Method.
PRA 2010 Funding Relief:	<p>The Plan's Board of Trustees elected funding relief under 431 (b)(8) of the Code and 304(b)(8) of ERISA, specifically:</p> <p>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.</p>

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

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

Since information on the accumulated plan benefits at June 30, 2021, 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, 2021, 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, 2021. The complete financial status of the Plan is presented as of June 30, 2020.

NOTE 4. RETIREMENT PLANS

The Plan has a non-contributory defined benefit pension plan for employees. Actuarial valuations prepared by an actuary from Cheiron as of June 30, 2021 and 2020 presented the following:

	<u>2021</u>	<u>2020</u>
Actuarial present value of accumulated plan benefits		
Vested	\$ 41,172,605	\$ 38,592,200
Non-vested	<u>1,358,864</u>	<u>1,238,411</u>
	<u>\$ 42,531,469</u>	<u>\$ 39,830,611</u>

Pension expense totaled \$1,710,091 and \$2,389,962 for the years ended June 30, 2021 and 2020, 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.

NOTE 5. PLAN TERMINATION (CONTINUED)

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

NOTE 6. FUNDING POLICY

The Plan is financed by employer contributions in accordance with the formulas set forth in the collective bargaining agreements. The Plan met the minimum funding requirements of ERISA as of June 30, 2021 and 2020.

NOTE 7. INCOME TAX STATUS

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

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

NOTE 8. SECURITIES LENDING PROGRAM

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

The Plan receives 80% of the net revenue derived from all securities lending activities, and the bank receives the remainder of the net revenue. Interest income reported in the consolidated statements of changes in net assets available for benefits includes \$265,301 and \$685,977 earned by the Plan during the years ended June 30, 2021 and 2020, 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, 2021 and 2020, the fair value of securities loaned was \$157,209,039 and \$169,253,761, respectively, while the cash collateral held was \$160,738,611 and \$173,756,098, 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 9. OTHER RISKS AND UNCERTAINTIES (CONTINUED)

The COVID-19 pandemic, whose effects first became known in January 2020, is having a broad and negative impact on commerce and financial markets around the world. The extent of the impact of the pandemic on the Plan's operational and financial performance will depend on certain developments, including the duration and spread of the outbreak and its impacts on the Plan's participants, vendors, employees, and its investment portfolio, all of which, at present, cannot be determined. Accordingly, the extent to which the pandemic may impact the Plan's net assets available for benefits and changes in net assets available for benefits is uncertain, and the accompanying consolidated financial statements include no adjustments relating to the future potential effects of this pandemic.

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, 2021 and 2020.

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

NOTE 10. INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

U.S. Government and agency obligations: U.S. Treasury notes are Valued at the closing price reported on the active market on which the individual securities are traded. Other U.S. Government and agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate and foreign 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.

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

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

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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2021:

Description	Assets at Fair Value as of June 30, 2021			
	Totals	Level 1	Level 2	Level 3
Short-term investments	\$ 80,833,359	\$ 80,833,359	\$ -	\$ -
U.S. Government and agency obligations	138,794,280	116,255,326	22,538,954	-
Corporate bonds and notes	389,516,906	-	379,949,154	9,567,752
Foreign bonds	21,534,851	-	21,534,851	-
Common and preferred stocks	1,861,347,954	1,806,206,404	-	55,141,550
Mutual funds	335,260,463	335,260,463	-	-
Guaranteed investment contract with insurance company	2,058,616	-	-	2,058,616
Total assets in the fair value hierarchy	2,829,346,429	\$ 2,338,555,552	\$ 424,022,959	\$ 66,767,918
Investment measured at NAV*	4,581,591,943			
investments at fair value	<u>\$ 7,410,938,372</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, 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	120,985,138	64,591,653	55,671,469	722,016
Corporate bonds and notes	419,421,381	-	411,125,666	8,295,715
Foreign bonds	33,688,983	-	33,688,983	-
Common and preferred stocks	2,303,954,156	2,248,310,375	1,781,360	53,862,421
Mutual 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	3,084,297,605	\$ 2,517,160,880	\$ 502,267,478	\$ 64,869,247
Investment measured at NAV*	2,920,116,742			
Investments at fair value	\$ 6,004,414,347			

* 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 \$2,385,352 and \$6,650,250 for the years ended June 30, 2021 and 2020, respectively.

Fair Value of Investments that Calculate Net Asset Value

The following tables summarize investments measured at fair value based on NAV per share as of June 30, 2021 and 2020.

Description	June 30, 2021 Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Mutual funds	\$ 92,209,236	\$ -	Daily, monthly	30 Days
Common collective trusts	3,299,343,766	-	Daily, monthly	30 Days
Pooled separate account	113,584,342	-	Monthly	30 Days
Limited partnerships	1,076,454,599	358,974,349	N/A	N/A
	<u>\$ 4,581,591,943</u>	<u>\$ 358,974,349</u>		

Description	June 30, 2020 Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Mutual funds	\$ 85,335,150	\$ -	Daily, monthly	30 Days
Common collective trusts	1,937,864,987	-	Daily, monthly	30 Days
Pooled separate account	110,842,855	-	Monthly	30 Days
Limited partnerships	786,073,750	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 Plan's investment in the mutual funds and common collective trusts are valued at the NAV of units of a collective trust or fund. 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 (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the trust or fund, 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. Underlying assets in these funds primarily include publicly traded equity securities and fixed income securities.

The Plan's investment in the pooled separate account category is comprised of a single investment. The account's investment strategy aims to capitalize on opportunities in the U.S. commercial real estate market by making loans to borrowers in connection with the acquisition, development or refinancing related to multi-family (rental and for sale), multi-tenanted, single-tenanted and owner-occupied properties, including, but not limited to, office, medical office, anchored retail, industrial, and business-oriented hotels with major chains. The assets allocated to the Account shall primarily consist of mortgage investments collateralized by first mortgages on real property. This investment is valued based on the underlying portfolio of investments valued primarily through cash flow models and appraisals.

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 \$69,574 and \$67,681 for the years ended June 30, 2021 and 2020, respectively.

NOTE 13. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

As disclosed in Note 2, the Plan pays certain administrative, investment and professional fees to various service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA. In addition, As disclosed in Note 4 the Plan contributes to the Plumbers and Pipefitters National Pension Fund Staff Retirement Plan, a separate defined benefit plan, related through common Trustees.

NOTE 14. SUBSEQUENT EVENTS

The Board of Trustees voted to amend the Plan name from Plumbers and Pipefitters National Pension Fund to United Association National Pension Fund, effective July 1, 2021.

Subsequent events have been evaluated through January 21, 2022, which is the date the consolidated financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require adjustment to or disclosure in the accompanying consolidated financial statements.

SUPPLEMENTAL INFORMATION

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

CONSOLIDATED SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2021 AND 2020

	2021	2020
Accounting fees and expenses	\$ 520,741	\$ 571,577
Actuarial services and expenses	225,293	292,918
Contribution-staff retirement plan	1,710,091	2,389,962
Depreciation and amortization	2,710,899	443,656
Dues and subscriptions	21,303	18,847
Employees' benefits	2,754,259	2,589,668
Equipment, rent, maintenance and repairs	435,095	325,541
Insurance expense	663,006	686,178
Legal fees and expenses	1,356,261	1,602,809
Other expenses	15,725	27,822
Outside services	503,007	680,691
Payroll expenses	9,850,205	9,365,547
Pension Benefit Guaranty Corporation premiums	4,966,734	4,773,008
Postage, freight and express	228,044	215,454
Printing, stationery, and office supplies	247,511	175,568
Records storage expenses	157,075	151,314
Software expenses	616,846	566,651
Taxes		
Payroll	718,249	686,767
Other	189,737	219,313
Telephone and communications	232,203	143,738
Travel	21,312	94,761
Virginia property expense	475,584	419,802
	<hr/>	<hr/>
Total administrative expenses	\$ 28,619,180	\$ 26,441,592
	<hr/> <hr/>	<hr/> <hr/>

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, 2021

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(b) Identity of issuer, borrower, lessor or similar party		Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
(a)	Cost					Current value	
<u>Short-term investments</u>							
	PNC FEDERATED HERMES GOVERNMENT OBLIGATIONS FUND	Money market	N/A	N/A	47,748,444	\$ 47,748,444	\$ 47,748,444
	DREYFUS TREASURY PRIME CASH MGMT	Money market	N/A	N/A	6,586,830	6,586,830	6,586,830
	CITIBANK CASH COLLATERAL	Money market	N/A	N/A	60,000	60,000	60,000
	HSBC CASH COLLATERAL	Money market	N/A	N/A	350,000	350,000	350,000
	RESERVE INVT FDS INC	Money market	N/A	N/A	2,227,943	2,227,943	2,227,913
	U.S. TREASURY BILLS	Treasury Bill	N/A	N/A	23,860,358	23,860,358	23,860,172
	Total short-term investments					80,833,575	80,833,359
<u>U.S. Government and agency obligations</u>							
	FEDERAL HOME LOAN MTG CORP	Notes	07/01/2032	7.000%	9,819	10,164	11,652
	FEDERAL HOME LOAN MTG CORP	Notes	11/01/2032	7.000%	31,688	32,802	36,659
	FEDERAL HOME LOAN MTG CORP	Notes	09/01/2032	7.000%	27,855	28,835	32,511
	FEDERAL HOME LOAN MTG CORP	Notes	10/01/2032	7.000%	24,075	24,921	28,116
	FEDERAL HOME LOAN MTG CORP	Notes	03/01/2048	3.500%	235,168	249,205	248,942
	FEDERAL HOME LOAN MTG CORP	Notes	05/01/2049	4.500%	77,606	81,766	83,615
	FEDERAL HOME LOAN MTG CORP	Notes	03/15/2031	0.000%	345,000	301,046	293,868
	FEDERAL HOME LOAN MTG CORP	Notes	07/15/2031	0.000%	70,000	60,006	59,154
	FEDERAL HOME LOAN MTG CORP	Notes	11/01/2049	3.500%	37,784	39,021	39,773
	FEDERAL HOME LOAN MTG CORP	Notes	08/01/2050	3.000%	215,988	228,036	225,640
	FEDERAL HOME LOAN MTG CORP	Notes	09/01/2050	3.000%	133,834	141,300	139,797
	FEDERAL HOME LOAN MTG CORP	Notes	09/01/2050	3.000%	256,205	271,017	267,619
	FEDERAL HOME LOAN MTG CORP	Notes	10/01/2049	4.000%	106,948	114,585	113,803
	FEDERAL HOME LOAN MTG CORP	Notes	05/01/2049	4.000%	12,818	13,329	13,648
	FEDERAL HOME LOAN MTG CORP	Notes	07/01/2049	4.500%	104,689	112,704	112,905
	FEDERAL HOME LOAN MTG CORP	Notes	07/01/2049	4.000%	85,668	91,906	91,296
	FEDERAL HOME LOAN MTG CORP	Notes	01/01/2050	3.000%	74,036	77,703	77,338
	FEDERAL HOME LOAN MTG CORP	Notes	01/01/2050	4.500%	240,498	261,391	258,903
	FEDERAL HOME LOAN MTG CORP	Notes	02/01/2050	3.000%	38,046	40,127	39,948
	FEDERAL HOME LOAN MTG CORP	Notes	03/01/2050	3.000%	103,930	110,425	110,342
	FEDERAL HOME LOAN MTG CORP	Notes	04/01/2050	3.500%	103,641	109,908	109,094
	FEDERAL HOME LOAN MTG CORP	Notes	04/01/2050	3.500%	502,043	535,248	532,472
	FEDERAL HOME LOAN MTG CORP	Notes	09/01/2050	3.000%	132,516	139,307	138,424
	FEDERAL HOME LOAN MTG CORP	Notes	01/01/2050	4.500%	150,211	164,481	162,442
	FEDERAL HOME LOAN MTG CORP	Notes	10/01/2050	4.000%	129,998	140,844	139,465
	FEDERAL HOME LOAN MTG CORP	Notes	02/01/2047	3.000%	98,388	103,976	103,378
	FEDERAL HOME LOAN MTG CORP	Notes	09/01/2047	3.500%	161,212	172,950	171,376
	FEDERAL HOME LOAN MTG CORP	Notes	03/01/2048	4.500%	51,074	54,362	55,545
	FEDERAL HOME LOAN MTG CORP	Notes	05/01/2049	4.000%	22,490	23,562	23,968
	FEDERAL HOME LOAN MTG CORP	Notes	04/01/2051	2.500%	2,330,663	2,424,253	2,414,403
	FEDERAL HOME LOAN MTG CORP	Notes	02/01/2051	2.000%	2,129,819	2,198,040	2,154,802
	FEDERAL NATL MTG ASSN	Notes	12/01/2029	7.000%	282	337	327
	FEDERAL NATL MTG ASSN	Notes	8/01/2032	7.000%	24,367	25,315	28,171
	FEDERAL NATL MTG ASSN	Notes	11/01/2029	7.000%	11,104	11,536	12,713
	FEDERAL NATL MTG ASSN	Notes	04/01/2037	VAR%	148	148	149
	FEDERAL NATL MTG ASSN	Notes	10/01/2022	6.000%	78	82	80
	FEDERAL NATL MTG ASSN	Notes	06/01/2024	3.020%	250,000	253,525	250,023
	FEDERAL NATL MTG ASSN	Notes	06/01/2047	5.000%	82,773	87,656	91,642
	FEDERAL NATL MTG ASSN	Notes	08/01/2047	3.500%	109,632	116,125	115,873
	FEDERAL NATL MTG ASSN	Notes	06/01/2048	3.500%	88,336	93,843	94,366
	FEDERAL NATL MTG ASSN	Notes	04/01/2048	4.000%	59,411	64,294	63,367
	FEDERAL NATL MTG ASSN	Notes	05/01/2033	3.500%	16,155	16,697	17,302
	FEDERAL NATL MTG ASSN	Notes	07/01/2048	4.500%	37,359	39,420	40,298
	FEDERAL NATL MTG ASSN	Notes	09/01/2048	4.000%	57,905	59,733	61,794
	FEDERAL NATL MTG ASSN	Notes	07/01/2027	3.820%	29,695	32,430	33,640
	FEDERAL NATL MTG ASSN	Notes	12/01/2025	3.790%	370,000	394,825	397,325
	FEDERAL NATL MTG ASSN	Notes	01/01/2029	4.200%	200,000	225,031	227,650
	FEDERAL NATL MTG ASSN	Notes	05/01/2026	3.020%	240,000	252,000	256,344
	FEDERAL NATL MTG ASSN	Notes	06/01/2048	4.500%	165,806	179,122	178,704
	FEDERAL NATL MTG ASSN	Notes	03/01/2049	5.000%	20,540	21,914	22,649
	FEDERAL NATL MTG ASSN	Notes	12/01/2048	4.000%	39,261	40,935	42,112
	FEDERAL NATL MTG ASSN	Notes	07/01/2049	3.500%	22,999	23,754	24,212
	FEDERAL NATL MTG ASSN	Notes	11/01/2049	3.000%	109,466	114,888	114,472

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

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

JUNE 30, 2021

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party			Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
		Description	Maturity date				
	FEDERAL NATL MTG ASSN	Notes	03/01/2049	4.000%	36,677	\$ 38,167	\$ 39,121
	FEDERAL NATL MTG ASSN	Notes	06/01/2049	4.000%	92,719	96,558	98,985
	FEDERAL NATL MTG ASSN	Notes	08/01/2049	4.000%	82,966	88,787	88,489
	FEDERAL NATL MTG ASSN	Notes	10/01/2049	5.000%	150,798	165,430	165,540
	FEDERAL NATL MTG ASSN	Notes	09/01/2049	3.500%	100,803	106,411	106,138
	FEDERAL NATL MTG ASSN	Notes	11/01/2049	3.000%	43,440	45,591	45,438
	FEDERAL NATL MTG ASSN	Notes	11/01/2049	3.500%	7,185	7,418	7,565
	FEDERAL NATL MTG ASSN	Notes	01/01/2050	3.500%	55,726	58,913	58,659
	FEDERAL NATL MTG ASSN	Notes	11/01/2049	3.000%	145,640	153,651	152,532
	FEDERAL NATL MTG ASSN	Notes	12/01/2049	3.000%	113,159	118,764	118,176
	FEDERAL NATL MTG ASSN	Notes	11/01/2049	3.500%	56,393	58,398	59,761
	FEDERAL NATL MTG ASSN	Notes	03/01/2050	3.500%	105,470	112,028	111,041
	FEDERAL NATL MTG ASSN	Notes	12/01/2049	4.000%	28,269	29,665	30,133
	FEDERAL NATL MTG ASSN	Notes	12/01/2049	3.000%	115,754	121,939	121,047
	FEDERAL NATL MTG ASSN	Notes	12/01/2049	3.000%	126,716	133,685	132,604
	FEDERAL NATL MTG ASSN	Notes	02/01/2050	3.000%	45,489	47,735	47,765
	FEDERAL NATL MTG ASSN	Notes	03/01/2050	4.000%	54,616	58,541	58,202
	FEDERAL NATL MTG ASSN	Notes	03/01/2050	3.500%	39,740	42,329	41,843
	FEDERAL NATL MTG ASSN	Notes	06/01/2050	3.000%	194,804	204,819	204,498
	FEDERAL NATL MTG ASSN	Notes	08/01/2050	3.000%	237,608	250,156	248,248
	FEDERAL NATL MTG ASSN	Notes	09/01/2050	3.000%	211,221	221,518	220,278
	FEDERAL NATL MTG ASSN	Notes	11/01/2050	4.500%	89,043	97,822	96,912
	FEDERAL NATL MTG ASSN	Notes	05/01/2050	3.000%	235,162	245,432	245,883
	FEDERAL NATL MTG ASSN	Notes	06/01/2049	4.000%	41,080	42,736	43,795
	FEDERAL NATL MTG ASSN	Notes	01/01/2050	4.000%	33,619	35,363	35,887
	FEDERAL NATL MTG ASSN	Notes	10/01/2049	4.000%	192,763	206,347	204,942
	FEDERAL NATL MTG ASSN	Notes	01/01/2050	3.000%	108,588	114,526	113,368
	FEDERAL NATL MTG ASSN	Notes	02/01/2050	4.000%	96,516	103,303	102,957
	FEDERAL NATL MTG ASSN	Notes	03/01/2050	3.000%	120,970	126,999	126,326
	FEDERAL NATL MTG ASSN	Notes	11/01/2050	3.500%	187,176	199,255	196,988
	FEDERAL NATL MTG ASSN	Notes	11/01/2048	3.500%	129,629	138,723	136,517
	FEDERAL NATL MTG ASSN	Notes	10/01/2050	4.500%	202,262	220,719	217,978
	FEDERAL NATL MTG ASSN	Notes	03/01/2051	3.500%	402,800	426,528	424,898
	FEDERAL NATL MTG ASSN	Notes	03/01/2048	3.500%	91,485	96,888	96,748
	FEDERAL NATL MTG ASSN	Notes	12/01/2035	2.000%	1,944,466	2,025,739	2,007,875
	FEDERAL NATL MTG ASSN	Notes	12/01/2050	2.000%	1,815,611	1,879,157	1,836,871
	FEDERAL NATL MTG ASSN	Notes	06/01/2051	2.500%	3,540,883	3,683,348	3,668,107
	GOVERNMENT NATL MTG ASSN	Notes	10/15/2029	7.500%	191	214	215
	GOVERNMENT NATL MTG ASSN	Notes	09/20/2046	3.000%	30,661	31,720	33,575
	GOVERNMENT NATL MTG ASSN	Notes	11/20/2050	4.000%	148,611	160,756	158,408
	GOVERNMENT NATL MTG ASSN	Notes	07/20/2048	5.000%	10,816	11,405	11,699
	GOVERNMENT NATL MTG ASSN	Notes	07/20/2048	5.000%	13,455	14,170	14,592
	GOVERNMENT NATL MTG ASSN	Notes	08/20/2049	3.500%	75,904	79,249	81,113
	GOVERNMENT NATL MTG ASSN	Notes	09/15/2028	7.500%	388	978	439
	GOVERNMENT NATL MTG ASSN	Notes	03/15/2043	3.000%	45,951	47,598	49,448
	GOVERNMENT NATL MTG ASSN	Notes	04/15/2046	3.000%	37,052	38,401	39,870
	GOVERNMENT NATL MTG ASSN	Notes	06/15/2046	3.000%	40,383	41,853	43,456
	GOVERNMENT NATL MTG ASSN	Notes	09/15/2047	4.000%	27,779	29,776	29,913
	RESOLUTION FUNDING STRIP BONDS	Notes	01/15/2030	VAR%	240,000	210,842	209,270
	RFCSP STRIP PRINCIPAL BNDS	Notes	04/15/2030	0.000%	310,000	272,577	268,451
	USA TREASURY NOTES	Notes	1/31/2023	VAR%	13,340,000	13,344,194	13,344,669
	USA TREASURY NOTES	Notes	4/30/2022	VAR%	19,980,000	20,003,744	19,998,581
	USA TREASURY NOTES	Notes	7/31/2022	VAR%	7,370,000	7,372,652	7,374,127
	USA TREASURY NOTES	Notes	10/31/2022	VAR%	5,090,000	5,091,519	5,092,800
	USA TREASURY NOTES	Notes	06/30/2026	0.875%	13,790,000	13,782,134	13,790,000
	USA TREASURY NOTES	Notes	06/30/2028	1.250%	20,380,000	20,365,064	20,430,950
	USA TREASURY NOTES	Notes	02/15/2051	1.875%	2,730,000	2,481,517	2,607,996
	USA TREASURY NOTES	Notes	05/15/2041	2.250%	6,600,000	6,637,596	6,874,296
	USA TREASURY NOTES	Notes	12/15/2023	0.125%	1,988,600	1,984,323	1,978,200
	USA TREASURY NOTES	Notes	02/28/2026	0.500%	419,100	412,933	412,927
	USA TREASURY NOTES	Notes	03/31/2026	0.750%	378,200	376,723	376,680
	USA TREASURY NOTES	Notes	03/31/2028	1.250%	221,100	220,579	222,137
	USA TREASURY NOTES	Notes	04/30/2028	1.250%	1,136,900	1,133,672	1,141,345
	USA TREASURY NOTES	Notes	06/30/2028	1.250%	301,000	301,035	301,753
	USA TREASURY NOTES	Notes	02/15/2041	1.625%	6,649,500	6,311,730	6,516,510
	USA TREASURY NOTES	Notes	11/15/2050	1.625%	64,000	54,458	57,510
	USA TREASURY NOTES	Notes	12/31/2021	1.625%	3,073,000	3,109,862	3,096,754
	USA TREASURY NOTES	Notes	02/15/2051	1.875%	245,500	224,080	234,529
	USA TREASURY NOTES	Notes	05/15/2051	2.250%	4,091,000	4,311,080	4,371,600

**PLUMBERS AND PIPEFITTERS NATIONAL
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EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
(a)	USA TREASURY NOTES	Notes	06/15/2024	0.250%	7,600,000	\$ 7,582,840	\$ 7,554,241
	Total U.S. Government and agency obligations					138,255,492	138,794,280
	Corporate bonds and notes						
	1011778 BC / NEW RED FIN	Notes	10/15/2030	4.000%	820,000	820,000	793,350
	ABBOTT LABORATORIES	Notes	06/30/2030	1.400%	613,000	604,216	592,078
	ABBVIE INC	Bonds	11/21/2029	3.200%	40,000	43,207	43,484
	ABBVIE INC	Bonds	11/21/2029	3.200%	842,000	841,790	915,338
	ABBVIE INC	Notes	11/06/2022	3.200%	65,000	64,872	67,142
	ABBVIE INC	Notes	11/14/2028	4.250%	95,000	94,188	110,100
	ABBVIE INC	Bonds	11/21/2049	4.250%	395,000	394,611	474,774
	ACADIA HEALTHCARE CO	Bonds	07/01/2028	5.500%	685,000	689,425	731,238
	ACADIA HEALTHCARE CO	Bonds	04/15/2029	5.000%	240,000	240,000	250,301
	ADMI (4/18)	N/A	N/A	N/A	275,000	273,625	275,000
	AERCAP GLOBAL AVIATION	Notes	06/15/2045	VAR%	712,000	747,084	763,713
	AETNA INC	Notes	06/15/2023	2.800%	375,000	374,453	390,248
	AHEAD DB HOLDINGS LLC	Notes	05/01/2028	6.625%	930,000	938,513	962,122
	AIR LIQUIDE FINANCE	Notes	09/27/2023	2.250%	200,000	199,498	207,200
	ALABAMA POWER	Bonds	12/01/2047	3.700%	320,000	319,587	361,648
	ALEXANDRIA REAL ESTATE	Notes	05/18/2032	2.000%	335,000	333,965	326,762
	ALLIANT HOLD / CO	Bonds	10/15/2027	6.750%	935,000	948,116	982,648
	ALLIED UNIVERSAL	Notes	06/01/2028	4.625%	535,000	535,000	535,417
	ALLIED UNIVERSAL	Notes	06/01/2029	6.000%	785,000	790,188	795,825
	ALLY AUTO RECEIVABLES	Bonds	06/17/2024	1.840%	45,104	45,973	45,512
	ALTICE FRANCE	Notes	01/15/2028	5.500%	995,000	1,006,719	1,032,512
	ALTICE FRANCE	Notes	02/01/2027	8.125%	295,000	299,824	321,403
	ALTICE FRANCE HLDG	Notes	02/15/2028	6.000%	1,935,000	1,928,641	1,919,965
	ALTRIA GROUP INC	Notes	02/14/2026	4.400%	136,000	135,716	153,929
	AMAZON.COM INC	Notes	08/22/2037	3.875%	165,000	208,857	196,911
	AMAZON.COM INC	Notes	05/12/2028	1.650%	45,000	44,973	45,405
	AMAZON.COM INC	Notes	05/12/2051	3.100%	75,000	79,703	78,854
	AMC NETWORKS INC	Notes	02/15/2029	4.250%	1,055,000	1,037,700	1,064,231
	AMERICAN AIRLINES GROUP	Bonds	03/01/2025	3.750%	515,000	440,870	474,444
	AMERICAN AIRLINES GROUP	Bonds	06/01/2022	5.000%	930,000	918,044	930,009
	AMERICAN AIRLINES/AADVAN	Notes	04/20/2026	5.500%	1,245,000	1,253,944	1,318,144
	AMERICAN AIRLINES/AADVAN	Notes	04/20/2029	5.750%	1,010,000	1,010,000	1,090,386
	AMERICAN AXLE & MFG INC	Notes	04/01/2027	6.500%	125,000	131,063	132,385
	AMERICAN AXLE & MFG INC	Notes	07/01/2028	6.875%	785,000	815,679	856,506
	AMERICAN EXPRESS CO	Notes	11/05/2021	VAR%	675,000	675,000	676,026
	AMERICAN EXPRESS CO	Notes	08/01/2022	2.500%	140,000	139,889	143,004
	AMERICAN HONDA FINANCE	Notes	09/10/2025	1.000%	500,000	499,975	499,515
	AMERICAN INTERNATIONAL GROUP	Notes	04/01/2026	3.900%	105,000	104,948	117,221
	AMERICAN INTERNATIONAL GROUP	Notes	04/01/2048	4.750%	25,000	24,520	31,795
	AMERICAN INTL GROUP	Notes	04/01/2026	3.900%	400,000	399,800	446,556
	AMERICAN TOWER CORP	Notes	10/15/2030	1.875%	385,000	383,283	371,818
	AMERICAN TOWER CORP	Notes	03/15/2025	2.400%	312,000	311,704	326,046
	AMGEN INC	Notes	02/21/2040	3.150%	150,000	155,578	156,429
	AMGEN INC	Bonds	11/15/2041	5.150%	53,000	52,833	69,715
	ANHEUSER-BUSCH INBEV	Notes	01/23/2039	5.450%	110,000	109,694	145,189
	ANHEUSER-BUSCH INBEV	Notes	01/23/2049	5.550%	170,000	169,434	234,583
	ANHEUSER-BUSCH INBEV	Notes	04/15/2048	4.600%	220,000	218,511	269,075
	ANTERO MIDSTREAM PART	Notes	01/15/2028	5.750%	205,000	205,050	215,715
	ANTERO MIDSTREAM PART	Notes	03/01/2027	5.750%	395,000	377,938	410,800
	ANTERO MIDSTREAM PART	Notes	05/15/2026	7.875%	495,000	501,422	553,217
	ANTERO RESOURCES CORP	Notes	03/01/2030	5.375%	495,000	495,000	505,212
	ANTERO RESOURCES MIDSTREAM	Notes	06/15/2029	5.375%	370,000	370,000	385,725
	ANTHEM INC	Notes	12/01/2024	3.350%	140,000	139,955	151,060
	ANTHEM INC	Notes	12/01/2027	3.650%	450,000	449,096	503,915
	APEX TOOL / BC MOUNTAIN	Bonds	02/15/2023	9.000%	580,000	581,083	582,900
	APPLE INC	Notes	05/13/2045	4.375%	190,000	189,307	242,408
	APPLE INC	Notes	06/20/2027	3.000%	845,000	843,048	929,525
	APX GROUP INC	Notes	02/15/2027	6.750%	740,000	756,310	787,856
	ARAMARK SERVICES INC	Bonds	02/01/2028	5.000%	745,000	729,361	778,525
	ARCHROCK PARTNERS LP	Bonds	04/01/2028	6.250%	750,000	770,722	782,933
	ASCENT RESOURCES	Bonds	12/31/2028	8.250%	205,000	205,000	225,500
	ASCENT RESOURCES	Bonds	06/30/2029	5.875%	435,000	435,000	435,000
	ASCENT RESOURCES	Bonds	11/01/2026	7.000%	755,000	672,864	789,889
	ASCENT RESOURCES	Bonds	11/01/2027	9.000%	295,000	583,689	407,731
	ASGN INCORPORATED	Bonds	05/15/2028	4.625%	895,000	900,536	937,486

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

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(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	ASSUREDPARTNERS INC	Bonds	08/15/2025	7.000%	835,000	\$ 824,038	\$ 852,744
	ASSUREDPARTNERS INC	Bonds	01/15/2029	5.625%	565,000	565,000	565,000
	AT&T INC	Notes	02/01/2028	1.650%	235,000	234,704	233,454
	AT&T INC	Notes	03/01/2029	4.350%	45,000	49,760	52,149
	AT&T INC	Notes	09/15/2053	3.500%	516,000	389,146	518,843
	AT&T INC	Notes	09/15/2055	3.550%	78,000	61,650	78,410
	AT&T INC	Notes	02/01/2028	1.650%	305,000	304,616	302,993
	AT&T INC	Notes	03/01/2029	4.350%	772,000	880,844	894,648
	AT&T INC	Notes	06/01/2031	2.750%	740,000	738,809	769,733
	ATHENAHEALTH INC.	N/A	N/A	N/A	626,830	628,401	626,830
	ATHENE GLOBAL FUNDING	Bonds	5/24/2024	VAR%	1,360,000	1,362,156	1,370,975
	ATLAS LUXCO	Bonds	06/01/2028	4.625%	395,000	395,000	396,426
	AUTOMATIC DATA PROCESSNG	Notes	05/15/2028	1.700%	779,000	776,647	786,323
	AVALONBAY COMMUNITIES	Bonds	01/15/2031	2.450%	310,000	308,621	318,317
	AVALONBAY COMMUNITIES	Bonds	04/15/2048	4.350%	30,000	37,895	37,558
	AVIS BUDGET CAR	Bonds	03/01/2029	5.375%	445,000	445,000	463,356
	AVIS BUDGET CAR	Bonds	03/15/2025	5.250%	213,000	199,711	215,663
	AVIS BUDGET CAR	Bonds	04/01/2028	4.750%	145,000	145,000	148,857
	AXA EQUITABLE HOLDINGS	Notes	04/20/2028	4.350%	829,000	846,209	951,219
	BAE SYSTEMS PLC	Bonds	10/11/2021	4.750%	295,000	294,699	298,395
	BANK OF AMERICA CORP	Notes	08/26/2024	4.200%	215,000	214,843	235,728
	BANK OF AMERICA CORP	Notes	08/01/2025	3.875%	310,000	320,440	344,553
	BANK OF AMERICA CORP	Notes	04/24/2028	VAR%	1,040,000	1,030,110	1,150,594
	BANK OF AMERICA CORP	Notes	10/22/2025	VAR%	108,000	108,000	113,020
	BANK OF AMERICA CORP	Notes	10/22/2030	VAR%	822,000	822,000	866,750
	BANK OF AMERICA CORPORATION	Notes	07/23/2024	VAR%	310,000	310,000	330,500
	BANK OF AMERICA CORPORATION	Bonds	03/03/2026	4.450%	255,000	255,491	288,986
	BANK OF AMERICA CORPORATION	Notes	06/14/2029	VAR%	470,000	470,000	473,854
	BANK OF AMERICA CORPORATION	Bonds	10/01/2025	VAR%	275,000	275,000	292,974
	BANK OF AMERICA CORPORATION	Notes	01/22/2025	4.000%	30,000	29,819	32,931
	BANK OF AMERICA CORPORATION	Notes	10/24/2026	VAR%	155,000	154,710	153,782
	BANK OF AMERICA CORPORATION	Notes	07/22/2027	VAR%	90,000	90,994	90,761
	BANK OF AMERICA CORPORATION	Bonds	03/15/2050	VAR%	130,000	130,000	160,065
	BANK OF AMERICA CORPORATION	Bonds	07/23/2030	VAR%	135,000	135,000	145,476
	BANK OF MONTREAL	Notes	03/10/2023	VAR%	1,440,000	1,440,000	1,454,227
	BANK OF NY MELLON CORP	Bonds	02/07/2028	VAR%	300,000	334,968	330,528
	BARCLAYS PLC	Notes	05/07/2026	VAR%	1,180,000	1,180,000	1,247,071
	BARCLAYS PLC	Notes	09/23/2035	3.564%	1,176,000	1,176,000	1,225,204
	BAT CAPITAL CORP	Notes	03/25/2028	2.259%	85,000	83,612	84,436
	BAT CAPITAL CORP	Notes	09/25/2050	3.984%	125,000	125,000	121,833
	BAT CAPITAL CORP	Notes	08/15/2027	3.557%	175,000	174,008	187,495
	BAT CAPITAL CORP	Notes	08/15/2024	3.222%	202,000	191,658	214,572
	BAXALTA INC	Notes	06/23/2022	3.600%	84,000	84,032	86,194
	BAXTER INTERNATIONAL INC	Bonds	04/01/2030	3.950%	110,000	109,594	126,738
	BB&T CORPORATION	Bonds	03/16/2023	2.200%	405,000	404,700	416,879
	BCPE EMPIRE HOLDINGS INC	Bonds	05/01/2027	7.625%	1,325,000	1,326,982	1,356,933
	BERKSHIRE HATHAWAY ENERG	Notes	05/15/2051	2.850%	25,000	24,969	24,233
	BERKSHIRE HATHAWAY ENERG	Notes	07/15/2030	3.700%	272,000	271,956	308,508
	BG ENERGY CAPITAL	Bonds	10/15/2021	4.000%	425,000	421,643	429,412
	BIOGEN INC	Notes	02/15/2051	3.250%	33,000	36,484	33,049
	BIOGEN INC	Notes	09/15/2022	3.625%	115,000	114,908	119,469
	BLUE RACER MID LLC	Bonds	12/15/2025	7.625%	275,000	275,000	297,688
	BMW US CAPITAL LLC	Bonds	04/06/2023	3.800%	185,000	184,809	195,473
	BOEING CO	Notes	08/01/2059	3.950%	320,000	296,690	333,830
	BOEING CO	Notes	05/01/2040	5.705%	195,000	195,000	251,339
	BOEING CO	Notes	05/01/2050	5.805%	545,000	622,141	734,426
	BOEING CO	Notes	05/01/2050	5.930%	315,000	335,279	435,317
	BOEING CO	Notes	05/01/2027	5.040%	45,000	49,230	51,947
	BOEING CO	Notes	05/01/2023	4.508%	290,000	290,000	309,137
	BOEING CO	Notes	02/01/2027	2.700%	95,000	94,908	98,243
	BOEING CO	Notes	05/01/2025	4.875%	832,000	919,357	932,539
	BOEING CO	Notes	05/01/2040	5.705%	490,000	626,220	631,571
	BOSTON PROPERTIES INC	Notes	06/21/2029	3.400%	180,000	179,667	195,548
	BOSTON PROPERTIES INC	Notes	06/21/2029	3.400%	740,000	738,631	803,921
	BOSTON SCIENTIFIC CORP	Notes	03/01/2024	3.450%	307,000	306,816	327,778
	BP CAP MARKETS AMERICA	Notes	04/06/2025	3.194%	240,000	240,000	258,667
	BROADSTREET PARTNERS LP	Bonds	04/15/2029	5.875%	470,000	474,644	479,400
	BUCKEYE PARTNERS LP	Notes	11/15/2043	5.850%	410,000	371,656	406,925
	BUCKEYE PARTNERS LP	Notes	12/01/2026	3.950%	1,200,000	1,110,600	1,221,000

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						Cost	Current value
	BUCKEYE PARTNERS LP	Notes	12/01/2027	4.125%	690,000	\$ 648,397	\$ 700,350
	BUCKEYE PARTNERS LP	Notes	03/01/2025	4.125%	5,000	5,000	5,181
	BURLINGTN NORTH SANTA FE	Notes	04/01/2044	4.900%	55,000	58,585	73,307
	BWAY HOLDING TL (4/17)	N/A	N/A	N/A	462,553	448,366	462,553
	BX TRUST SERIES 2019	Notes	10/15/2036	VAR%	258,001	251,067	258,336
	CAESARS ENTERTAIN INC	Bonds	07/01/2027	8.125%	555,000	599,225	617,271
	CAESARS RESORT / FINCO	Bonds	10/15/2025	5.250%	670,000	661,691	679,514
	CALIFORNIA ST UNIV REVENUE	Notes	11/01/2039	2.965%	210,000	210,000	216,474
	CALIFORNIA ST UNIV REVENUE	Notes	11/01/2042	3.065%	180,000	180,000	185,368
	CALLON PETROLEUM	Bonds	08/01/2028	8.000%	505,000	505,000	511,751
	CALPINE CORP	Bonds	02/01/2029	4.625%	1,317,000	1,320,907	1,294,795
	CALPINE CORP	Bonds	02/01/2031	5.000%	1,084,000	1,086,800	1,078,580
	CALPINE CORP	Bonds	02/15/2028	4.500%	825,000	825,846	841,500
	CALPINE CORP	Bonds	03/15/2028	5.125%	435,000	435,000	443,156
	CALRIV SCI HLD CORP	Bonds	06/30/2029	4.875%	745,000	745,000	764,556
	CAMDEN PROPERTY TRUST	Notes	05/15/2030	2.800%	115,000	114,918	121,989
	CAMDEN PROPERTY TRUST	Notes	07/01/2029	3.150%	150,000	149,627	163,121
	CANADIAN IMPREIAL BANK	Notes	3/17/2023	VAR%	1,200,000	1,200,000	1,211,880
	CANADIAN NATL RESOURCES	Notes	03/15/2038	6.250%	459,000	565,066	614,027
	CARNIVAL (6/20) TL	N/A	N/A	N/A	342,413	328,716	342,413
	CARNIVAL CORP	Notes	03/01/2027	5.750%	1,205,000	1,237,325	1,262,238
	CARNIVAL CORP	Notes	08/01/2027	9.875%	835,000	927,813	974,863
	CARNIVAL CORP	Notes	03/01/2026	7.625%	1,190,000	1,284,988	1,292,638
	CARNIVAL CORP	Notes	02/01/2026	10.500%	890,000	958,175	1,036,183
	CARS.COM INC	Bonds	11/01/2028	6.375%	485,000	495,200	517,272
	CARVANA CO	Bonds	04/15/2027	5.500%	1,040,000	1,053,175	1,075,100
	CARVANA CO	Bonds	10/01/2025	5.625%	505,000	521,413	524,569
	CATERPILLAR FINL SERVICE	Notes	11/17/2022	VAR%	1,055,000	1,055,000	1,055,591
	CCO HLDGS LLC/CAP	Bonds	08/15/2030	4.500%	905,000	914,150	943,463
	CDW LLC/CDW	Notes	04/01/2028	4.250%	1,205,000	1,245,669	1,265,250
	CEDAR FAIR LP	Notes	07/15/2029	5.250%	974,000	1,003,315	1,003,220
	CEDAR FAIR/CAN/MAGUM/MI	Bonds	05/01/2025	5.500%	125,000	125,000	130,469
	CEDAR FAIR/CAN/MAGUM/MI	Notes	10/01/2028	6.500%	675,000	726,469	727,313
	CEDAR FAIR/CAN/MAGUM/MI	Notes	04/15/2027	5.375%	1,040,000	1,071,658	1,071,200
	CHARTER COMM OPT LLC	Notes	06/01/2041	3.500%	936,000	931,732	937,151
	CHARTER COMM OPT LLC/CAP	Notes	03/01/2050	4.800%	30,000	30,160	34,481
	CHENIERE ENERGY PARTNERS	Notes	10/01/2029	4.500%	1,265,000	1,030,070	1,359,875
	CHEVRON CORP	Notes	05/11/2027	1.995%	125,000	125,000	129,025
	CHEVRON USA INC	Notes	08/12/2027	1.018%	110,000	110,000	107,128
	CHS/COMMUNITY HEALTH SYS	Bonds	01/15/2029	6.000%	270,000	270,000	288,900
	CHS/COMMUNITY HEALTH SYS	Bonds	02/15/2031	4.750%	445,000	445,000	445,556
	CHS/COMMUNITY HEALTH SYS	Bonds	04/01/2030	6.125%	1,715,000	1,715,000	1,740,725
	CHS/COMMUNITY HEALTH SYS	Bonds	04/15/2029	6.875%	590,000	590,000	617,417
	CHS/COMMUNITY HEALTH SYS	Bonds	12/15/2027	8.000%	700,000	764,750	778,785
	CHS/COMMUNITY HEALTH SYS	Bonds	03/15/2027	5.625%	250,000	250,000	266,250
	CIGNA CORP	Notes	03/15/2050	3.400%	30,000	28,440	31,344
	CIM TRUST SERIES	Notes	08/25/2048	VAR%	35,534	36,623	36,091
	CINEMARK USA INC	Bonds	03/15/2026	5.875%	1,245,000	1,283,848	1,308,495
	CINEMARK USA INC	Bonds	07/15/2028	5.250%	375,000	375,000	384,375
	CITIBANK CREDIT CARD	Notes	05/14/2029	VAR%	800,000	798,461	817,368
	CITICORP INC	Notes	04/24/2025	VAR%	240,000	240,000	255,751
	CITIGROUP COMMERCIAL MORTGAGE SERIES 2013	Bonds	05/10/2035	3.251%	260,000	266,104	270,348
	CITIGROUP INC	Notes	07/23/2048	4.650%	60,000	59,971	78,634
	CITIGROUP INC	Notes	01/24/2023	VAR%	145,000	145,000	147,190
	CITIGROUP INC	Notes	01/12/2026	3.700%	155,000	154,794	171,478
	CITIGROUP INC	Notes	10/21/2026	3.200%	1,245,000	1,189,324	1,349,269
	CITIGROUP INC	Notes	05/01/2025	VAR%	446,000	446,000	447,240
	CITIGROUP INC	Notes	11/20/2026	4.300%	510,000	504,625	576,147
	CITIGROUP MORTGAGE LOAN TRUST	Bonds	05/25/2051	2.500%	280,000	285,031	285,031
	COCA-COLA CO/THE	Notes	03/15/2051	2.500%	100,000	99,386	94,251
	COLGATE ENERGY	Bonds	07/01/2029	5.875%	445,000	449,625	461,131
	COLT MERGER SUB INC	Bonds	07/01/2025	6.250%	340,000	358,275	360,556
	COLUMBIA HCA HEALTHCARE	Notes	06/15/2025	7.690%	410,000	394,794	498,130
	COMCAST CORP	Notes	04/01/2030	3.400%	255,000	254,549	281,630
	COMCAST CORP	Notes	08/15/2035	4.400%	405,000	404,753	488,248
	COMCAST CORP	Notes	10/15/2025	3.950%	443,000	442,455	496,554
	COMCAST CORP	Notes	02/15/2031	1.500%	550,000	548,147	521,340
	COMM MORTGAGE TRUST SERIES 2015	Bonds	02/10/2035	3.178%	155,000	158,814	165,407
	COMMONSPIRIT HEALTH	Notes	10/01/2029	3.347%	255,000	255,000	276,428

**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/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	COMMSCOPE FINANCE LLC	Bonds	03/01/2026	6.000%	395,000	\$ 397,375	\$ 417,002
	COMMSCOPE FINANCE LLC	Bonds	03/01/2027	8.250%	250,000	251,646	267,200
	COMMSCOPE INC	Bonds	07/01/2028	7.125%	635,000	635,000	688,181
	COMMSCOPE TECH FINANCE	Bonds	06/15/2025	6.000%	1,404,000	1,368,028	1,433,835
	COMMSCOPE TECH LLC	Bonds	03/15/2027	5.000%	1,055,000	1,018,919	1,080,056
	COMSTOCK RESOURCES INC	Bonds	01/15/2030	5.875%	480,000	480,000	489,600
	COMSTOCK RESOURCES INC	Bonds	03/01/2029	6.750%	614,000	617,900	654,051
	CONOCOPHILLIPS COMPANY	Notes	11/15/2034	4.150%	72,000	71,970	83,986
	CONS EDISON CO OF NY	Notes	03/15/2044	4.450%	300,000	299,748	360,996
	CONSTELLIUM SE	Notes	04/15/2029	3.750%	320,000	320,000	316,800
	CONSTELLIUM SE	Notes	06/15/2028	5.625%	875,000	890,480	938,438
	CORNERSTONE BUILDING	Bonds	01/15/2029	6.125%	890,000	907,888	954,525
	CORNING INC	Notes	11/15/2079	5.450%	190,000	191,313	266,268
	COSTCO WHOLESALE CORP	Notes	04/20/2030	1.600%	175,000	174,694	172,907
	CREDIT SUISSE GROUP	Bonds	05/14/2032	VAR%	393,000	393,000	403,902
	CREDIT SUISSE GROUP	Bonds	01/12/2029	VAR%	560,000	560,000	617,142
	CREDIT SUISSE GROUP AG	Bonds	03/26/2025	3.750%	250,000	272,098	271,268
	CREDIT SUISSE MORTGAGE	Bonds	05/15/2036	VAR%	150,000	145,969	150,401
	CROCS INC	Bonds	03/15/2029	4.250%	315,000	315,000	321,300
	CROWN AMER/CAP CORP	Notes	02/01/2026	4.750%	680,000	696,720	705,650
	CROWN CASTLE INTL CORP	Notes	04/01/2031	2.100%	1,128,000	1,122,879	1,100,567
	CROWN CASTLE INTL CORP	Notes	07/15/2031	2.500%	427,000	425,903	430,544
	CROWN CASTLE INTL CORP	Notes	09/01/2024	3.200%	520,000	518,888	555,391
	CROWN CASTLE INTL CORP	Notes	02/15/2028	3.800%	420,000	418,383	467,015
	CSC HOLDINGS LLC	Bonds	04/01/2028	7.500%	1,355,000	1,451,400	1,487,113
	CSC HOLDINGS LLC	Bonds	01/15/2030	5.750%	1,835,000	1,924,965	1,906,106
	CSC HOLDINGS LLC	Bonds	02/01/2029	6.500%	465,000	479,525	515,034
	CSC HOLDINGS LLC	Bonds	11/15/2031	5.000%	475,000	475,000	477,280
	CSC HOLDINGS LLC	Bonds	12/01/2030	4.625%	815,000	834,663	799,605
	CSX CORP	Notes	04/15/2050	3.800%	135,000	134,374	153,864
	CVS HEALTH CORP	Notes	04/01/2030	3.750%	150,000	149,666	168,027
	CVS HEALTH CORP	Notes	04/01/2027	3.625%	140,000	140,583	155,218
	CVS HEALTH CORP	Notes	03/25/2038	4.780%	30,000	29,422	36,851
	CVS HEALTH CORP	Notes	03/25/2028	4.300%	127,000	147,368	146,025
	DAIMLER FINANCE NA LLC	Bonds	06/14/2024	2.700%	230,000	229,602	242,195
	DAIMLER FINANCE NA LLC	Bonds	03/01/2024	0.750%	190,000	189,658	190,429
	DALLAS-FORT WORTH TX INTERNATI	Notes	11/01/2040	3.089%	540,000	540,000	557,518
	DAVITA INC	Bonds	06/01/2030	4.625%	1,225,000	1,240,050	1,257,414
	DCP MIDSTREAM LLC	Bonds	05/21/2043	VAR%	480,000	425,498	444,000
	DCP MIDSTREAM OPERATING	Notes	07/15/2027	5.625%	645,000	646,375	733,688
	DCP MIDSTREAM OPERATING	Notes	04/01/2044	5.600%	355,000	329,633	390,500
	DEALER TIRE LLC/DT	Bonds	02/01/2028	8.000%	460,000	425,850	496,096
	DELTA AIR LINE INC	Notes	01/15/2026	7.375%	835,000	955,858	980,098
	DISCOVER BANK	Notes	07/27/2026	3.450%	340,000	339,629	370,964
	DISH DBS CORP	Notes	07/01/2028	7.375%	1,085,000	1,124,113	1,167,601
	DISH DBS CORP	Notes	03/15/2023	5.000%	1,230,000	1,271,513	1,287,355
	DISH DBS CORP	Notes	11/15/2024	5.875%	600,000	627,600	644,250
	DISH DBS CORP	Bonds	06/01/2029	5.125%	665,000	665,000	657,239
	DISH NETWORK CORPORATION	Bonds	08/15/2026	3.375%	1,597,000	1,414,036	1,629,739
	DOLYA HOLDCO	Notes	07/15/2028	5.000%	635,000	633,325	647,700
	DOW CHEMICAL CO/THE	Notes	05/15/2049	4.800%	85,000	84,493	109,147
	DOWDUPONT INC	Notes	11/15/2025	4.493%	425,000	425,000	483,472
	DRIVE AUTO RECEIVABLES TRUST	Bonds	07/17/2023	0.850%	13,218	13,218	13,223
	DTE ENERGY CO	Notes	10/01/2024	2.529%	210,000	209,931	220,941
	DTE ENERGY CO	Notes	06/01/2025	1.050%	290,000	289,649	290,026
	DUKE ENERGY CORP	Notes	09/15/2025	0.900%	205,000	204,900	202,679
	DUKE ENERGY CORP	Notes	06/01/2030	2.450%	651,000	648,923	657,992
	DUKE ENERGY FLORIDA LLC	Notes	01/15/2027	3.200%	230,000	229,862	251,282
	DUKE ENERGY INDIANA LLC	Notes	04/01/2050	2.750%	70,000	69,914	67,796
	ENDURANCE ACQ MERGER	Bonds	02/15/2029	6.000%	1,050,000	1,040,508	1,039,500
	ENERGIZER HOLDINGS INC	Bonds	06/15/2028	4.750%	540,000	540,000	553,365
	ENERGIZER HOLDINGS INC	Bonds	03/31/2029	4.375%	275,000	275,000	275,283
	ENTERGY ARKANSAS LLC	Bonds	06/15/2051	2.650%	205,000	204,190	194,151
	ENVISION HEALTHCARE CORP	Bonds	10/15/2026	8.750%	1,055,000	684,758	738,500
	EPR PROPERTIES	Notes	04/15/2028	4.950%	560,000	561,213	605,377
	EPR PROPERTIES	Notes	06/01/2027	4.500%	880,000	876,031	939,418
	EPR PROPERTIES	Notes	08/15/2029	3.750%	820,000	772,472	822,165
	EQM MIDSTREAM PARTNERS	Notes	12/01/2026	4.125%	755,000	702,266	772,931
	EQM MIDSTREAM PARTNERS	Bonds	01/15/2029	4.500%	295,000	295,000	300,127

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(a)		Description	Maturity date	Rate of interest	Par/Maturity value or shares		
	EQT CORP	Notes	01/15/2029	5.000%	585,000	\$ 637,505	\$ 652,257
	EQT MIDSTREAM PARTNERS	Notes	07/15/2028	5.500%	2,010,000	1,962,908	2,171,966
	EQUINIX INC	Bonds	09/15/2051	2.950%	195,000	193,904	185,843
	EQUINOR ASA	Notes	04/06/2025	2.875%	575,000	574,839	614,669
	EQUINOR ASA	Notes	04/06/2027	3.000%	285,000	283,592	309,752
	EQUITABLE FINANCIAL LIFE	Bonds	08/27/2027	1.400%	135,000	134,687	132,713
	ESC ENERGY CONVERSION DEVICE	Notes	06/15/2013	3.000%	7,408,000	726,209	74
	EVERI HOLDINGS INC	Notes	07/15/2029	5.000%	115,000	115,000	117,875
	EVERSOURCE ENERGY	Bonds	10/01/2024	2.900%	380,000	379,141	402,515
	EXELON CORP	Bonds	06/15/2025	3.950%	235,000	234,518	258,672
	EXETER AUTOMOBILE RECEIVABLES	Notes	01/16/2024	0.270%	180,000	179,994	179,991
	EXXON MOBIL CORPORATION	Notes	04/15/2051	3.452%	545,000	548,635	593,647
	EXXON MOBIL CORPORATION	Notes	03/19/2025	2.992%	610,000	612,480	654,493
	EXXON MOBIL CORPORATION	Notes	03/19/2040	4.227%	145,000	181,553	173,279
	FANNIEMAE STRIP	Notes	02/25/2048	3.500%	465,954	68,146	73,066
	FEDERAL HOME LOAN MTG CORP	Notes	07/25/2050	4.500%	315,363	48,980	48,579
	FEDERAL HOME LOAN MTG CORP	Notes	09/25/2050	4.000%	1,294,113	161,764	183,337
	FEDERAL HOME LOAN MTG CORP	Notes	10/25/2050	3.500%	395,405	56,222	62,810
	FEDERAL HOME LOAN MTG CORP	Notes	10/25/2050	3.500%	688,210	102,801	109,281
	FEDERAL HOME LOAN MTG CORP	Notes	11/25/2050	4.000%	1,035,037	148,140	147,099
	FEDERAL HOME LOAN MTG CORP	Notes	02/25/2051	4.000%	997,519	146,355	147,383
	FEDERAL NATL MTG ASSN	Notes	01/25/2051	3.500%	1,247,745	168,835	171,615
	FEDERAL NATL MTG ASSN	Notes	01/25/2047	3.500%	272,050	34,601	35,832
	FEDERAL NATL MTG ASSN	Notes	09/25/2050	4.000%	402,491	55,783	58,007
	FEDERAL NATL MTG ASSN	Notes	09/25/2050	4.000%	443,050	69,988	70,901
	FEDERAL NATL MTG ASSN	Notes	09/25/2050	4.000%	653,633	98,862	109,647
	FEDERAL NATL MTG ASSN	Notes	09/25/2050	4.000%	774,484	133,720	135,953
	FEDERAL NATL MTG ASSN	Notes	12/25/2050	3.500%	362,182	52,290	54,132
	FEDERAL NATL MTG ASSN	Notes	09/25/2049	3.500%	216,527	37,486	36,615
	FHLMC MULTIFAMILY STRUCTURED	Notes	05/25/2025	3.329%	70,000	77,109	76,235
	FIRST QUANTUM MINERALS	Notes	03/01/2026	6.875%	390,000	378,613	408,525
	FIRSTENERGY CORP	Bonds	07/15/2047	4.850%	565,000	687,327	677,435
	FIRSTKEY HOMES 2020-SFR1 TRUST	Notes	08/17/2028	1.538%	265,000	264,998	264,998
	FLORIDA POWER CORP	Notes	11/15/2042	3.850%	70,000	69,778	80,581
	FORD CREDIT AUTO OWNER TRUST	Notes	11/15/2022	3.030%	7,762	7,858	7,785
	FORD MOTOR CO	Notes	07/16/2031	7.450%	235,000	254,925	309,025
	FORD MOTOR COMPANY	Notes	04/22/2030	9.625%	660,000	780,281	947,100
	FORD MOTOR COMPANY	Notes	04/22/2025	9.000%	240,000	240,900	295,889
	FORD MOTOR COMPANY	Notes	12/08/2046	5.291%	490,000	429,975	547,271
	FORD MOTOR COMPANY	Notes	01/15/2043	4.750%	835,000	684,700	887,188
	FORD MOTOR CREDIT CO LLC	Notes	05/03/2029	5.113%	930,000	859,469	1,041,116
	FORD MOTOR CREDIT CO LLC	Notes	06/09/2025	4.687%	740,000	761,281	801,050
	FORD MOTOR CREDIT CO LLC	Notes	06/16/2025	5.125%	880,000	880,000	969,100
	FORD MOTOR CREDIT CO LLC	Notes	01/08/2026	4.389%	465,000	401,330	502,200
	FOX CORP	Notes	04/08/2030	3.500%	140,000	143,768	154,452
	FREEPORT-MCMORAN INC	Notes	11/14/2034	5.400%	585,000	564,654	706,563
	FRONT RANGE BIDCO INC	Bonds	03/01/2028	6.125%	690,000	712,213	704,663
	FRONTIER COMMUNICATIONS	Bonds	05/01/2028	5.000%	440,000	440,000	454,885
	FRONTIER COMMUNICATIONS	Bonds	05/01/2029	6.750%	160,000	160,000	170,123
	FRONTIER COMMUNICATIONS	Bonds	10/15/2027	5.875%	620,000	620,789	664,175
	GAINWELL	N/A	N/A	N/A	1,155,260	1,144,711	1,155,260
	GARDA WORLD SECURITY	Notes	02/15/2027	4.625%	355,000	357,219	356,775
	GARDA WORLD SECURITY	Bonds	06/01/2029	6.000%	830,000	830,000	823,775
	GENERAL DYNAMICS CORP	Notes	04/01/2040	4.250%	220,000	281,292	269,309
	GENERAL ELECTRIC CO	Notes	05/01/2030	3.625%	190,000	189,698	212,078
	GENERAL MOTORS	Notes	10/02/2043	6.250%	385,000	434,869	531,962
	GENERAL MOTORS FINL CO	Notes	11/17/2023	VAR%	1,225,000	1,225,000	1,244,931
	GENERAL MOTORS FINL CO	Notes	06/10/2026	1.500%	1,838,000	1,834,655	1,829,325
	GENESIS ENERGY LP	Notes	05/15/2026	6.250%	695,000	657,193	696,738
	GENESIS ENERGY LP	Notes	10/01/2025	6.500%	150,000	149,902	151,313
	GENESIS ENERGY LP	Notes	01/15/2027	8.000%	190,000	190,000	199,620
	GILEAD SCIENCES INC	Notes	09/01/2022	3.250%	180,000	179,746	185,132
	GLAXOSMITHKLINE CAPITAL	Notes	06/01/2024	3.000%	80,000	83,734	85,244
	GLOBAL AIR LEASE CO	Notes	09/15/2024	6.500%	2,222,852	5,965,867	2,234,833
	GLOBAL PART/GLP	Notes	01/15/2029	6.875%	240,000	240,000	257,400
	GLOBAL PART/GLP	Notes	08/01/2027	7.000%	200,000	200,000	212,000
	GM FINANCIAL SECURITIZED TERM	Bonds	01/17/2023	1.830%	443	443	444
	GOLDMAN SACHS GROUP	Notes	07/08/2044	4.800%	30,000	36,052	39,211
	GOLDMAN SACHS GROUP	Notes	02/25/2026	3.750%	190,000	189,561	210,279

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		Description	Maturity date				
	GOLDMAN SACHS GROUP	Notes	09/10/2027	VAR%	900,000	\$ 900,000	\$ 898,056
	GOLDMAN SACHS GROUP	Notes	06/05/2028	VAR%	130,000	146,675	143,608
	GOLDMAN SACHS GROUP	Notes	03/03/2024	4.000%	95,000	95,467	103,189
	GOLDMAN SACHS GROUP INC	Notes	2/23/2023	VAR%	1,935,000	1,935,000	1,952,144
	GOLDMAN SACHS GROUP INC	Notes	11/16/2026	3.500%	425,000	410,087	462,328
	GOLDMAN SACHS GROUP INC	Notes	04/23/2029	VAR%	1,039,000	1,039,000	1,162,953
	GOODYEAR TIRE & RUBBER	Notes	04/30/2031	5.250%	665,000	665,000	694,094
	GOODYEAR TIRE & RUBBER	Notes	05/31/2026	5.000%	230,000	231,023	235,978
	GOODYEAR TIRE & RUBBER	Notes	05/31/2025	9.500%	580,000	611,538	649,037
	GOODYEAR TIRE & RUBBER	Bonds	07/15/2029	5.000%	430,000	430,000	450,210
	GPC MERGER SUB INC	Bonds	08/15/2028	7.125%	580,000	597,638	624,950
	GRANITE GENERATION (11/19)	N/A	N/A	N/A	386,623	392,577	386,623
	GRANITE HOLDINGS US	N/A	N/A	N/A	477,819	463,485	477,819
	GRANITE HOLDINGS US	Bonds	10/01/2027	11.000%	460,000	490,249	512,900
	GRANITE MERGER SUB 2 INC	Bonds	07/15/2027	11.000%	80,000	84,600	90,800
	GREAT OUTDOORS GROUP	N/A	N/A	N/A	1,558,584	1,550,791	1,558,584
	GTCR AP FINANCE INC	Bonds	05/15/2027	8.000%	800,000	826,860	852,000
	GUARDIAN LIFE GLOB FUND	Notes	06/23/2025	1.100%	130,000	129,880	130,468
	GYP HOLDINGS III CORP	Bonds	05/01/2029	4.625%	365,000	365,000	366,369
	H.B. FULLER CO	Bonds	10/15/2028	4.250%	450,000	450,000	464,625
	HARSCO CORP	Notes	07/31/2027	5.750%	1,080,000	1,102,424	1,135,350
	HARVEST MIDSTREAM I LP	Bonds	09/01/2028	7.500%	550,000	550,000	597,300
	HCA INC	Notes	09/01/2028	5.625%	905,000	955,045	1,072,425
	HCA INC	Notes	09/01/2026	5.375%	1,305,000	1,367,605	1,500,750
	HCP INC	Notes	07/15/2026	3.250%	180,000	179,831	195,367
	HEALTHCARE REALTY TRUST	Notes	03/15/2030	2.400%	202,000	201,323	203,254
	HESS CORP	Bonds	2/15/2041	5.600%	250,000	276,419	312,330
	HESS CORP CALL	Bonds	04/01/2047	5.800%	305,000	340,844	397,680
	HEXION INC	Bonds	07/15/2027	7.875%	575,000	604,863	620,281
	HILCORP ENERGY	Bonds	02/01/2029	5.750%	312,000	312,000	325,163
	HILCORP ENERGY	Bonds	02/01/2031	6.000%	344,000	344,000	364,330
	HILCORP ENERGY	Bonds	11/01/2028	6.250%	290,000	251,585	308,125
	HILTON DOMESTIC OPERATING	Notes	01/15/2030	4.875%	1,080,000	1,143,450	1,152,900
	HOME DEPOT INC	Notes	04/15/2030	2.700%	280,000	278,435	299,681
	HOME PARTNERS OF AMERICA TRUST	Notes	10/19/2039	2.703%	411,936	411,925	428,360
	HOSPITALITY PROP TRUST	Notes	02/15/2027	4.950%	30,000	29,925	29,850
	HOSPITALITY PROP TRUST	Notes	02/15/2030	4.375%	305,000	290,148	290,513
	HOSPITALITY PROP TRUST	Notes	03/15/2024	4.650%	136,000	136,940	138,475
	HSBC HOLDINGS	Notes	03/31/2030	4.950%	200,000	199,750	240,666
	HSBC HOLDINGS PLC	Notes	11/07/2025	VAR%	200,000	209,434	209,924
	HSBC HOLDINGS PLC	Notes	03/08/2026	4.300%	200,000	199,710	225,818
	HSBC HOLDINGS PLC	Notes	11/23/2026	4.375%	210,000	208,580	237,132
	HSBC HOLDINGS PLC	Notes	06/19/2029	VAR%	200,000	200,000	231,342
	HUDBAY MINERALS INC	Notes	04/01/2026	4.500%	385,000	385,000	386,444
	HUMANA INC	Notes	10/01/2024	3.850%	350,000	349,535	379,663
	HYUNDAI CAPITAL AMERICA	Notes	06/15/2026	1.500%	969,000	967,324	961,984
	IAA SPINCO INC	Bonds	06/15/2027	5.500%	735,000	760,975	771,544
	IMOLA MERGER CORP	Bonds	05/15/2029	4.750%	1,780,000	1,800,081	1,831,175
	INTEL CORP	Notes	11/15/2049	3.250%	170,000	169,903	181,011
	INTEL CORP	Notes	03/25/2050	4.750%	105,000	104,883	139,589
	INTEL CORP	Notes	05/11/2024	2.875%	520,000	519,870	553,030
	INTEL CORP	Notes	03/25/2030	3.900%	655,000	653,657	760,095
	INTELLIGENT PACKAGING	Notes	09/15/2028	6.000%	660,000	671,688	686,400
	INTELSAT JACKSON HOLDINGS (1/11)	N/A	N/A	N/A	311,305	311,372	311,305
	INTELSAT JACKSON HOLDINGS (6/20)	N/A	N/A	N/A	-	(127,500)	-
	IRON MOUNTAIN INC	Bonds	07/15/2028	5.000%	240,000	240,000	248,400
	IRON MOUNTAIN INC	Bonds	07/15/2030	5.250%	460,000	460,000	486,947
	IRON MOUNTAIN INC	Bonds	07/15/2032	5.625%	470,000	472,912	503,050
	IRON MOUNTAIN INC	Bonds	09/15/2027	4.875%	570,000	559,831	591,432
	IRON MOUNTAIN INC	Bonds	09/15/2029	4.875%	940,000	947,489	970,268
	IRON MOUNTAIN INC	Bonds	03/15/2028	5.250%	1,755,000	1,727,407	1,836,695
	ITT HOLDINGS LLC	Notes	08/01/2029	6.500%	650,000	650,000	664,047
	IVANTI SOFTWARE (12/20) 1ST LIEN	N/A	N/A	N/A	892,763	891,919	892,763
	JELD-WEN INC	Bonds	12/15/2027	4.875%	625,000	604,517	649,513
	JOHNSON & JOHNSON	Notes	09/01/2060	2.450%	250,000	247,413	236,278
	JOSEPH T RYERSON & SON	Bonds	08/01/2028	8.500%	577,000	614,523	640,470
	JP MORGAN CHASE & CO	Notes	10/15/2030	VAR%	50,000	53,935	52,383
	JP MORGAN CHASE & CO	Notes	10/15/2025	VAR%	290,000	290,000	302,067
	JP MORGAN CHASE & CO	Notes	07/24/2048	VAR%	105,000	105,000	124,495

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

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EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	JP MORGAN CHASE & CO	Notes	05/13/2031	VAR%	165,000	\$ 165,000	\$ 173,511
	JP MORGAN CHASE & CO	Notes	03/13/2026	VAR%	375,000	375,000	387,281
	JP MORGAN CHASE BANK	Notes	07/23/2024	VAR%	365,000	365,000	388,871
	JPMORGAN CHASE & CO	Notes	01/23/2049	VAR%	105,000	107,245	122,115
	JPMORGAN CHASE & CO	Notes	04/22/2027	VAR%	205,000	205,000	206,154
	JPMORGAN CHASE & CO	Notes	12/05/2024	VAR%	260,000	260,000	280,587
	JPMORGAN CHASE & CO	Notes	05/18/2023	2.700%	955,000	952,460	992,837
	JPMORGAN CHASE & CO	Notes	10/01/2026	2.950%	500,000	487,430	538,705
	JPMORGAN CHASE & CO	Notes	04/22/2027	VAR%	399,000	399,000	401,246
	JPMORGAN CHASE & CO	Notes	04/22/2032	VAR%	408,000	408,000	419,563
	JPMORGAN CHASE & CO	Notes	09/10/2024	3.875%	385,000	381,658	419,762
	KAR AUCTION SERVICES INC	Bonds	06/01/2025	5.125%	1,460,000	1,433,620	1,498,252
	KEURIG DR PEPPER INC	Notes	05/25/2025	4.417%	70,000	70,000	78,555
	KEYBANK	Bonds	06/14/2024	VAR%	540,000	540,000	540,346
	KINDER MORGAN ENER PART	Notes	03/01/2044	5.500%	65,000	69,886	81,496
	KINDER MORGAN INC	Notes	03/01/2048	5.200%	75,000	74,819	94,410
	KINDER MORGAN INC/DELAWA	Notes	06/01/2025	4.300%	110,000	109,558	122,514
	KORN/FERRY INTERNATIONAL	Bonds	12/15/2027	4.625%	660,000	668,994	685,575
	KROGER CO	Notes	02/01/2047	4.450%	20,000	23,689	23,825
	L BRANDS INC	Notes	02/01/2028	5.250%	280,000	272,300	313,250
	L BRANDS INC	Bonds	10/01/2030	6.625%	560,000	579,306	646,800
	LCM INVESTMENTS HOLDINGS	Bonds	05/01/2029	4.875%	530,000	530,000	543,250
	LEEWARD RENEWABL	Notes	07/01/2029	4.250%	860,000	860,000	872,900
	LEVEL 3 FINANCING INC	Bonds	09/15/2027	4.625%	2,025,000	2,067,869	2,101,788
	LIFE TIME INC	Bonds	01/15/2026	5.750%	485,000	492,963	502,644
	LIFE TIME INC	Bonds	04/15/2026	8.000%	485,000	495,800	518,344
	LIONS GATE CAPITAL HOLD	Bonds	04/15/2029	5.500%	1,000,000	1,000,000	1,051,250
	LIVE NATION ENTERTAINMEN	Bonds	10/15/2027	4.750%	900,000	876,862	933,750
	LIVE NATION ENTERTAINMEN	Bonds	11/01/2024	4.875%	475,000	449,010	482,600
	LLOYDS BANKING GROUP PLC	Notes	02/05/2026	VAR%	555,000	555,000	578,959
	LLOYDS BANKING GROUP PLC	Notes	05/11/2027	VAR%	1,136,000	1,136,000	1,137,091
	LOWES COS INC	Notes	04/15/2040	5.000%	250,000	336,006	322,240
	LPL HOLDINGS INC	Bonds	03/15/2029	4.000%	410,000	410,000	412,050
	LPL HOLDINGS INC	Bonds	11/15/2027	4.625%	270,000	270,000	279,788
	LUMEN TECHNOLOGIES INC	Bonds	01/15/2029	4.500%	590,000	590,000	575,811
	LUMEN TECHNOLOGIES INC	Bonds	06/15/2029	5.375%	700,000	700,000	711,445
	MANUF & TRADERS TRUST CO	Notes	08/17/2027	3.400%	300,000	299,898	329,943
	MASONITE INTERNATIONAL	Notes	09/15/2026	5.750%	90,000	90,893	93,150
	MASONITE INTERNATIONAL	Notes	02/01/2028	5.375%	480,000	486,900	508,646
	MASTERCARD INC	Notes	03/26/2030	3.350%	165,000	164,680	185,742
	MATADOR RESOURCES CO	Notes	09/15/2026	5.875%	965,000	905,573	993,950
	MCDONALDS CORP	Notes	04/01/2028	3.800%	110,000	109,880	124,559
	MCDONALDS CORP	Notes	09/01/2049	3.625%	30,000	31,362	33,270
	MCDONALDS CORP	Notes	09/01/2049	3.625%	339,000	366,890	375,954
	MERCK & CO INC	Notes	06/24/2030	1.450%	285,000	282,552	277,727
	MET LIFE GLOB	Bonds	01/13/2023	VAR%	825,000	825,000	829,868
	MET LIFE GLOB FUNDING	Bonds	12/18/2026	3.450%	435,000	434,709	482,720
	MGM GROWTH/MGM FINANCE	Notes	02/01/2027	5.750%	1,155,000	1,271,944	1,285,076
	MICROSOFT CORP	Notes	08/08/2036	3.450%	225,000	270,525	260,415
	MICROSOFT CORP	Notes	02/12/2035	3.500%	65,000	64,253	75,472
	MICROSOFT CORP	Notes	06/01/2060	2.675%	30,000	30,469	29,928
	MIDAMERICAN ENERGY CO	Notes	10/15/2036	5.800%	320,000	244,509	442,394
	MIDWEST GAMING BORROWER	Notes	05/01/2029	4.875%	645,000	645,806	645,806
	MILL CITY MORTGAGE TRUST	Notes	11/25/2060	VAR%	161,106	162,315	161,732
	MONDELEZ INTL HLDINGS	Notes	10/28/2021	2.000%	750,000	747,233	753,165
	MORGAN STANLEY	Notes	04/29/2024	3.875%	75,000	77,297	81,582
	MORGAN STANLEY	Notes	04/01/2031	VAR%	555,000	555,000	620,157
	MORGAN STANLEY	Notes	07/22/2025	VAR%	245,000	245,000	257,706
	MORGAN STANLEY	Notes	07/27/2026	3.125%	80,000	79,456	86,718
	MORGAN STANLEY	Notes	01/23/2030	VAR%	80,000	80,000	93,801
	MORGAN STANLEY	Notes	05/30/2025	VAR%	345,000	345,000	343,627
	MORGAN STANLEY	Notes	01/24/2029	VAR%	781,000	781,000	877,235
	MORGAN STANLEY	Notes	05/04/2027	VAR%	584,000	584,000	587,860
	MORGAN STANLEY	Notes	04/23/2027	3.950%	535,000	516,890	598,167
	MOTION BONDCO	Notes	11/15/2027	6.625%	605,000	648,325	612,563
	MPH ACQUISITION HOLDINGS	Notes	11/01/2028	5.750%	1,020,000	1,012,125	1,025,008
	MPLX LP	Notes	03/01/2047	5.200%	587,000	715,489	723,090
	NATIONAL MENTOR HOLDINGS	N/A	N/A	N/A	467,930	465,590	467,930
	NATIONAL MENTOR HOLDINGS	N/A	N/A	N/A	15,598	15,520	15,598

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EIN: 52-6152779
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(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	NATIONAL MENTOR HOLDINGS INC 2019	N/A	N/A	N/A	28,481	\$ 28,481	\$ 28,481
	NATIONAL SECS CLEARING	Bonds	04/23/2025	1.500%	725,000	723,572	739,631
	NATWEST GROUP PLC	Notes	06/14/2027	VAR%	1,257,000	1,257,000	1,257,666
	NAVIENT STUDENT LOAN TRUST	Bonds	12/15/2059	3.820%	115,863	121,656	120,924
	NAVIENT STUDENT LOAN TRUST	Bonds	12/15/2059	4.000%	80,288	84,591	84,507
	NAVIENT STUDENT LOAN TRUST	Bonds	02/15/2068	3.130%	234,437	241,250	239,550
	NAVIENT STUDENT LOAN TRUST	Bonds	05/15/2069	1.690%	76,617	77,706	77,379
	NAVIENT STUDENT LOAN TRUST	Bonds	07/15/2069	1.220%	314,281	315,853	316,114
	NAVIENT STUDENT LOAN TRUST	Bonds	09/16/2069	1.170%	167,036	167,361	167,737
	NAVIENT STUDENT LOAN TRUST	Bonds	12/26/2069	1.310%	150,118	150,074	147,958
	NCL CORPORATION LTD	Notes	03/15/2026	5.875%	910,000	925,388	953,225
	NCL CORPORATION LTD	Notes	12/15/2024	3.625%	570,000	539,088	550,113
	NCL FINANCE LTD	Notes	03/15/2028	6.125%	400,000	410,788	419,180
	NEW FORTRESS ENERGY INC	Bonds	09/30/2026	6.500%	1,690,000	1,690,000	1,726,842
	NEW FORTRESS ENERGY INC	Bonds	09/15/2025	6.750%	750,000	778,606	769,688
	NEW YORK LIFE GLOBAL FDG	Bonds	04/10/2024	2.875%	160,000	159,890	169,864
	NEW YORK LIFE INSURANCW	Bonds	11/15/2039	6.750%	90,000	116,978	136,602
	NIELSEN CO LUX	Notes	02/01/2025	5.000%	670,000	657,976	689,263
	NIELSEN FINANCE LLC	Bonds	10/01/2028	5.625%	895,000	895,000	945,747
	NIELSEN FINANCE LLC	Bonds	10/01/2030	5.875%	930,000	950,538	1,012,231
	NORTHERN TRUST CORP	Notes	05/01/2030	1.950%	2,029,000	2,021,310	2,048,093
	NORTHROP GRUMMAN CORP	Notes	10/15/2047	4.030%	115,000	119,239	137,307
	NORTHWESTERN MUTUAL GBL	Notes	01/14/2026	0.800%	200,000	199,648	196,948
	NORTHWESTERN MUTUAL LIFE	Notes	09/30/2059	3.625%	304,000	246,613	333,673
	NOVA CHEMICALS CORP	Notes	06/01/2027	5.250%	864,000	816,668	931,219
	NUSTAR LOGISTICS LP	Notes	10/01/2025	5.750%	355,000	355,000	386,063
	NUTRITION & BIOSCIENCES	Notes	10/01/2025	1.230%	490,000	496,835	487,560
	NVIDIA CORP	Notes	04/01/2030	2.850%	345,000	343,720	373,835
	OCCIDENTAL PETROLEUM	Notes	05/01/2031	7.500%	160,000	110,600	201,600
	ONEMAIN FINANCE CORP	Notes	01/15/2027	3.500%	865,000	865,000	871,488
	ONEOK INC	Notes	01/15/2031	6.350%	127,000	161,327	164,395
	ORACLE CORP	Notes	11/15/2024	2.950%	80,000	85,287	85,214
	ORACLE CORP	Notes	05/15/2035	3.900%	525,000	521,456	585,632
	ORACLE CORP	Notes	11/15/2024	2.950%	531,000	530,161	565,605
	ORACLE CORP	Notes	04/01/2040	3.600%	753,000	826,636	794,935
	ORGANON FINANCE I LLC	Bonds	04/30/2031	5.125%	550,000	550,000	566,610
	ORTHO-CLINICAL INC	Bonds	02/01/2028	7.250%	888,000	920,608	969,918
	ORTHO-CLINICAL INC	Bonds	06/01/2025	7.375%	300,000	306,919	322,125
	OTIS WORLDWIDE CORP	Bonds	02/15/2040	3.112%	140,000	153,150	144,830
	OUTFRONT MEDIA CAP LLC	Bonds	08/15/2027	5.000%	921,000	932,988	953,594
	PACIFIC GAS & ELECTRIC COMPANY	Notes	02/01/2031	2.500%	1,220,000	1,218,731	1,144,702
	PARKER-HANNIFIN CORP	Notes	06/14/2024	2.700%	90,000	89,959	94,836
	PARTNERS HEALTHCARE SYST	Bonds	07/01/2049	3.192%	30,000	31,744	31,766
	PAYPAL HOLDINGS INC	Notes	06/01/2030	2.300%	680,000	679,272	704,480
	PDC ENERGY INC	Notes	05/15/2026	5.750%	610,000	590,127	637,255
	PECO ENERGY CO	Notes	10/01/2044	4.150%	280,000	279,040	339,038
	PERFORMANCE FOOD GROUP I	Bonds	05/01/2025	6.875%	170,000	170,000	181,070
	PERFORMANCE FOOD GROUP I	Bonds	10/15/2027	5.500%	1,185,000	1,214,222	1,247,213
	PETROLEOS MEXICANOS	Notes	01/23/2050	7.690%	1,250,000	1,306,896	1,203,125
	PETROLEOS MEXICANOS	Notes	09/21/2047	6.750%	220,000	213,071	194,700
	PFIZER INC	Notes	04/01/2030	2.625%	200,000	199,300	213,146
	PFIZER INC	Notes	12/15/2036	4.000%	130,000	129,375	157,346
	PHILADELPHIA PA AUTH FOR INDL	Notes	04/15/2026	3.964%	440,000	440,000	468,996
	PHILIP MORRIS INTL INC	Notes	05/01/2024	2.875%	285,000	283,424	302,758
	PHILIP MORRIS INTL INC	Notes	08/17/2027	3.125%	950,000	946,039	1,034,816
	PHILLIPS 66	Notes	02/15/2026	1.300%	110,000	109,956	109,970
	PHILLIPS 66 PARTNERS LP	Notes	02/15/2025	3.605%	160,000	159,947	172,390
	PILGRIMS PRIDE CORP	Bonds	04/15/2031	4.250%	685,000	678,109	709,831
	PLAINS ALL AMERICAN PIPE	Notes	09/15/2030	3.800%	584,000	611,612	625,271
	PNC FINANCIAL SERVICES	Notes	07/23/2026	2.600%	865,000	863,348	922,315
	POST HOLDINGS INC	Bonds	04/15/2030	4.625%	410,000	419,251	416,150
	POST HOLDINGS INC	Bonds	09/15/2031	4.500%	690,000	690,000	688,482
	POST HOLDINGS INC	Bonds	01/15/2028	5.625%	530,000	525,838	561,800
	POST HOLDINGS INC	Bonds	12/15/2029	5.500%	265,000	278,250	283,881
	PRESIDIO HOLDING INC	Bonds	02/01/2027	4.875%	265,000	265,000	272,621
	PRESIDIO HOLDING INC	Bonds	02/01/2028	8.250%	965,000	996,109	1,049,438
	PRIME SECSRVC	Bonds	04/15/2026	5.750%	1,170,000	1,210,571	1,292,464
	PRIVATE EXPORT FUNDING	Bonds	07/30/2024	0.550%	225,000	224,627	224,507
	PROCTER & GAMBLE CO	Notes	03/25/2030	3.000%	760,000	758,176	839,405

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		Description	Maturity date				
	PROCTER & GAMBLE CO/THE	Notes	03/25/2030	3.000%	300,000	\$ 299,280	\$ 331,344
	PROGRESS RESIDENTIAL TRUST	Notes	05/17/2036	3.147%	99,230	101,370	101,031
	PROGRESS RESIDENTIAL TRUST	Notes	09/17/2036	2.271%	278,530	283,814	283,791
	PROGRESS RESIDENTIAL TRUST	Notes	10/17/2036	2.687%	205,000	210,270	209,902
	PROLOGIS LP	Notes	04/15/2050	3.000%	30,000	28,208	30,575
	PUB SVC NEW HAMP MORT	Notes	11/01/2023	3.500%	135,000	134,506	143,478
	PUBLIC SERVICE ELECTRIC SER MTN	Notes	05/01/2028	3.700%	360,000	358,632	408,085
	PUBLIC SERVICE ENTERPRIS	Notes	08/15/2030	1.600%	650,000	648,804	616,675
	RADIATE HOLDCO / FINANCE	Bonds	09/15/2028	6.500%	805,000	805,000	845,612
	RANGE RESOURCES CORP	Notes	02/01/2026	9.250%	620,000	560,038	683,550
	RANGE RESOURCES CORP	Notes	05/15/2025	4.875%	485,000	417,186	501,975
	RANGE RESOURCES CORP	Bonds	01/15/2029	8.250%	200,000	200,000	225,500
	RAPTOR ACQ/RAPTOR	Bonds	11/01/2026	4.875%	225,000	225,000	228,094
	REALOGY GROUP	Bonds	01/15/2029	5.750%	1,607,000	1,631,650	1,679,942
	REALOGY GROUP	Bonds	06/01/2023	4.875%	240,000	219,120	249,600
	REALOGY GROUP	Bonds	04/01/2027	9.375%	1,360,000	1,423,293	1,511,150
	REALOGY GROUP	Bonds	06/15/2025	7.625%	930,000	956,488	1,008,771
	REALTY INCOME CORP	Notes	03/15/2033	1.800%	165,000	162,476	157,088
	RECKITT BENCKISER	Notes	06/26/2024	2.750%	475,000	474,487	501,586
	REDSTONE HOLDCO 2 LP	N/A	N/A	N/A	506,690	501,623	506,690
	REPUBLIC SERVICES INC	Notes	08/15/2024	2.500%	160,000	159,744	167,928
	REPUBLIC SERVICES INC	Notes	02/15/2031	1.450%	440,000	437,875	412,355
	REYNOLDS AMERICAN INC	Notes	09/15/2043	6.150%	115,000	131,714	144,115
	REYNOLDS GRP ISS/REYNOLD	Bonds	10/15/2027	4.000%	570,000	570,000	566,050
	ROPER TECHNOLOGIES INC	Notes	09/15/2025	1.000%	115,000	114,848	114,198
	ROYAL BANK OF SCOTLAND	Notes	05/22/2028	VAR%	615,000	615,000	649,323
	ROYAL CARIBBEAN CRUISES	Notes	10/15/2027	7.500%	1,060,000	1,217,856	1,229,600
	ROYAL CARIBBEAN CRUISES	Notes	04/01/2028	5.500%	1,240,000	1,296,381	1,298,652
	ROYAL CARIBBEAN CRUISES	Notes	06/01/2025	11.500%	285,000	321,137	328,463
	RYMAN HOSPITALITY PROP	Notes	10/15/2027	4.750%	2,210,000	2,191,023	2,269,781
	SANTANDER DRIVE AUTO RECEIVABL	Notes	05/15/2023	0.620%	13,271	13,271	13,273
	SANTANDER DRIVE AUTO RECEIVABL	Notes	09/15/2023	0.460%	118,384	118,379	118,419
	SANTANDER DRIVE AUTO RECEIVABL	Notes	04/15/2024	0.280%	210,000	209,996	210,006
	SANTANDER UK GROUP HOLDINGS	Notes	06/14/2027	VAR%	893,000	893,000	892,036
	SAUDI ARABIAN OIL CO	Notes	11/24/2050	3.250%	320,000	319,318	310,400
	SCHLUMBERGER FIN	Bonds	09/17/2025	1.400%	100,000	99,880	101,143
	SCIENTIFIC GAMES CORP	Bonds	10/15/2025	5.000%	465,000	470,531	480,113
	SCIENTIFIC GAMES INTERNA	Bonds	03/15/2026	8.250%	320,000	332,600	343,194
	SCIENTIFIC GAMES INTERNA	Bonds	05/15/2028	7.000%	850,000	868,406	928,625
	SCIH SALT HOLDINGS INC	Bonds	05/01/2028	4.875%	685,000	681,759	684,918
	SCIH SALT HOLDINGS INC	Bonds	05/01/2029	6.625%	1,000,000	997,000	1,002,500
	SCRIPPS ESCROW II INC	Bonds	01/15/2031	5.375%	505,000	512,228	503,404
	SEAWORLD PARKS & ENTERTA	Bonds	08/01/2025	9.500%	20,000	20,000	21,450
	SELECT MEDICAL CORP	Bonds	08/15/2026	6.250%	605,000	612,136	644,337
	SEMPRA ENERGY	Notes	02/01/2023	2.900%	115,000	114,564	119,018
	SERVICE PROPERTIES TRUST	Notes	01/15/2028	3.950%	110,000	103,263	103,675
	SERVICE PROPERTIES TRUST	Notes	10/01/2024	4.350%	309,000	307,325	311,163
	SHEA HOMES LP/FNDG	Bonds	02/15/2028	4.750%	370,000	355,613	380,175
	SHEA HOMES LP/FNDG	Bonds	04/01/2029	4.750%	250,000	250,000	256,720
	SHELL INTERNATIONAL	Notes	05/11/2035	4.125%	300,000	297,498	357,333
	SIEMENS AG	Notes	03/11/2026	1.200%	305,000	304,689	305,268
	SIMON PROPERTY GROUP LP	Notes	09/13/2024	2.000%	537,000	536,468	555,902
	SIRIUS XM RADIO INC	Bonds	07/01/2029	5.500%	1,488,000	1,558,655	1,621,474
	SIRIUS XM RADIO INC	Bonds	07/01/2030	4.125%	372,000	388,133	376,650
	SIRIUS XM RADIO INC	Bonds	08/01/2027	5.000%	465,000	465,000	487,204
	SIX FLAGS ENTERTAINMENT	Bonds	04/15/2027	5.500%	480,000	497,400	495,038
	SIX FLAGS ENTERTAINMENT	Bonds	07/31/2024	4.875%	265,000	242,888	265,994
	SIX FLAGS THEME PARKS	Bonds	07/01/2025	7.000%	70,000	71,893	75,439
	SOLARIS MIDSTREAM HOLDIN	Bonds	04/01/2026	7.625%	510,000	515,963	540,600
	SOLENIS (6/18) 1ST LIEN	N/A	N/A	N/A	341,295	342,995	341,295
	SOLENIS (6/18) 2ND LIEN	N/A	N/A	N/A	270,000	249,750	270,000
	SOUTHERN CO	Notes	07/01/2023	2.950%	153,000	152,870	159,619
	SOUTHWESTERN ELEC POWER	Notes	03/15/2026	1.650%	425,000	424,958	430,291
	SOUTHWESTERN PUBLIC	Notes	06/15/2049	3.750%	235,000	232,037	268,370
	SPA HOLDINGS	Notes	02/04/2028	4.875%	565,000	565,525	569,238
	SPECTRUM BRANDS INC	Bonds	07/15/2030	5.500%	660,000	678,313	711,150
	SPIRIT AEROSYSTEMS INC	Notes	06/15/2028	4.600%	525,000	513,844	514,500
	SPIRIT AEROSYSTEMS INC	Bonds	04/15/2025	7.500%	455,000	461,031	485,713
	SPRINGLEAF FINANCE CORP	Notes	06/01/2025	8.875%	230,000	251,588	254,999

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

JUNE 30, 2021

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EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	SPRINGLEAF FINANCE CORP	Notes	03/15/2026	7.125%	835,000	\$ 921,494	\$	972,533
	SPRINT CAP CORP	Notes	11/15/2028	6.875%	395,000	507,081		506,588
	SPRINT CAP CORP	Notes	03/15/2032	8.750%	435,000	597,428		661,200
	SPRINT CORP CALL	Notes	03/01/2026	7.625%	585,000	607,788		713,700
	SRS DISTRIBUTION INC	Bonds	07/01/2028	4.625%	450,000	450,000		460,125
	SRS DISTRIBUTION INC	Bonds	07/01/2029	6.125%	250,000	250,000		257,278
	SS&C TECHNOLOGIES INC	Bonds	09/30/2027	5.500%	1,150,000	1,191,480		1,218,655
	STANDARD CHARTERED PLC	Bonds	06/29/2032	VAR%	2,114,000	2,114,000		2,120,997
	STARBUCKS CORP	Notes	11/15/2050	3.500%	295,000	293,024		318,045
	STARBUCKS CORP	Notes	03/12/2050	3.350%	30,000	29,338		31,406
	STARWOOD PROPERTY TRUST	Bonds	07/15/2026	3.625%	445,000	445,000		448,338
	STATE STREET CORP	Bonds	03/30/2031	VAR%	185,000	185,000		202,427
	STATE STREET CORP	Notes	03/30/2031	VAR%	195,000	195,000		213,369
	SUMMER (BC) BIDC	Bonds	10/31/2026	5.500%	230,000	230,000		232,852
	SUMMIT MID HLDS	Notes	04/15/2025	5.750%	415,000	404,865		380,763
	SUNSHINE LUXEMBOURG VII SARL	N/A	N/A	N/A	392,833	392,980		392,833
	TALen ENERGY SUPPLY LLC	Bonds	01/15/2026	10.500%	840,000	533,399		615,300
	TALen ENERGY SUPPLY LLC	Bonds	05/15/2027	7.250%	240,000	239,774		223,934
	TALen ENERGY SUPPLY LLC	Bonds	06/01/2028	7.625%	130,000	130,000		121,642
	TALLGRASS NRG PRTNR	Bonds	01/15/2028	5.500%	535,000	526,523		544,363
	TALLGRASS NRG PRTNR	Bonds	03/01/2027	6.000%	460,000	453,519		473,800
	TALLGRASS NRG PRTNR	Bonds	09/15/2024	5.500%	192,000	182,880		194,615
	TALLGRASS NRG PRTNR	Bonds	10/01/2025	7.500%	335,000	335,000		366,825
	TALLGRASS NRG PRTNR	Bonds	12/31/2030	6.000%	370,000	370,000		384,659
	TARGA RESOURCES PARTNERS LP	Bonds	02/01/2027	5.375%	131,000	132,146		136,404
	TEAM HEALTH HOLDINGS	N/A	N/A	N/A	845,584	774,569		845,584
	TEAM HEALTH HOLDINGS INC	Bonds	02/01/2025	6.375%	1,355,000	1,068,563		1,288,686
	TECHNIPFMC PLC	Notes	02/01/2026	6.500%	490,000	497,125		529,161
	TENET HEALTHCARE CORP	Bonds	10/01/2028	6.125%	3,235,000	3,256,035		3,451,098
	TENET HEALTHCARE CORP	Notes	06/15/2023	6.750%	1,255,000	1,288,031		1,369,519
	TENNECO INC	Bonds	01/15/2029	7.875%	330,000	330,000		372,695
	TEREX CORP	Bonds	05/15/2029	5.000%	680,000	680,000		708,900
	TEXAS INSTRUMENTS INC	Notes	09/04/2029	2.250%	1,722,000	1,716,645		1,795,323
	THERMO FISHER SCIENTIFIC	Notes	03/25/2030	4.497%	55,000	55,000		65,553
	T-MOBILE USA	Notes	02/15/2029	2.625%	430,000	430,000		424,625
	T-MOBILE USA	Notes	02/15/2031	2.875%	345,000	345,000		342,413
	T-MOBILE USA INC	Bonds	04/15/2030	3.875%	891,000	884,567		994,837
	TMS INTERNATIONAL CORP	Bonds	04/15/2029	6.250%	630,000	638,850		661,500
	TOWD POINT MORTGAGE TRUST SERIES 2017	Bonds	10/25/2057	VAR%	140,000	135,870		147,345
	TOYOTA AUTO RECEIVABLES	Notes	07/15/2022	1.920%	4,847	4,743		4,852
	TOYOTA AUTO RECEIVABLES	Notes	11/15/2022	1.670%	12,072	12,089		12,099
	TOYOTA MOTOR CORP	Notes	03/25/2024	0.681%	75,000	75,000		75,104
	TRANS-CANADA PIPELINES	Notes	03/01/2034	4.625%	270,000	268,780		320,690
	TRANSDIGM INC	Notes	06/15/2026	6.375%	625,000	640,811		647,481
	TRANSDIGM INC	Bonds	03/15/2026	6.250%	1,655,000	1,750,163		1,746,025
	TRANSDIGM INC	Notes	03/15/2027	7.500%	910,000	937,859		968,013
	TRANSDIGM INC	Notes	11/15/2027	5.500%	2,935,000	3,022,076		3,059,738
	TRIDENT TPI HOLDINGS INC	Bonds	08/01/2024	9.250%	710,000	720,622		741,950
	TRIVIMUM PACKAGING	Notes	08/15/2027	8.500%	715,000	780,713		777,348
	TRONOX INC	Bonds	03/15/2029	4.625%	590,000	590,000		596,626
	TRUIST BANK	Notes	03/11/2030	2.250%	420,000	419,328		426,292
	TSMC GLOBAL LTD	Bonds	09/28/2030	1.375%	515,000	510,277		486,150
	UNICREDIT SPA	Bonds	06/03/2032	VAR%	1,200,000	1,200,000		1,204,020
	UNION PACIFIC CORP	Notes	02/05/2050	3.250%	275,000	259,740		290,260
	UNION PACIFIC CORP	Notes	04/06/2036	2.891%	65,000	65,393		67,609
	UNITED AIR 2020-1 B	Notes	07/15/2027	4.875%	485,250	506,601		514,608
	UNITED AIRLINES INC	Bonds	04/15/2026	4.375%	660,000	660,000		683,100
	UNITED AIRLINES INC	Bonds	04/15/2029	4.625%	375,000	375,000		388,125
	UNITED CONTINENTAL HLDGS	Notes	10/01/2022	4.250%	290,000	264,450		296,888
	UNITED CONTINENTAL HLDGS	Notes	01/15/2025	4.875%	950,000	958,150		985,625
	UNITED CONTINENTAL HLDGS	Notes	02/01/2024	5.000%	1,320,000	1,351,925		1,369,500
	UNITED PARCEL SERVICE	Notes	04/01/2040	5.200%	60,000	59,711		81,513
	UNITED PARCEL SERVICE	Notes	04/01/2050	5.300%	50,000	49,709		73,257
	UNITED PARCEL SERVICE	Notes	09/01/2029	2.500%	882,000	879,275		936,340
	UNITED RENTALS NORTH AM	Notes	05/15/2027	5.500%	1,200,000	1,272,000		1,272,000
	UNITED TECHNOLOGIES CORP	Notes	06/01/2042	4.500%	65,000	83,565		81,003
	UNITEDHEALTH GROUP INC	Notes	05/15/2040	2.750%	75,000	72,813		76,013
	UNITEDHEALTH GROUP INC	Notes	07/15/2035	4.625%	85,000	90,556		107,515
	UNITI GROUP/CSL CAPITAL	Bonds	02/15/2029	6.5000%	1,210,000	1,221,244		1,213,025

**PLUMBERS AND PIPEFITTERS NATIONAL
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EIN: 52-6152779
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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
	UNITI GROUP/CSL CAPITAL	Bonds	12/15/2024	7.1250%	685,000	\$ 682,300	\$ 708,119
	UNITI GRP/UNITI HLD	Bonds	02/15/2025	7.8750%	1,250,000	1,297,361	1,335,938
	UNIVAR SOLUTIONS USA INC	Bonds	12/01/2027	5.1250%	660,000	674,538	693,825
	UPOHNS INC	Bonds	06/22/2050	4.000%	175,000	174,545	185,595
	UPOHNS INC	Bonds	06/22/2030	2.700%	35,000	36,538	35,428
	US ACUTE CARE SOLUTIONS	Bonds	03/01/2026	6.3750%	295,000	295,000	304,824
	US FOODS INC	Bonds	02/15/2029	4.7500%	770,000	772,200	785,400
	US FOODS INC	Bonds	04/15/2025	6.2500%	830,000	873,081	880,838
	USA COM PART/USA	Notes	04/01/2026	6.8750%	240,000	246,120	251,400
	USA COM PART/USA	Notes	09/01/2027	6.8750%	865,000	877,338	924,062
	VERIZON COMMUNICATIONS	Notes	11/01/2034	4.400%	525,000	521,199	626,236
	VERIZON COMMUNICATIONS	Notes	11/20/2040	2.650%	135,000	134,874	130,040
	VERIZON COMMUNICATIONS	Notes	03/22/2061	3.700%	135,000	133,635	144,728
	VERIZON COMMUNICATIONS	Notes	05/15/2025	VAR%	235,000	235,000	242,231
	VERIZON COMMUNICATIONS	Notes	03/22/2030	03.150%	778,000	775,612	839,618
	VERIZON COMMUNICATIONS	Notes	12/03/2029	04.016%	765,000	888,280	876,973
	VERSCEND HOLDING (8/18)	N/A	N/A	N/A	210,190	210,190	210,190
	VERTICAL HOLDCO	Notes	07/15/2028	7.625%	210,000	210,000	227,588
	VERTICAL US NEWCO INC	Bonds	07/15/2027	5.250%	700,000	710,500	737,625
	VICI PROPERTIES	Bonds	12/01/2026	4.250%	290,000	301,043	301,664
	VINE ENERGY HOLDINGS LLC	Bonds	04/15/2029	6.750%	940,000	938,825	990,262
	VIRGIN MEDIA FINANCE PLC	Notes	07/15/2030	5.000%	415,000	417,050	417,075
	VIRGINIA ELEC & POWER CO	Bonds	08/15/2043	4.650%	170,000	169,918	215,784
	VISTRA OPERATIONS CO LLC	Bonds	05/01/2029	4.375%	525,000	525,000	527,625
	VISTRA OPERATIONS CO LLC	Bonds	07/31/2027	5.000%	255,000	260,738	261,375
	VIZIENT INC	Bonds	05/15/2027	6.250%	475,000	483,499	500,531
	VM CONSOLIDATED INC	Bonds	04/15/2029	5.500%	825,000	825,000	839,438
	VMED 02 UK FINAN	Notes	07/15/2031	4.750%	830,000	830,000	842,450
	VOLKSWAGEN GROUP AMERICA	Bonds	11/22/2023	0.875%	285,000	284,573	285,718
	VOLKSWAGEN GROUP AMERICA	Bonds	05/13/2022	2.900%	390,000	389,789	398,268
	VORNADO REALTY LP	Notes	06/01/2026	2.150%	217,000	216,695	220,010
	VRX ESCROW CORP	Notes	04/15/2025	6.125%	2,583,000	2,578,349	2,647,575
	WALGREENS BOOTS ALLIANCE	Notes	11/18/2021	3.300%	205,000	204,440	206,265
	WALMART INC	Notes	06/28/2038	3.950%	115,000	113,807	138,628
	WALT DISNEY COMPANY/THE	Notes	03/23/2040	4.625%	205,000	232,518	261,291
	WALT DISNEY COMPANY/THE	Notes	03/23/2050	4.700%	115,000	114,213	153,850
	WATCO COS LLC/FINANCE CO	Bonds	06/15/2027	6.500%	490,000	497,763	524,300
	WEC ENERGY GROUP INC	Notes	03/15/2024	0.800%	225,000	224,908	225,536
	WELLS FARGO & COMPANY	Notes	06/17/2027	VAR%	415,000	415,000	448,076
	WELLS FARGO & COMPANY	Bonds	04/04/2031	VAR%	565,000	565,000	668,491
	WELLS FARGO & COMPANY	Notes	10/30/2025	VAR%	280,000	280,000	293,040
	WELLS FARGO & COMPANY	Notes	04/30/2026	VAR%	380,000	380,000	394,812
	WELLS FARGO & COMPANY	Notes	06/02/2028	VAR%	1,042,000	1,042,000	1,081,231
	WELLS FARGO & COMPANY	Notes	10/30/2025	VAR%	970,000	970,000	1,015,173
	WESTERN MIDSTREAM OPERAT	Notes	02/01/2030	4.050%	1,200,000	1,047,254	1,344,000
	WHITE CAP BUYER LLC	Bonds	10/15/2028	6.875%	590,000	614,150	631,448
	WISCONSIN ELECTRIC POWER	Bonds	06/15/2028	1.700%	75,000	74,985	75,289
	WYNDHAM HOTELS & RESORTS	Bonds	08/15/2028	4.375%	730,000	733,750	756,718
	WYNN LAS VEGAS LLC	Bonds	03/01/2025	5.500%	1,721,000	1,750,037	1,853,252
	XHR LP	Bonds	06/01/2029	4.875%	290,000	290,000	299,425
	YUM BRANDS INC	Notes	01/31/2032	4.625%	1,250,000	1,250,000	1,312,500
	UNIV OF VIRGINIA VA UNIV REVEN REF REV	Bonds	09/01/2050	2.260%	130,000	130,052	122,628
	Total corporate bonds and notes					376,608,221	389,516,906
<u>Foreign bonds</u>							
	AUSTRALIAN GOVERNMENT	Bonds	07/15/2022	5.750%	1,950,000	1,519,240	1,549,611
	BANK OF NOVA SCOTIA	Notes	09/15/2023	VAR%	1,705,000	1,705,421	1,707,148
	MALAYSIA GOVERNMENT	Bonds	03/10/2022	3.882%	2,810,000	679,410	722,016
	MALAYSIA GOVERNMENT	Bonds	09/15/2025	3.955%	1,370,000	316,742	348,306
	MALAYSIA GOVERNMENT	Bonds	11/16/2027	3.899%	2,585,000	3,871,202	656,008
	MALAYSIA GOVERNMENT	Bonds	9/30/2021	4.048%	4,750,000	1,364,158	1,150,478
	MALAYSIA GOVERNMENT	Bonds	03/15/2023	3.480%	3,185,000	985,893	786,884
	MEX BONOS	Bonds	11/18/2038	8.500%	408,000	3,413,031	2,252,976
	MEX BONOS	Bonds	11/07/2047	8.000%	166,000	975,204	874,820
	MEX BONOS	Bonds	05/31/2029	8.500%	344,000	3,158,942	1,895,440
	MEX BONOS	Bonds	11/13/2042	7.750%	508,000	-	2,611,120
	NEW SOUTH WALES TREASURY	Bonds	04/20/2023	4.000%	500,000	410,579	401,239
	NOTA DO TESOURO NACIONAL	Notes	01/01/2023	10.000%	8,760	3,652,338	1,815,217
	QUEENSLAND TREASURY CORP	Bonds	07/21/2023	4.250%	1,005,000	855,578	816,483
	REPUBLIC OF SOUTH AFRICA	Bonds	02/28/2041	6.500%	29,350,000	2,531,562	1,380,354

**PLUMBERS AND PIPEFITTERS NATIONAL
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(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	REPUBLIC OF SOUTH AFRICA	Bonds	02/28/2048	8.750%	28,970,000	\$ 2,087,618	\$ 1,717,101
	WESTERN AUSTRALIA TREASURY CORP	Bonds	10/16/2023	6.000%	1,000,000	882,002	849,650
	Total foreign bonds					<u>28,408,920</u>	<u>21,534,851</u>
<u>Common and preferred stocks</u>							
	2U INC	Equity	N/A	N/A	34,113	1,263,886	1,421,489
	2U INC	Equity	N/A	N/A	38,310	1,558,776	1,596,378
	89BIO INC	Equity	N/A	N/A	9,940	202,613	185,878
	8X8 INC	Equity	N/A	N/A	33,544	679,755	931,181
	AALBERTS INDUSTRIES NV	Equity	N/A	N/A	43,101	1,275,966	2,316,164
	AARONS COMPANY INC	Equity	N/A	N/A	42,754	838,980	1,367,700
	ABCAM PLC	Equity	N/A	N/A	87,933	1,747,569	1,674,244
	ACADIA HEALTH CARE CO INC	Equity	N/A	N/A	1,514	65,278	95,004
	ACADIA REALTY TRUST REIT	Equity	N/A	N/A	64,205	1,258,357	1,409,942
	ACCOLADE INC	Equity	N/A	N/A	18,071	697,907	981,436
	ACI WORLDWIDE INC	Equity	N/A	N/A	20,132	685,687	747,702
	ACLARIS THERAPEUTICS INC	Equity	N/A	N/A	17,110	305,670	300,452
	ACUITY BRANDS INC	Equity	N/A	N/A	606	73,217	113,340
	ADAPTHEALTH CORP	Equity	N/A	N/A	48,190	1,457,397	1,320,888
	ADAPTIVE BIOTECHNOLOGIES	Equity	N/A	N/A	203	8,203	8,295
	ADIDAS AG	Equity	N/A	N/A	8,908	1,280,623	3,338,718
	ADOBE INC	Equity	N/A	N/A	22,215	1,757,697	13,009,993
	ADT INC	Equity	N/A	N/A	2,740	22,987	29,565
	ADVANCED AUTO PARTS WI	Equity	N/A	N/A	1,121	171,186	229,962
	ADVANCED ENERGY INDS INC	Equity	N/A	N/A	9,319	512,120	1,050,344
	ADVANCED MICRO DEVICES INC	Equity	N/A	N/A	29,981	1,847,325	2,816,115
	ADYEN NV	Equity	N/A	N/A	3,916	2,935,087	9,666,646
	AECOM	Equity	N/A	N/A	23,691	827,944	1,500,114
	AECOM	Equity	N/A	N/A	2,395	123,098	151,651
	AEROJET ROCKETDYNE HLDGS INC	Equity	N/A	N/A	8,721	355,798	421,137
	AEROVIRONMENT INC	Equity	N/A	N/A	1,324	141,222	132,599
	AES CORP	Equity	N/A	N/A	11,328	238,484	295,321
	AFFILIATED MANAGERS GROUP INC	Equity	N/A	N/A	711	67,817	109,643
	AFLAC INC	Equity	N/A	N/A	11,511	624,092	617,680
	AGCO CORP	Equity	N/A	N/A	964	86,439	125,686
	AGILENT TECHNOLOGIES (IPO)	Equity	N/A	N/A	543	62,712	80,261
	AGILON HEALTH INC	Equity	N/A	N/A	52	2,049	2,110
	AGNC INVT CORP	Equity	N/A	N/A	8,976	139,239	151,605
	AGREE RLTY CORP	Equity	N/A	N/A	17,551	1,111,613	1,237,170
	AIA GROUP LTD	Equity	N/A	N/A	440,100	1,633,691	5,470,443
	AIR LEASE CORP	Equity	N/A	N/A	1,838	76,224	76,718
	AIRBNB INC	Equity	N/A	N/A	30,872	4,283,455	4,727,738
	AKAMAI TECHNOLOGIES	Equity	N/A	N/A	2,755	315,791	321,233
	AKERO THERAPEUTICS INC	Equity	N/A	N/A	13,473	435,701	334,265
	AKZO NOBEL	Equity	N/A	N/A	23,756	1,576,589	2,935,169
	ALAMO GROUP INC	Equity	N/A	N/A	10,411	721,963	1,589,551
	ALAPIS HOLDING	Equity	N/A	N/A	357	-	357
	ALARM.COM HOLDINGS INC	Equity	N/A	N/A	28,817	1,575,784	2,440,800
	ALASKA AIR GROUP INC	Equity	N/A	N/A	2,095	146,508	126,349
	ALBANY INTERNATIONAL CORP	Equity	N/A	N/A	12,414	647,087	1,108,074
	ALBANY INTERNATIONAL CORP	Equity	N/A	N/A	3,011	164,275	268,762
	ALBEMARLE CORP	Equity	N/A	N/A	1,992	283,760	335,572
	ALBERTSONS COS INC - CLASS A	Equity	N/A	N/A	2,657	49,026	52,237
	ALCOA CORP	Equity	N/A	N/A	3,199	114,518	117,851
	ALCON INC	Equity	N/A	N/A	30,143	1,338,947	2,117,847
	ALEXANDRIA REAL ESTATE EQUITIES INC	Equity	N/A	N/A	2,506	431,482	455,942
	ALEXION PHARMACEUTICALS INC	Equity	N/A	N/A	3,788	463,734	695,893

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

JUNE 30, 2021

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares						
(b) Identity of issuer, borrower, lessor or similar party		Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
(a)								
	ALIBABA GROUP HOLDING	Equity	N/A	N/A	16,894	\$ 1,892,728	\$	3,831,221
	ALIBABA GROUP HOLDING LTD	Equity	N/A	N/A	13,052	1,615,797		2,959,933
	ALIGN TECHNOLOGY INC	Equity	N/A	N/A	799	394,668		488,189
	ALIGOS THERAPEUTICS INC	Equity	N/A	N/A	5,800	87,000		118,233
	ALLAKOS INC	Equity	N/A	N/A	6,970	609,483		595,029
	ALLEGHANY CORP DEL	Equity	N/A	N/A	206	124,219		137,416
	ALLEGHENY TECHNOLOGIES INC	Equity	N/A	N/A	22,301	392,425		464,976
	ALLEGION PLC	Equity	N/A	N/A	368	41,576		51,262
	ALLETE INC	Equity	N/A	N/A	18,198	803,192		1,273,496
	ALLETE INC	Equity	N/A	N/A	8,348	519,986		584,193
	ALLIANCE DATA SYSTEMS CORP.	Equity	N/A	N/A	852	163,588		88,770
	ALLIANT ENERGY CORP	Equity	N/A	N/A	4,285	227,343		238,932
	ALLIANZ SE	Equity	N/A	N/A	12,048	2,104,565		3,074,770
	ALLISON TRANSMISSION HOLDING	Equity	N/A	N/A	449	18,479		17,843
	ALLSCRIPTS HEALTHCARE SOLUTIONS INC	Equity	N/A	N/A	86,823	1,107,780		1,607,094
	ALLSCRIPTS HEALTHCARE SOLUTIONS INC	Equity	N/A	N/A	61,045	750,611		1,129,943
	ALLY FINANCIAL INC	Equity	N/A	N/A	6,347	133,127		316,334
	ALPHA METALLURGICAL RESOURCE	Equity	N/A	N/A	6,913	101,975		177,180
	ALPHA TEKNOVA INC	Equity	N/A	N/A	26,200	552,362		621,726
	ALPHABET INC	Equity	N/A	N/A	4,830	2,999,340		11,793,846
	ALPHABET INC	Equity	N/A	N/A	7,036	5,176,164		17,634,468
	ALPHABET INC	Equity	N/A	N/A	2,339	1,479,556		5,711,347
	ALPHABET INC	Equity	N/A	N/A	12,501	14,139,840		31,331,506
	ALSTOM	Equity	N/A	N/A	49,336	1,755,959		2,558,072
	ALTA EQUIP GROUP INC	Equity	N/A	N/A	55,912	535,496		743,070
	ALTICE USA INC- A	Equity	N/A	N/A	1,100	38,324		37,554
	ALTRA INDUSTRIAL MOTION CORP	Equity	N/A	N/A	28,665	1,056,568		1,863,798
	ALTRA INDUSTRIAL MOTION CORP	Equity	N/A	N/A	4,031	162,708		262,096
	ALX ONCOLOGY HOLDINGS INC	Equity	N/A	N/A	9,903	365,303		541,496
	AMAZON COM INC	Equity	N/A	N/A	8,588	8,357,440		29,544,094
	AMAZON COM INC	Equity	N/A	N/A	12,371	7,815,892		42,558,219
	AMCOR PLC	Equity	N/A	N/A	26,405	300,933		302,601
	AMDOCS LIMITED	Equity	N/A	N/A	2,213	148,190		171,198
	AMEDISYS INC	Equity	N/A	N/A	10,362	2,906,303		2,537,965
	AMEDISYS INC	Equity	N/A	N/A	64	15,981		15,676
	AMERANT BANCORP INC	Equity	N/A	N/A	73,092	1,513,577		1,562,707
	AMERCO	Equity	N/A	N/A	154	66,497		90,768
	AMEREN CORP	Equity	N/A	N/A	4,361	338,619		349,054
	AMERICAN AIRLINES GROUP INC	Equity	N/A	N/A	10,937	199,699		231,974
	AMERICAN CAMPUS CMNTYS INC	Equity	N/A	N/A	2,353	101,372		109,932
	AMERICAN EAGLE OUTFITTERS INC	Equity	N/A	N/A	33,769	530,732		1,267,351
	AMERICAN FINL GROUP INC OHIO	Equity	N/A	N/A	1,161	89,599		144,800
	AMERICAN HOMES 4 RENT	Equity	N/A	N/A	4,760	142,443		184,926
	AMERICAN VANGUARD CORP	Equity	N/A	N/A	31,809	662,585		556,976
	AMERICAN WATER WORKS CO INC	Equity	N/A	N/A	3,112	466,629		479,653
	AMERICAN WOODMARK CORP	Equity	N/A	N/A	5,818	439,304		475,272
	AMERICAN WOODMARK CORP	Equity	N/A	N/A	967	80,899		78,994
	AMERICOLD REALTY TRUST	Equity	N/A	N/A	34,334	1,084,558		1,299,542
	AMERICOLD REALTY TRUST	Equity	N/A	N/A	4,325	152,776		163,701
	AMERIPRISE FINANCIAL INC	Equity	N/A	N/A	881	61,057		219,263
	AMERIS BANCORP	Equity	N/A	N/A	31,990	1,011,449		1,619,654
	AMERISOURCEBERGEN CORP	Equity	N/A	N/A	2,517	273,129		288,171
	AMETEK INC NEW	Equity	N/A	N/A	3,951	464,160		527,459
	AMICUS THERAPEUTICS INC	Equity	N/A	N/A	65,883	760,449		635,112
	AMN HEALTHCARE SERVICES	Equity	N/A	N/A	4,784	223,558		463,952
	AMN HEALTHCARE SERVICES	Equity	N/A	N/A	15,872	1,187,243		1,539,267
	AMPHENOL CORP NEW CL A	Equity	N/A	N/A	2,892	191,549		197,842
	AMUNDI SA	Equity	N/A	N/A	19,713	69,321		1,737,904
	ANNALY CAPITAL MGMT INC	Equity	N/A	N/A	23,963	266,441		212,791
	ANSYS INC	Equity	N/A	N/A	10,373	3,756,315		3,600,053
	ANSYS INC	Equity	N/A	N/A	872	299,498		302,636
	ANT INTERNATIONAL CO	Equity	N/A	N/A	117,268	657,873		657,873
	ANTERO MIDSTREAM CORP	Equity	N/A	N/A	5,725	45,680		59,483

**PLUMBERS AND PIPEFITTERS NATIONAL
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EIN: 52-6152779
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(a)		Description	Maturity date	Rate of interest	Par/Maturity value or shares		
	ANTHEM INC	Equity	N/A	N/A	5,778	\$ 1,566,982	\$ 2,206,040
	ANTOFAGAST A PLC	Equity	N/A	N/A	102,050	844,108	2,059,879
	APA CORP	Equity	N/A	N/A	6,480	85,757	140,162
	APARTMENT INCOME REIT CO	Equity	N/A	N/A	2,675	102,841	126,875
	APELLIS PHARMACEUTICALS INC	Equity	N/A	N/A	23,867	724,550	1,508,394
	APPLE INC	Equity	N/A	N/A	142,641	3,729,247	19,536,111
	APPLE INC	Equity	N/A	N/A	127,818	9,515,960	17,505,953
	APRIA INC	Equity	N/A	N/A	16,066	323,684	449,848
	APTARGROUP INC	Equity	N/A	N/A	1,126	145,319	158,586
	APTIV PLC	Equity	N/A	N/A	2,488	317,262	391,437
	APTIV PLC	Equity	N/A	N/A	3,778	465,443	594,393
	ARAMARK	Equity	N/A	N/A	3,925	149,111	146,206
	ARCH CAPITAL GROUP LTD	Equity	N/A	N/A	5,067	165,436	197,309
	ARCHER DANIELS MIDLAND CO	Equity	N/A	N/A	9,544	480,066	578,366
	ARCOSA INC	Equity	N/A	N/A	28,745	972,398	1,688,481
	ARDAGH GROUP	Equity	N/A	N/A	299	5,726	7,331
	ARENA PHARMACEUTICALS INC	Equity	N/A	N/A	11,607	615,293	791,597
	ARES ACQUISITION CORP	Equity	N/A	N/A	39,021	390,210	390,210
	ARES MANAGEMENT CORP	Equity	N/A	N/A	285	17,871	18,123
	ARISTA NETWORKS INC	Equity	N/A	N/A	109	29,806	39,492
	ARMSTRONG WORLD INDUSTRIE	Equity	N/A	N/A	8,611	467,276	923,616
	ARMSTRONG WORLD INDUSTRIES	Equity	N/A	N/A	421	33,896	45,156
	ARROW ELECTRONICS INC	Equity	N/A	N/A	1,257	106,500	143,084
	ARROWHEAD PHARMACEUTICALS INC	Equity	N/A	N/A	4,584	316,962	379,647
	ARTISAN PARTNERS	Equity	N/A	N/A	20,746	827,019	1,054,312
	ARVINAS INC	Equity	N/A	N/A	6,674	491,853	513,898
	ASANA INC	Equity	N/A	N/A	10,293	262,166	638,475
	ASHLAND GLOBAL HOLDINGS INC	Equity	N/A	N/A	8,072	517,106	706,300
	ASHLAND GLOBAL HOLDINGS INC	Equity	N/A	N/A	943	59,105	82,513
	ASML HOLDING	Equity	N/A	N/A	11,134	821,670	7,881,981
	ASML HOLDING	Equity	N/A	N/A	4,529	2,950,496	3,128,814
	ASPEN TECHNOLOGY INC	Equity	N/A	N/A	8,111	1,246,516	1,115,587
	ASSA ABLOY	Equity	N/A	N/A	110,253	1,769,057	3,402,408
	ASSURANT INC	Equity	N/A	N/A	1,035	103,506	161,646
	ASSURED GUARANTY LTD	Equity	N/A	N/A	5,218	112,506	247,751
	ASSURED GUARANTY LTD	Equity	N/A	N/A	1,245	37,810	59,113
	ASTRAZENECA PLC	Equity	N/A	N/A	44,350	5,057,860	5,380,542
	ASTRAZENECA PLC	Equity	N/A	N/A	15,300	800,824	916,470
	ATEA PHARMACEUTICALS INC	Equity	N/A	N/A	17,609	448,835	378,241
	ATHENE HOLDING LTD	Equity	N/A	N/A	1,978	88,140	133,515
	ATKORE INTERNATIONAL GROUP I	Equity	N/A	N/A	13,937	584,570	989,527
	ATLANTIC CAPITAL BANCSHARES	Equity	N/A	N/A	18,227	411,919	464,059
	ATLANTIC UNION BANKSHARES CORP	Equity	N/A	N/A	38,073	891,850	1,379,004
	ATLANTIC UNION BANKSHARES CORP	Equity	N/A	N/A	15,428	471,765	558,802
	ATLASSIAN CORP PLC	Equity	N/A	N/A	21,556	4,366,519	5,536,874
	ATLASSIAN CORP PLC	Equity	N/A	N/A	4,247	728,058	1,090,884
	ATMOS ENERGY CORP	Equity	N/A	N/A	2,215	215,257	212,884
	AUTOMATIC DATA PROCESSING INC	Equity	N/A	N/A	200	35,249	39,724
	AUTONATION INC	Equity	N/A	N/A	869	58,683	82,390
	AUTOZONE INC	Equity	N/A	N/A	297	387,926	443,189
	AVALARA INC	Equity	N/A	N/A	15,670	2,144,318	2,535,406
	AVALONBAY COMMUNITIES INC REIT	Equity	N/A	N/A	2,389	334,190	498,560
	AVANGRID INC	Equity	N/A	N/A	975	45,328	50,144
	AVANOS MEDICAL INC	Equity	N/A	N/A	13,755	521,562	500,269
	AVEANNA HEALTHCARE HOLDINGS	Equity	N/A	N/A	71,900	862,800	889,403
	VERY DENNISON CORP	Equity	N/A	N/A	3,600	660,619	756,864
	VERY DENNISON CORP	Equity	N/A	N/A	666	102,774	140,020
	AVIDITY BIOSCIENCES INC	Equity	N/A	N/A	6,786	142,796	167,682
	AVIENT CORPORATION	Equity	N/A	N/A	16,374	450,007	804,946
	AVNET INC	Equity	N/A	N/A	1,696	55,784	67,976
	AXALTA COATING SYSTEMS LTD	Equity	N/A	N/A	2,942	85,357	89,702
	AXCELIS TECHNOLOGIES INC	Equity	N/A	N/A	21,899	562,255	885,158
	AXIS CAPITAL HOLDINGS LTD	Equity	N/A	N/A	1,326	62,628	64,987

**PLUMBERS AND PIPEFITTERS NATIONAL
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(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	AZEK CO INC/THE	Equity	N/A	N/A	850	\$ 32,300	\$ 36,091
	AZENTA INC	Equity	N/A	N/A	221	20,833	21,057
	AZZ INC	Equity	N/A	N/A	8,356	384,315	432,674
	AZZ INC	Equity	N/A	N/A	8,600	465,790	445,308
	B3 SA BRASIL BOLSA BALCAO	Equity	N/A	N/A	319,350	1,064,266	1,075,456
	BAKER HUGHES COMPANY	Equity	N/A	N/A	12,629	277,302	288,825
	BALL CORPORATION	Equity	N/A	N/A	3,880	325,675	314,358
	BANC OF CALIFORNIA INC	Equity	N/A	N/A	70,126	1,370,471	1,230,010
	BANCO BILBAO VIZCAYA ARGENTA	Equity	N/A	N/A	652,652	3,209,427	4,046,442
	BANCORPSOUTH	Equity	N/A	N/A	35,740	585,454	1,012,514
	BANDWIDTH INC	Equity	N/A	N/A	9,370	650,960	1,292,310
	BANK CENTRAL ASIA	Equity	N/A	N/A	615,500	629,156	1,278,750
	BANK OF HAWAII CORPORATION	Equity	N/A	N/A	683	54,315	57,522
	BANK OZK	Equity	N/A	N/A	2,106	64,101	88,789
	BARCLAYS PLC	Equity	N/A	N/A	1,142,415	2,327,384	2,684,675
	BAYERISCHE MOTORENWERKE AG	Equity	N/A	N/A	31,662	931,877	3,356,172
	BERRY GLOBAL GROUP INC	Equity	N/A	N/A	2,314	135,404	150,919
	BEST BUY CO INC	Equity	N/A	N/A	3,299	134,310	379,319
	BEYOND MEAT INC	Equity	N/A	N/A	121	16,813	19,056
	BIO RAD LABORATORIES INC CLASS A	Equity	N/A	N/A	363	204,928	233,877
	BIOATLA INC	Equity	N/A	N/A	7,541	211,473	319,588
	BIOMARIN PHARMACEUTICAL INC	Equity	N/A	N/A	3,125	263,295	260,750
	BIO-TECHNE CORP	Equity	N/A	N/A	7,794	3,154,255	3,509,326
	BLACK KNIGHT INC-WHEN ISSUED	Equity	N/A	N/A	2,604	203,804	203,060
	BLACKLINE INC	Equity	N/A	N/A	20,130	2,277,497	2,239,865
	BLOCK H & R INC	Equity	N/A	N/A	606	10,714	14,229
	BLOOMIN BRANDS INC	Equity	N/A	N/A	45,098	888,432	1,223,960
	BLUEPRINT MEDICINES CORP	Equity	N/A	N/A	9,043	783,851	795,422
	BOC HONG KONG HOLDINGS LTD	Equity	N/A	N/A	910,000	2,946,171	3,088,294
	BOISE CASCADE CO	Equity	N/A	N/A	11,891	310,522	693,840
	BOK FINL CORP NEW	Equity	N/A	N/A	521	36,784	45,119
	BOOKING HOLDINGS INC	Equity	N/A	N/A	1,182	1,861,733	2,586,322
	BOOT BARN HOLDINGS INC	Equity	N/A	N/A	10,985	465,897	923,289
	BORG WARNER INC.	Equity	N/A	N/A	4,103	212,230	199,160
	BOSTON PPTYS INC REIT	Equity	N/A	N/A	2,674	276,994	306,414
	BOYD GAMING CORP	Equity	N/A	N/A	24,449	1,426,939	1,503,369
	BOYD GAMING CORP	Equity	N/A	N/A	1,107	67,590	68,069
	BRAZILIAN REAL CURRENCY (BRL)	Equity	N/A	N/A	15	3	3
	BRIDGESTONE	Equity	N/A	N/A	86,500	2,470,910	3,935,356
	BRIGHAM MINERALS INC	Equity	N/A	N/A	18,037	348,340	384,008
	BRIGHT HORIZONS FAMILY SOLUT	Equity	N/A	N/A	210	34,823	30,893
	BRIGHTHOUSE FINANCIAL INC-WI	Equity	N/A	N/A	1,474	53,601	67,126
	BRITISH POUNDS CURRENCY (GBP)	Equity	N/A	N/A	56,708	335,642	334,918
	BRIXMOR PROPERTY GROUP INC	Equity	N/A	N/A	5,087	92,574	116,441
	BROADRIDGE FINANCIAL SOL W/I	Equity	N/A	N/A	183	29,405	29,560
	BROOKFIELD RENEWABLE COR	Equity	N/A	N/A	1,639	66,097	68,740
	BROWN & BROWN INC	Equity	N/A	N/A	3,786	169,228	201,188
	BROWN FORMAN CORP CL A	Equity	N/A	N/A	393	28,879	27,707
	BROWN FORMAN CORP CLASS B	Equity	N/A	N/A	1,585	121,363	118,780
	BRUNSWICK CORP	Equity	N/A	N/A	15,572	736,736	1,551,283
	BRUNSWICK CORP	Equity	N/A	N/A	1,162	73,604	115,758
	BRYN MAWR BANK CORP	Equity	N/A	N/A	30,278	910,409	1,277,429
	BUILDERS FIRSTSOURCE INC	Equity	N/A	N/A	65,710	2,544,181	2,803,189
	BUILDERS FIRSTSOURCE INC	Equity	N/A	N/A	3,511	158,724	149,779
	BUNGE LIMITED	Equity	N/A	N/A	2,354	144,414	183,965
	BUNZL PLC	Equity	N/A	N/A	53,422	1,480,501	1,765,436
	BURBERRY GROUP PLC	Equity	N/A	N/A	115,749	1,071,097	3,307,983
	BURLINGTON STORES INC	Equity	N/A	N/A	66	15,240	21,251
	BWX TECHNOLOGIES INC	Equity	N/A	N/A	16,221	798,539	942,765
	BWX TECHNOLOGIES INC	Equity	N/A	N/A	402	23,313	23,364
	C.H.ROBINSON WORLDWIDE INC	Equity	N/A	N/A	1,816	168,472	170,105
	C3.AI INC-A	Equity	N/A	N/A	231	15,326	14,444
	CABLE ONE INC	Equity	N/A	N/A	44	83,753	84,164

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						Cost	Current value
	CABOT CORP	Equity	N/A	N/A	17,056	\$ 728,392	\$ 970,998
	CACI INTL INC CL A	Equity	N/A	N/A	398	98,149	101,538
	CACTUS INC	Equity	N/A	N/A	8,257	202,194	303,197
	CAESARS ENTMT INC	Equity	N/A	N/A	26,345	2,450,020	2,733,294
	CAESARS ENTMT INC	Equity	N/A	N/A	1,295	132,640	134,356
	CAMDEN PROPERTY REIT	Equity	N/A	N/A	1,617	163,579	214,527
	CAMPBELL SOUP CO	Equity	N/A	N/A	3,343	157,302	152,407
	CANADIAN NATL RAILWAY CO	Equity	N/A	N/A	30,613	2,595,773	3,230,284
	CANNAE HOLDINGS INC	Equity	N/A	N/A	30,842	630,627	1,045,852
	CAPRI HLDGS LTD	Equity	N/A	N/A	2,530	123,045	144,691
	CARDINAL HEALTH INC	Equity	N/A	N/A	2,035	116,558	116,178
	CARDIOVASCULAR SYS INC	Equity	N/A	N/A	36,255	1,581,450	1,546,276
	CARDLYTICS INC	Equity	N/A	N/A	21,289	995,253	2,702,213
	CARGURUS INC	Equity	N/A	N/A	43,627	1,279,639	1,144,336
	CARLISLE COMPANIES INC	Equity	N/A	N/A	543	73,844	103,919
	CARLYLE GROUP INC	Equity	N/A	N/A	2,781	98,886	129,261
	CARMAX INC	Equity	N/A	N/A	2,554	246,600	329,849
	CARNIVAL CORP	Equity	N/A	N/A	14,596	368,018	384,751
	CARRIER GLOBAL CORP	Equity	N/A	N/A	7,930	294,502	385,398
	CARTER'S INC	Equity	N/A	N/A	739	69,090	76,243
	CARVANA CO	Equity	N/A	N/A	15,960	4,408,318	4,817,047
	CARVANA CO	Equity	N/A	N/A	5,752	1,359,937	1,736,069
	CASEY'S GENERAL STORES INC	Equity	N/A	N/A	633	120,637	123,207
	CATALENT INC	Equity	N/A	N/A	7,250	196,871	783,870
	CATALENT INC	Equity	N/A	N/A	2,129	200,773	230,187
	CAVCO INDUSTRIES INC	Equity	N/A	N/A	9,226	1,606,582	2,049,925
	CBOE GLOBAL MARKETS INC	Equity	N/A	N/A	1,822	180,897	216,909
	CBRE GROUP INC	Equity	N/A	N/A	5,419	355,337	464,571
	CDK GLOBAL INC	Equity	N/A	N/A	1,764	87,235	87,653
	CELANESE CORP	Equity	N/A	N/A	1,228	67,451	186,165
	CELLEX THERAPEUTICS INC	Equity	N/A	N/A	8,486	231,983	283,772
	CELLNEX TELECOM	Equity	N/A	N/A	29,033	1,767,494	1,862,496
	CELSIUS HOLDINGS INC	Equity	N/A	N/A	19,880	915,181	1,512,669
	CENTENE CORP	Equity	N/A	N/A	16,995	1,063,997	1,239,445
	CENTERPOINT ENERGY INC	Equity	N/A	N/A	9,955	231,796	244,097
	CENTURY COMMUNITIES INC	Equity	N/A	N/A	43,449	1,653,943	2,891,096
	CERIDIAN HCM HOLDING INC	Equity	N/A	N/A	2,213	216,273	212,271
	CERNER CORP	Equity	N/A	N/A	5,166	405,250	403,775
	CERTARA INC	Equity	N/A	N/A	247	7,379	6,998
	CF INDUSTRIES HOLDINGS INC	Equity	N/A	N/A	3,663	141,741	188,461
	CHAMPIONX CORPORATION	Equity	N/A	N/A	87,295	1,843,254	2,239,117
	CHAMPIONX CORPORATION	Equity	N/A	N/A	7,095	71,984	181,987
	CHANGE HEALTHCARE INC	Equity	N/A	N/A	4,226	92,590	97,367
	CHARGEPOINT HLDGS INC	Equity	N/A	N/A	2,143	67,865	74,448
	CHARLES RIV LABORATORIES INTL	Equity	N/A	N/A	5,804	1,764,794	2,147,016
	CHARLES RIV LABORATORIES INTL INC	Equity	N/A	N/A	54	12,890	19,976
	CHEFS WAREHOUSE HOLDINGS INC	Equity	N/A	N/A	77,641	2,049,285	2,471,313
	CHEGG INC	Equity	N/A	N/A	572	47,445	47,539
	CHEMED CORP	Equity	N/A	N/A	3,238	1,499,741	1,536,431
	CHEMED CORP	Equity	N/A	N/A	197	96,318	93,477
	CHEMOURS CO/THE - W/I	Equity	N/A	N/A	1,366	36,022	47,537
	CHESAPEAKE ENERGY CORP	Equity	N/A	N/A	11,525	577,322	598,378
	CHINA MENGNIU DAIRY CO	Equity	N/A	N/A	247,600	711,953	1,497,059
	CHIPOTLE MEXICAN GRIL	Equity	N/A	N/A	3,152	2,146,557	4,886,672
	CHIPOTLE MEXICAN GRIL	Equity	N/A	N/A	1,690	1,718,346	2,620,075
	CHOCOLADEFABRIKEN LINDT	Equity	N/A	N/A	289	1,430,660	2,875,941
	CHUBB LTD	Equity	N/A	N/A	384	62,989	61,033
	CHURCH & DWIGHT INC	Equity	N/A	N/A	3,983	335,470	339,431
	CHURCHILL DOWNS INC	Equity	N/A	N/A	6,088	100,709	1,207,007
	CIE FINANCIERE RICHEMONT	Equity	N/A	N/A	26,377	1,684,143	3,191,467
	CIENA CORP	Equity	N/A	N/A	2,641	127,254	150,246
	CIGNA CORP	Equity	N/A	N/A	16,196	3,010,718	3,839,586
	CIMAREX ENERGY CO	Equity	N/A	N/A	9,935	271,457	719,791

**PLUMBERS AND PIPEFITTERS NATIONAL
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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value
	CIMAREX ENERGY CO	Equity	N/A	N/A	1,377	\$ 51,938	\$ 99,764
	CINCINNATI FINANCIAL CORP	Equity	N/A	N/A	2,567	208,735	299,364
	CINEMARK HOLDINGS INC	Equity	N/A	N/A	81,057	1,299,396	1,779,201
	CINTAS CORP	Equity	N/A	N/A	1,198	307,158	457,636
	CINTAS CORP	Equity	N/A	N/A	96	34,293	36,672
	CIRRUS LOGIC INC	Equity	N/A	N/A	995	83,471	84,694
	CITIZENS FINANCIAL GROUP	Equity	N/A	N/A	5,987	233,683	274,624
	CITRIX SYSTEMS INC	Equity	N/A	N/A	1,367	178,813	160,308
	CLARIVATE PLC	Equity	N/A	N/A	7,061	190,566	194,389
	CLEAN ENERGY FUELS CORP	Equity	N/A	N/A	25,234	335,075	256,125
	CLEAN HARBORS INC	Equity	N/A	N/A	13,004	773,618	1,211,193
	CLEAN HARBORS INC	Equity	N/A	N/A	42,057	2,766,703	3,917,189
	CLEAN HARBORS INC	Equity	N/A	N/A	866	64,930	80,659
	CLEAR SECURE INC	Equity	N/A	N/A	2,600	80,600	114,920
	CLEVELAND-CLIFFS INC	Equity	N/A	N/A	23,846	319,443	514,120
	CLEVELAND-CLIFFS INC	Equity	N/A	N/A	7,804	165,435	168,254
	CLOROX CO	Equity	N/A	N/A	405	81,025	72,864
	CLOUDFLARE INC - CLASS A	Equity	N/A	N/A	246	25,789	26,037
	CMS ENERGY CORP	Equity	N/A	N/A	4,953	297,729	292,623
	CNA FINANCIAL CORP	Equity	N/A	N/A	475	17,230	21,608
	CNX RESOURCES CORP	Equity	N/A	N/A	19,808	147,147	270,577
	COGNEX CORP	Equity	N/A	N/A	19,369	760,433	1,627,964
	COHERENT INC	Equity	N/A	N/A	1,375	210,297	363,468
	COHERENT INC	Equity	N/A	N/A	43	6,271	11,367
	COHU INC	Equity	N/A	N/A	12,322	252,304	453,326
	COLFAX CORP	Equity	N/A	N/A	2,003	77,809	91,757
	COLUMBIA SPORTSWEAR CO	Equity	N/A	N/A	641	57,896	63,049
	COLUMBUS MCKINNON CORP N Y	Equity	N/A	N/A	31,118	992,655	1,501,132
	COMERICA INC	Equity	N/A	N/A	2,388	128,270	170,360
	COMMERCE BANCSHARES INC	Equity	N/A	N/A	1,821	115,971	135,774
	CONAGRA BRANDS INC	Equity	N/A	N/A	8,028	287,385	292,059
	CONCENTRIX CORP	Equity	N/A	N/A	12,800	1,099,034	2,058,240
	CONCENTRIX CORP - WI	Equity	N/A	N/A	722	75,923	116,098
	CONMED CORP	Equity	N/A	N/A	7,382	712,008	1,014,508
	CONSOLIDATED EDISON INC	Equity	N/A	N/A	5,885	441,600	422,072
	CONTINENTAL RESOURCES INC	Equity	N/A	N/A	997	18,478	37,916
	COOPER COS INC NEW	Equity	N/A	N/A	830	290,669	328,904
	COPA HOLDINGS SA CLASS A	Equity	N/A	N/A	539	45,042	40,603
	COPART INC	Equity	N/A	N/A	1,600	201,226	210,928
	CORE MARK HOLDING CO INC	Equity	N/A	N/A	25,648	756,807	1,154,416
	CORESITE REALTY CORP	Equity	N/A	N/A	159	19,707	21,401
	CORNING INC	Equity	N/A	N/A	8,634	324,685	353,131
	CORTEVA INC	Equity	N/A	N/A	12,651	485,721	561,072
	COSTAR GROUP INC	Equity	N/A	N/A	26,340	2,266,930	2,181,479
	COSTAR GROUP INC	Equity	N/A	N/A	20,260	1,177,801	1,677,933
	COSTAR GROUP INC	Equity	N/A	N/A	29,220	2,204,804	2,420,000
	COSTAR GROUP INC	Equity	N/A	N/A	1,500	132,390	124,230
	COSTCO WHOLESALE CORP	Equity	N/A	N/A	11,882	1,779,030	4,701,351
	COTERRA ENERGY INC	Equity	N/A	N/A	5,925	97,211	103,451
	COTY INC-CL A	Equity	N/A	N/A	4,972	37,886	46,438
	COUPA SOFTWARE INC	Equity	N/A	N/A	12,886	2,198,365	3,377,549
	COUPA SOFTWARE INC	Equity	N/A	N/A	3,094	828,970	810,968
	COUPANG INC	Equity	N/A	N/A	1,304	57,393	54,533
	COUSINS PROPERTIES INC	Equity	N/A	N/A	2,549	86,345	93,752
	COVETRUS INC	Equity	N/A	N/A	39,694	873,030	1,071,738
	CRACKER BARREL OLD COUNTRY	Equity	N/A	N/A	3,442	356,315	510,999
	CRANE CO	Equity	N/A	N/A	844	53,157	77,960
	CREDIT ACCEPTANCE CORPORATION	Equity	N/A	N/A	148	49,203	67,208
	CREE INC	Equity	N/A	N/A	1,976	181,994	193,510
	CRINETICS PHARMACEUTICALS	Equity	N/A	N/A	13,579	188,913	255,964
	CROCS INC	Equity	N/A	N/A	22,915	1,479,996	2,670,056
	CRODA INTERNATIONAL PLC	Equity	N/A	N/A	21,969	1,323,224	2,239,111
	CROWDSTRIKE HOLDINGS INC	Equity	N/A	N/A	20,285	4,468,614	5,097,823

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

JUNE 30, 2021

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EIN: 52-6152779
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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	CROWDSTRIKE HOLDINGS INC	Equity	N/A	N/A	1,962	\$ 386,035	\$ 493,070
	CROWN HOLDINGS INC	Equity	N/A	N/A	1,950	191,268	199,310
	CSG SYS INTL INC	Equity	N/A	N/A	19,695	619,305	929,210
	CUBESMART	Equity	N/A	N/A	30,206	345,049	1,399,142
	CUBESMART	Equity	N/A	N/A	3,437	114,912	159,202
	CULLEN FROST BANKERS INC	Equity	N/A	N/A	977	85,975	109,424
	CUMMINS INC	Equity	N/A	N/A	2,504	333,146	610,500
	CURTISS WRIGHT CORP	Equity	N/A	N/A	697	83,225	82,776
	CVB FINANCIAL CORP	Equity	N/A	N/A	44,257	509,147	911,252
	CYRUSONE INC	Equity	N/A	N/A	2,097	145,401	149,977
	CYTOKINETICS INC	Equity	N/A	N/A	11,786	200,963	233,245
	D R HORTON INC	Equity	N/A	N/A	3,347	242,995	302,468
	DAIKIN INDUSTRIES LTD	Equity	N/A	N/A	10,800	1,472,819	1,992,168
	DAIMLER AG ORD	Equity	N/A	N/A	30,517	2,731,286	2,743,478
	DANA INCORPORATED	Equity	N/A	N/A	63,531	910,735	1,509,497
	DANAHER CORP	Equity	N/A	N/A	31,178	4,970,794	8,366,928
	DANAHER CORP	Equity	N/A	N/A	15,239	1,535,030	4,089,538
	DARDEN RESTAURANTS INC	Equity	N/A	N/A	715	80,019	104,383
	DARLING INGREDIENTS INC	Equity	N/A	N/A	13,147	223,129	887,423
	DARLING INGREDIENTS INC	Equity	N/A	N/A	2,622	171,732	176,985
	DASEKE INC	Equity	N/A	N/A	72,099	553,351	467,202
	DATADOG INC	Equity	N/A	N/A	6,200	542,785	645,296
	DATTO HOLDING CORP	Equity	N/A	N/A	408	11,472	11,359
	DAVITA INC	Equity	N/A	N/A	358	21,884	43,114
	DECIPHERA PHARMACEUTICALS	Equity	N/A	N/A	6,508	322,324	238,258
	DECKERS OUTDOOR CORP	Equity	N/A	N/A	6,272	1,286,893	2,408,887
	DECKERS OUTDOOR CORP	Equity	N/A	N/A	413	157,204	158,621
	DENBURY INC	Equity	N/A	N/A	4,477	218,852	343,744
	DENTSPLY SIRONA INC	Equity	N/A	N/A	14,999	941,076	948,837
	DENTSPLY SIRONA INC	Equity	N/A	N/A	3,718	199,722	235,201
	DESIGN THERAPEUTICS INC	Equity	N/A	N/A	5,082	101,640	101,081
	DEVON ENERGY CORP NEW	Equity	N/A	N/A	11,552	207,794	337,203
	DEXCOM INC	Equity	N/A	N/A	9,439	1,800,605	4,030,453
	DIAGEO PLC	Equity	N/A	N/A	97,457	1,946,744	4,758,825
	DIAMOND BACK ENERGY INC	Equity	N/A	N/A	1,627	79,839	152,759
	DICERNA PHARMACEUTICALS INC	Equity	N/A	N/A	16,082	372,141	600,180
	DICK'S SPORTING GOODS INC.	Equity	N/A	N/A	1,081	28,874	108,305
	DIGITAL TURBINE INC	Equity	N/A	N/A	6,319	240,275	480,434
	DIGITALBRIDGE GROUP INC	Equity	N/A	N/A	209,617	1,552,950	1,655,974
	DISCO CORP	Equity	N/A	N/A	7,800	1,757,119	2,406,300
	DISCOVER FINANCIAL W/I	Equity	N/A	N/A	2,349	83,584	277,863
	DISCOVERY INC CLASS A	Equity	N/A	N/A	2,830	81,754	86,824
	DISCOVERY INC CLASS C	Equity	N/A	N/A	5,404	137,649	156,608
	DISH NETWORK CORP CL A	Equity	N/A	N/A	4,256	154,907	177,901
	DISNEY WALT CO	Equity	N/A	N/A	3,768	689,853	662,301
	DIVERSEY HOLDINGS LTD	Equity	N/A	N/A	197	3,428	3,528
	DMC GLOBAL INC	Equity	N/A	N/A	21,532	959,984	1,210,314
	DNB ASA	Equity	N/A	N/A	99,803	509,534	2,210,636
	DOCUSIGN INC	Equity	N/A	N/A	17,404	4,328,856	4,865,636
	DOCUSIGN INC	Equity	N/A	N/A	8,059	1,395,272	2,253,055
	DOLBY LABORATORIES INC CLASS A	Equity	N/A	N/A	1,100	101,670	108,119
	DOLLAR GENERAL CORP	Equity	N/A	N/A	12,233	1,265,211	2,647,099
	DOLLAR TREE INC	Equity	N/A	N/A	3,970	418,324	395,015
	DOMINO'S PIZZA INC.	Equity	N/A	N/A	212	97,086	98,896
	DONALDSON INC	Equity	N/A	N/A	1,893	103,433	120,262
	DONNELLEY FINANCIAL SOLU	Equity	N/A	N/A	41,351	677,070	1,364,583
	DOORDASH INC	Equity	N/A	N/A	9,666	1,385,730	1,723,738
	DOORDASH INC - A	Equity	N/A	N/A	172	30,394	30,673
	DOUGLAS EMMETT INC-W/I	Equity	N/A	N/A	2,860	91,321	96,153
	DOVER CORP	Equity	N/A	N/A	2,461	161,551	370,627
	DRIVEN BRANDS HOLDINGS INC	Equity	N/A	N/A	628	15,379	19,418
	DTE ENERGY CO	Equity	N/A	N/A	3,306	414,296	428,458
	DUCK CREEK TECHNOLOGIES INC	Equity	N/A	N/A	954	41,876	41,509

**PLUMBERS AND PIPEFITTERS NATIONAL
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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	DUKE REALTY CORP REIT	Equity	N/A	N/A	6,413	\$ 248,266	\$ 303,656
	DUN & BRADSTREET HOLDINGS	Equity	N/A	N/A	2,743	66,395	58,618
	DXC TECHNOLOGY CO	Equity	N/A	N/A	4,351	106,846	169,428
	DYCOM INDUSTRIES INC	Equity	N/A	N/A	41,142	2,006,632	3,066,313
	DYNATRACE INC	Equity	N/A	N/A	186	11,100	10,866
	EAGLE MATERIALS INC	Equity	N/A	N/A	703	68,078	99,903
	EAST WEST BANCORP INC	Equity	N/A	N/A	2,420	113,857	173,490
	EASTERN BANKSHARES INC	Equity	N/A	N/A	62,451	922,265	1,284,617
	EASTMAN CHEM CO	Equity	N/A	N/A	2,326	159,783	271,561
	EDISON INTL	Equity	N/A	N/A	6,388	303,726	369,354
	ELANCO ANIMAL HEALTH INC	Equity	N/A	N/A	7,627	224,958	264,581
	ELEMENT SOLUTIONS INC	Equity	N/A	N/A	32,520	249,861	760,318
	ELEMENT SOLUTIONS INC	Equity	N/A	N/A	3,961	61,316	92,608
	EMPLOYERS HOLDINGS INC	Equity	N/A	N/A	28,322	542,743	1,212,182
	ENCOMPASS HEALTH CORP	Equity	N/A	N/A	714	47,719	55,713
	ENERPLUS CORP	Equity	N/A	N/A	30,586	262,415	219,913
	ENSIGN GROUP INC	Equity	N/A	N/A	16,287	1,524,725	1,411,594
	ENSTAR GROUP LTD	Equity	N/A	N/A	972	175,058	232,230
	ENTERGY CORP NEW	Equity	N/A	N/A	3,438	361,156	342,769
	ENVISTA HOLDINGS CORP	Equity	N/A	N/A	2,756	89,415	119,087
	EPR PROPERTIES	Equity	N/A	N/A	1,275	73,650	67,167
	EQT CORPORATION	Equity	N/A	N/A	4,770	117,553	106,180
	EQUIFAX INC	Equity	N/A	N/A	2,100	408,549	502,971
	EQUIFAX INC	Equity	N/A	N/A	1,283	269,942	307,291
	EQUINOR ASA	Equity	N/A	N/A	175,221	1,840,244	3,705,048
	EQUITABLE HOLDINGS INC	Equity	N/A	N/A	6,571	174,369	200,087
	EQUITY LIFESTYLE PROPERTIES REIT	Equity	N/A	N/A	1,403	84,868	104,257
	EQUITY RESIDENTIAL SH BEN INT REIT	Equity	N/A	N/A	6,315	398,687	486,255
	ERIE INDEMNITY CO CL A	Equity	N/A	N/A	133	29,890	25,716
	ERSTE GROUP BANK	Equity	N/A	N/A	69,603	2,105,902	2,543,990
	ESSENT GROUP LTD	Equity	N/A	N/A	28,753	1,065,813	1,292,447
	ESSENTIAL PROPERTIES REALTY	Equity	N/A	N/A	114,585	2,359,239	3,098,378
	ESSENTIAL UTILITIES INC	Equity	N/A	N/A	3,838	181,120	175,397
	ESSEX PPTY TR INC REIT	Equity	N/A	N/A	1,110	279,674	333,011
	ETSY INC	Equity	N/A	N/A	4,400	513,756	905,696
	EURO CURRENCY (EUR)	Equity	N/A	N/A	635	756	753
	EURONET WORLDWIDE INC	Equity	N/A	N/A	7,738	137,487	1,047,338
	EURONET WORLDWIDE INC	Equity	N/A	N/A	253	34,065	34,244
	EVERCORE INC	Equity	N/A	N/A	6,168	586,266	868,269
	EVERCORE INC CL A	Equity	N/A	N/A	685	46,036	96,427
	EVEREST RE GROUP LTD	Equity	N/A	N/A	525	66,119	132,305
	EVERGY INC	Equity	N/A	N/A	3,917	215,445	236,704
	EVERSOURCE ENERGY	Equity	N/A	N/A	5,882	509,140	471,972
	EXACT SCIENCES CORP	Equity	N/A	N/A	442	42,724	54,945
	EXACT SCIENCES CORP	Equity	N/A	N/A	219	29,769	27,224
	EXELIXIS INC	Equity	N/A	N/A	764	14,693	13,920
	EXLSERVICE HOLDINGS INC	Equity	N/A	N/A	18,142	855,340	1,927,769
	EXPEDIA GROUP INC	Equity	N/A	N/A	1,600	271,366	261,936
	EXPEDITORS INTERNATIONAL WASHINGTON INC	Equity	N/A	N/A	782	70,274	99,001
	EXPONENT INC	Equity	N/A	N/A	15,831	1,575,836	1,412,284
	EXTRA SPACE STORAGE INC	Equity	N/A	N/A	2,047	306,909	335,340
	F.N.B. CORP PA	Equity	N/A	N/A	5,424	51,683	66,878
	F5 INC	Equity	N/A	N/A	1,020	171,075	190,393
	FABRINET	Equity	N/A	N/A	7,100	277,800	680,677
	FACTSET RESH SYS INC	Equity	N/A	N/A	90	29,886	30,205
	FASTENAL CO	Equity	N/A	N/A	59,138	2,967,539	3,075,176
	FASTENAL CO	Equity	N/A	N/A	1,112	54,091	57,824
	FASTLY INC - CLASS A	Equity	N/A	N/A	1,811	109,813	107,936
	FATE THERAPEUTICS INC	Equity	N/A	N/A	2,695	232,154	233,899
	FEDERAL AGRIC MTG CORP	Equity	N/A	N/A	10,090	377,439	997,901
	FEDERAL REALTY INVT TRUST	Equity	N/A	N/A	1,321	120,616	154,782
	FERRO CORP	Equity	N/A	N/A	32,870	329,141	709,006
	FERROGLOBE UNIT RESTRICTED	Equity	N/A	N/A	74,886	1	-

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

JUNE 30, 2021

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	FIDELITY NATIONAL INFORMATION	Equity	N/A	N/A	14,314	\$ 1,765,467	\$ 2,027,864
	FIFTH THIRD BANCORP	Equity	N/A	N/A	12,022	154,215	459,601
	FINECOBANK BANCA FINECO SPA	Equity	N/A	N/A	112,080	1,007,942	1,953,608
	FIREEYE INC	Equity	N/A	N/A	2,839	44,638	57,405
	FIRST AMERICAN FINANCIAL	Equity	N/A	N/A	23,905	1,150,914	1,490,477
	FIRST AMERICAN FINANCIAL	Equity	N/A	N/A	1,824	89,134	113,726
	FIRST BANCORP	Equity	N/A	N/A	203,148	1,885,323	2,421,524
	FIRST CITIZENS BANCSHARES INC	Equity	N/A	N/A	103	62,540	85,772
	FIRST HAWAIIAN INC	Equity	N/A	N/A	2,242	51,894	63,538
	FIRST HORIZON CORPORATION	Equity	N/A	N/A	9,368	123,389	161,879
	FIRST INDL REALTY TRUST INC REIT	Equity	N/A	N/A	2,202	92,400	115,010
	FIRST INTERSTATE BANCYS/MT	Equity	N/A	N/A	18,869	753,052	789,290
	FIRST REPUBLIC BANK/FAN	Equity	N/A	N/A	3,005	394,034	562,446
	FIRST SOLAR INC	Equity	N/A	N/A	1,816	162,483	164,366
	FIRSTENERGY CORP	Equity	N/A	N/A	9,323	308,052	346,909
	FISERV INC	Equity	N/A	N/A	28,539	2,132,261	3,050,534
	FIVE BELOW	Equity	N/A	N/A	19,456	3,839,016	3,760,261
	FIVE POINT HOLDINGS LLC	Equity	N/A	N/A	41,150	346,422	332,492
	FIVE STAR BANCORP	Equity	N/A	N/A	9,000	185,717	217,350
	FIVERR INTERNATIONAL LTD	Equity	N/A	N/A	6,165	1,400,607	1,494,951
	FLEETCOR TECHNOLOGIES INC	Equity	N/A	N/A	1,077	282,525	275,777
	FLOWERS FOODS INC	Equity	N/A	N/A	3,207	72,030	77,609
	FLOWERVE CORP	Equity	N/A	N/A	2,237	79,566	90,196
	FLUOR CORP	Equity	N/A	N/A	11,613	227,491	205,550
	FMC CORPORATION NEW	Equity	N/A	N/A	1,649	197,019	178,422
	FNF GROUP-W/I	Equity	N/A	N/A	4,735	126,437	205,783
	FOOT LOCKER INC	Equity	N/A	N/A	1,536	31,478	94,664
	FORM FACTOR INC	Equity	N/A	N/A	63,964	999,451	2,332,127
	FORTINET INC	Equity	N/A	N/A	7,400	1,452,721	1,762,606
	FORTIVE CORP	Equity	N/A	N/A	5,598	394,201	390,405
	FORTUNE BRANDS HOME & SEC	Equity	N/A	N/A	1,764	145,940	175,712
	FOX CORP - CLASS A	Equity	N/A	N/A	5,524	164,786	205,106
	FOX CORP- CLASS B	Equity	N/A	N/A	2,604	76,253	91,661
	FOX FACTORY HOLDING CORP	Equity	N/A	N/A	3,099	61,217	482,390
	FOX FACTORY HOLDING CORP	Equity	N/A	N/A	10,372	952,471	1,614,506
	FRANKLIN RESOURCES INC	Equity	N/A	N/A	4,954	119,325	158,478
	FRESHPET INC	Equity	N/A	N/A	14,976	781,876	2,440,489
	FRONTDOOR INC	Equity	N/A	N/A	24,006	995,025	1,195,979
	FRONTDOOR INC	Equity	N/A	N/A	466	22,473	23,216
	FTI CONSULTING INC	Equity	N/A	N/A	574	62,346	78,414
	FUELCELL ENERGY INC	Equity	N/A	N/A	81,566	930,906	725,937
	FULLER H B CO	Equity	N/A	N/A	12,545	722,687	797,987
	GALLAGHER ARTHUR J & CO	Equity	N/A	N/A	3,468	408,966	485,797
	GAMING AND LEISURE PROPE	Equity	N/A	N/A	271	11,755	12,556
	GAMING AND LEISURE PROPE	Equity	N/A	N/A	3,776	137,727	174,942
	GAP INC	Equity	N/A	N/A	3,448	77,579	116,025
	GARMIN LTD	Equity	N/A	N/A	2,594	315,938	375,196
	GARRETT MOTION INC	Equity	N/A	N/A	66,664	541,734	531,979
	GATES INDUSTRIAL CORP PLC	Equity	N/A	N/A	1,201	17,055	21,702
	GEA GROUP AG	Equity	N/A	N/A	31,031	605,799	1,254,339
	GENCO SHIPPING & TRADING LTD	Equity	N/A	N/A	97,822	1,098,118	1,846,879
	GENERAC HOLDINGS INC	Equity	N/A	N/A	2,300	781,846	954,845
	GENERAL ELECTRIC CO	Equity	N/A	N/A	90,692	1,002,048	1,220,714
	GENPACT LTD	Equity	N/A	N/A	2,979	126,680	135,336
	GENTEX CORP	Equity	N/A	N/A	4,137	138,376	136,893
	GENTEX CORP	Equity	N/A	N/A	37,998	824,890	1,257,354
	GENUINE PARTS CO	Equity	N/A	N/A	2,420	237,447	306,057
	GLAUKOS CORP	Equity	N/A	N/A	21,702	1,222,843	1,840,981
	GLAXOSMITHKLINE PLC	Equity	N/A	N/A	129,674	2,065,027	2,491,038
	GLOBAL PAYMENTS INC	Equity	N/A	N/A	34,595	4,469,012	6,487,946
	GLOBANT SA	Equity	N/A	N/A	14,698	3,200,116	3,221,508
	GLOBE LIFE INC	Equity	N/A	N/A	1,739	165,633	165,640
	GLOBUS MEDICAL INC A	Equity	N/A	N/A	1,256	75,416	97,378

**PLUMBERS AND PIPEFITTERS NATIONAL
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JUNE 30, 2021

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EIN: 52-6152779
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		Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	GODADDY INC	Equity	N/A	N/A	33,094	\$ 2,813,237	\$ 2,877,854
	GODADDY INC - CLASS A	Equity	N/A	N/A	2,583	224,424	224,618
	GOHEALTH INC-CLASS A	Equity	N/A	N/A	117	1,418	1,312
	GOLDMAN SACHS GROUP INC	Equity	N/A	N/A	12,525	4,022,159	4,753,613
	GOLDMAN SACHS GROUP INC	Equity	N/A	N/A	11,406	2,663,791	4,328,919
	GOODYEAR TIRE & RUBBER CO	Equity	N/A	N/A	35,430	1,010,333	607,625
	GRACO INC	Equity	N/A	N/A	1,091	73,276	82,589
	GRAINGER W W INC	Equity	N/A	N/A	135	54,666	59,130
	GRAND CANYON EDUCATION INC	Equity	N/A	N/A	31,835	3,565,224	2,864,195
	GRAND CANYON EDUCATION INC	Equity	N/A	N/A	784	67,859	70,536
	GRAPHIC PACKAGING HLDG CO	Equity	N/A	N/A	3,470	55,894	62,946
	GRAY TELEVISION INC	Equity	N/A	N/A	49,635	711,139	1,161,459
	GREEN PLAINS INC	Equity	N/A	N/A	36,867	715,954	1,239,469
	GREENBRIAR COS INC	Equity	N/A	N/A	30,877	1,387,669	1,345,620
	GROCERY OUTLET HOLDING CORP	Equity	N/A	N/A	1,496	53,735	51,851
	GUIDEWIRE SOFTWARE INC	Equity	N/A	N/A	18,489	1,925,570	2,084,080
	GUIDEWIRE SOFTWARE INC	Equity	N/A	N/A	1,437	178,706	161,979
	HAIN CELESTIAL GROUP INC	Equity	N/A	N/A	1,441	55,127	57,813
	HALLIBURTON CO	Equity	N/A	N/A	14,379	276,237	332,442
	HAMILTON LANE ALLIANCE HOLDI	Equity	N/A	N/A	51,900	519,000	522,374
	HAMILTON LANE INC	Equity	N/A	N/A	13,295	654,871	1,211,440
	HANESBRANDS INC - W/I	Equity	N/A	N/A	2,388	29,432	44,584
	HANNON ARMSTRONG SUSTAINABLE	Equity	N/A	N/A	14,654	430,222	822,822
	HANOVER INSURANCE GROUP INC	Equity	N/A	N/A	3,976	370,773	539,305
	HANOVER INSURANCE GROUP INC	Equity	N/A	N/A	611	70,722	82,876
	HARLEY DAVIDSON INC	Equity	N/A	N/A	2,629	105,790	120,461
	HARTFORD FINL SVCS GROUP INC	Equity	N/A	N/A	6,120	173,653	379,256
	HASBRO INC	Equity	N/A	N/A	2,191	198,055	207,093
	HAWAIIAN ELECTRIC INDUSTRIES INC	Equity	N/A	N/A	1,798	64,965	76,019
	HAYWARD HOLDINGS INC	Equity	N/A	N/A	656	16,222	17,069
	HCA HEALTHCARE INC	Equity	N/A	N/A	13,320	2,032,417	2,753,777
	HDFC BANK LTD	Equity	N/A	N/A	19,356	780,992	1,415,311
	HEALTH CARE SERVICES GROUP INC	Equity	N/A	N/A	54,465	1,559,327	1,719,460
	HEALTH CATALYST INC	Equity	N/A	N/A	15,981	442,337	887,105
	HEALTHCARE TRUST OF AME-CL A	Equity	N/A	N/A	3,741	97,722	99,885
	HEALTHPEAK PROPERTIES INC	Equity	N/A	N/A	9,240	284,696	307,600
	HECLA MINING CO	Equity	N/A	N/A	83,838	522,632	623,755
	HEICO CORP	Equity	N/A	N/A	20,759	2,712,929	2,894,220
	HEICO CORP NEW	Equity	N/A	N/A	520	72,928	72,498
	HEICO CORP NEW CL A	Equity	N/A	N/A	914	115,764	113,501
	HELEN OF TROY LIMITED	Equity	N/A	N/A	4,927	447,005	1,123,947
	HELIOS TECHNOLOGIES INC	Equity	N/A	N/A	3,133	229,350	244,531
	HELIX ENERGY SOLUTIONS GROUP	Equity	N/A	N/A	16,362	117,283	93,427
	HENDERSON GROUP PLC	Equity	N/A	N/A	2,926	114,810	113,558
	HENRY JACK & ASSOC INC	Equity	N/A	N/A	5,736	892,953	937,893
	HENRY JACK & ASSOC INC	Equity	N/A	N/A	935	153,360	152,882
	HENRY SCHEIN INC	Equity	N/A	N/A	2,413	165,971	179,020
	HERBALIFE NUTRITION LTD	Equity	N/A	N/A	1,535	77,303	80,941
	HERC HOLDINGS INC	Equity	N/A	N/A	21,286	849,744	2,385,522
	HESS CORPORATION	Equity	N/A	N/A	4,429	235,298	386,740
	HEWLETT PACKARD ENTERPRISE CO	Equity	N/A	N/A	22,275	351,822	324,770
	HEXCEL CORP	Equity	N/A	N/A	1,437	78,698	89,669
	HIGHWOODS PPTYS INC REIT	Equity	N/A	N/A	1,769	70,572	79,906
	HILL-ROM HOLDINGS INC	Equity	N/A	N/A	1,140	112,761	129,493
	HILTON WORLDWIDE HLDGS	Equity	N/A	N/A	1,550	169,165	186,961
	HILTON WORLDWIDE HLDGS	Equity	N/A	N/A	4,576	537,175	551,957
	HOLLYFRONTIER CORP	Equity	N/A	N/A	2,574	144,264	84,685
	HOLOGIC INC	Equity	N/A	N/A	4,346	296,516	289,965
	HOME BANCSHARES INC	Equity	N/A	N/A	57,867	1,118,723	1,428,158
	HOME BANCSHARES INC	Equity	N/A	N/A	98,428	1,526,996	2,429,203
	HOME DEPOT INC	Equity	N/A	N/A	25,312	3,781,009	8,071,744
	HONG KONG EXCHANGES & CLEA	Equity	N/A	N/A	35,554	840,938	2,125,134
	HORIZON THERAPEUTICS PLC	Equity	N/A	N/A	3,041	285,603	284,759

**PLUMBERS AND PIPEFITTERS NATIONAL
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						Cost	Current value
	HORMEL FOODS CORP	Equity	N/A	N/A	4,846	\$ 229,015	\$ 231,397
	HOST HOTELS & RESORTS INC REIT	Equity	N/A	N/A	11,990	181,928	204,909
	HOUGHTON MIFFLIN HARCOURT CO	Equity	N/A	N/A	57,653	370,720	636,489
	HOUGHTON MIFFLIN HARCOURT CO	Equity	N/A	N/A	170,702	1,085,838	1,884,550
	HOWARD HUGHES CORP THE	Equity	N/A	N/A	710	56,415	69,197
	HOWMET AEROSPACE INC	Equity	N/A	N/A	6,216	158,857	214,266
	HP INC	Equity	N/A	N/A	13,962	308,226	421,513
	HUB GROUP INC	Equity	N/A	N/A	4,624	342,399	305,092
	HUBBELL INC	Equity	N/A	N/A	927	148,218	173,201
	HUDSON PACIFIC PROPERTIES IN REITS	Equity	N/A	N/A	2,508	66,934	69,773
	HUMANA INC	Equity	N/A	N/A	10,266	3,874,708	4,544,964
	HUMANA INC	Equity	N/A	N/A	800	305,448	354,176
	HUNT J B TRANSPORT SERVICES INC	Equity	N/A	N/A	162	22,347	26,398
	HUNTINGTON BANCSHARES INC	Equity	N/A	N/A	25,108	317,760	358,291
	HUNTINGTON INGALLS INDS INC	Equity	N/A	N/A	675	100,337	142,256
	HUNTSMAN CORP	Equity	N/A	N/A	3,609	58,389	95,711
	HURON CONSULTING GROUP INC	Equity	N/A	N/A	11,975	541,893	588,571
	HYATT HOTELS CORP CL A	Equity	N/A	N/A	692	52,074	53,727
	HYDROFARM HOLDINGS GROUP INC	Equity	N/A	N/A	19,823	1,214,193	1,171,738
	IAA INC	Equity	N/A	N/A	18,379	186,115	1,002,391
	IAC/INTERACTIVECORP	Equity	N/A	N/A	4,515	768,649	696,078
	IAC/INTERACTIVECORP	Equity	N/A	N/A	9,737	1,623,259	1,501,153
	IAC/INTERACTIVECORP	Equity	N/A	N/A	1,310	199,712	201,963
	IBERDROLA	Equity	N/A	N/A	320,916	2,613,055	3,944,058
	ICU MED INC	Equity	N/A	N/A	341	68,740	70,178
	IDACORP INC	Equity	N/A	N/A	866	79,777	84,435
	IDEX CORP	Equity	N/A	N/A	1,301	249,566	286,285
	IHS MARKIT	Equity	N/A	N/A	6,399	661,099	720,911
	II-VI INC	Equity	N/A	N/A	21,703	1,013,699	1,575,421
	IMMUNOCORE HOLDINGS PLC	Equity	N/A	N/A	6,313	229,594	246,523
	IMMUNOGEN	Equity	N/A	N/A	76,745	298,025	505,750
	INARI MEDICAL INC	Equity	N/A	N/A	14,491	1,097,578	1,351,720
	INCYTE CORPORATION	Equity	N/A	N/A	8,338	768,356	701,476
	INCYTE CORPORATION	Equity	N/A	N/A	456	39,592	38,363
	INDEPENDENCE REALTY TRUST	Equity	N/A	N/A	75,721	1,194,709	1,380,394
	INDUSTRIA DE DISENO TEXTIL	Equity	N/A	N/A	63,239	825,895	2,244,985
	INFINEON TECHNOLOGIES AG	Equity	N/A	N/A	82,726	1,382,999	3,343,785
	INGERSOLL RAND INC	Equity	N/A	N/A	6,426	289,121	313,653
	INGEVITY CORP	Equity	N/A	N/A	7,603	494,356	618,580
	INGEVITY CORP	Equity	N/A	N/A	20,537	1,193,260	1,670,890
	INGREDION INC	Equity	N/A	N/A	1,153	131,861	104,347
	INHIBRX INC	Equity	N/A	N/A	5,963	137,027	164,102
	INMODE LTD	Equity	N/A	N/A	22,327	820,063	2,113,920
	INNOVATIVE INDUSTRIAL PROPER	Equity	N/A	N/A	7,260	477,707	1,386,805
	INOZYME PHARMA INC	Equity	N/A	N/A	10,646	210,502	181,408
	INSPERITY INC	Equity	N/A	N/A	13,480	840,941	1,218,188
	INSTALLED BUILDING PRODUCTS	Equity	N/A	N/A	17,169	979,127	2,100,799
	INTEGRA LIFESCIENCES HLDG CORP	Equity	N/A	N/A	1,238	69,943	84,481
	INTEGRAL AD SCIENCE HOLDING	Equity	N/A	N/A	6,144	110,592	126,444
	INTELLIA THERAPEUTICS INC	Equity	N/A	N/A	3,492	241,452	565,390
	INTER PARFUMS INC	Equity	N/A	N/A	14,566	908,364	1,048,752
	INTERACTIVE BROKERS GROUP CLASS A	Equity	N/A	N/A	1,375	76,084	90,379
	INTERNATIONAL BANCSHARES CORP	Equity	N/A	N/A	16,572	754,170	711,602
	INTERNATIONAL FLAVORS & FRAGRANCES INC	Equity	N/A	N/A	4,269	530,099	637,789
	INTERNATIONAL MONEY EXPRESS	Equity	N/A	N/A	39,616	605,805	588,298
	INTERNATIONAL PAPER CO	Equity	N/A	N/A	6,702	312,282	410,900
	INTERPUBLIC GROUP COMPANIES INC	Equity	N/A	N/A	6,715	160,602	218,170
	INTESA SAN PAOLO	Equity	N/A	N/A	1,263,404	2,102,494	3,489,560
	INTUIT SOFTWARE	Equity	N/A	N/A	21,042	3,957,829	10,314,157
	INTUITIVE SURGICAL INC	Equity	N/A	N/A	6,066	3,319,430	5,578,536
	INTUITIVE SURGICAL INC	Equity	N/A	N/A	6,443	1,945,115	5,925,241
	INVESCO LTD	Equity	N/A	N/A	5,714	102,094	152,735
	INVITATION HOMES INC	Equity	N/A	N/A	9,726	293,170	362,683

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(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	IONIS PHARMACEUTICALS INC	Equity	N/A	N/A	189	\$ 9,708	\$ 7,539
	IOVANCE BIOTHERAPEUTICS INC	Equity	N/A	N/A	3,704	102,113	96,378
	IOVANCE BIOTHERAPEUTICS INC	Equity	N/A	N/A	1,732	46,813	45,067
	IPG PHOTONICS CORP	Equity	N/A	N/A	575	122,483	121,193
	IQVIA HOLDINGS INC	Equity	N/A	N/A	1,654	282,774	400,797
	IRHYTHM TECHNOLOGIES INC	Equity	N/A	N/A	12,955	916,888	859,564
	IRON MOUNTAIN INC	Equity	N/A	N/A	1,452	39,518	61,449
	ISHARES RUSSELL MID-CAP VALUE	Equity	N/A	N/A	5,400	516,035	620,892
	ISRACARD LTD	Equity	N/A	N/A	1	-	3
	ITRON INC.	Equity	N/A	N/A	4,966	290,402	496,501
	ITT INC	Equity	N/A	N/A	1,474	112,166	135,004
	J & J SNACK FOODS CORP	Equity	N/A	N/A	4,485	466,678	782,229
	JABIL INC	Equity	N/A	N/A	515	20,836	29,932
	JACOBS ENGINEERING GROUP INC	Equity	N/A	N/A	2,214	242,836	295,392
	JAMES RIVER GROUP HOLDINGS LTD	Equity	N/A	N/A	24,772	901,471	929,445
	JAMF HOLDING CORP	Equity	N/A	N/A	138	4,562	4,633
	JAZZ PHARMACEUTICALS PLC	Equity	N/A	N/A	1,015	138,823	180,305
	JBG SMITH PROPERTIES	Equity	N/A	N/A	2,118	68,398	66,738
	JD.COM INC	Equity	N/A	N/A	2,300	206,457	183,563
	JEFFERIES FINANCIAL GROUP IN	Equity	N/A	N/A	3,747	88,563	128,147
	JELD-WEN HOLDING INC	Equity	N/A	N/A	105,284	2,310,932	2,764,758
	JETBLUE AIRWAYS	Equity	N/A	N/A	59,143	977,323	992,420
	JETBLUE AIRWAYS	Equity	N/A	N/A	5,444	115,642	91,350
	JM SMUCKER CO/THE-NEW COM	Equity	N/A	N/A	1,817	223,230	235,429
	JOHN BEAN TECHNOLOGY	Equity	N/A	N/A	5,242	114,576	747,614
	JONES LANG LASALLE INC	Equity	N/A	N/A	874	128,661	170,832
	JUNIPER NETWORKS INC	Equity	N/A	N/A	5,554	123,668	151,902
	KADANT INC	Equity	N/A	N/A	9,632	875,562	1,696,099
	KALVISTA PHARMACEUTICALS INC	Equity	N/A	N/A	16,023	250,440	383,911
	KANSAS CITY SOUTHERN	Equity	N/A	N/A	1,139	222,472	322,758
	KAR AUCTION SERVICES INC	Equity	N/A	N/A	41,034	473,763	720,147
	KARUNA THERAPEUTICS INC	Equity	N/A	N/A	3,732	378,359	425,411
	KB HOME	Equity	N/A	N/A	27,680	962,145	1,127,130
	KDDI CORP	Equity	N/A	N/A	68,000	1,202,324	2,101,200
	KELLOGG CO	Equity	N/A	N/A	2,398	148,897	154,263
	KEMPER CORP	Equity	N/A	N/A	1,039	79,738	76,782
	KENNAMETAL INC	Equity	N/A	N/A	21,521	644,178	773,034
	KERING	Equity	N/A	N/A	8,796	4,473,359	7,836,708
	KERRY GROUP PLC	Equity	N/A	N/A	16,100	1,462,144	2,181,550
	KEYCORP NEW	Equity	N/A	N/A	16,591	253,781	342,604
	KEYENCE CORP	Equity	N/A	N/A	5,200	540,250	2,603,276
	KEYSIGHT TECHNOLOGIES IN	Equity	N/A	N/A	1,782	222,231	275,159
	KILROY RLTY CORP REIT	Equity	N/A	N/A	1,992	124,447	138,723
	KIMBALL ELECTRONICS INC	Equity	N/A	N/A	24,698	367,567	536,935
	KIMCO REALTY CORP REIT	Equity	N/A	N/A	7,091	108,313	147,847
	KINGDEE INTERNATIONAL SOFTWARE	Equity	N/A	N/A	393,500	821,671	1,335,433
	KINGFISHER PLC	Equity	N/A	N/A	687,374	2,012,584	3,349,574
	KIRBY CORP	Equity	N/A	N/A	1,015	55,161	61,550
	KKR & CO INC CLASS A	Equity	N/A	N/A	9,431	378,129	558,692
	KNIGHT SWIFT TRANSPORTATION HOLDINGS INC	Equity	N/A	N/A	2,754	117,212	125,197
	KNORR-BREMSE AG	Equity	N/A	N/A	20,826	1,774,848	2,403,256
	KODIAK SCIENCES INC	Equity	N/A	N/A	6,925	222,764	644,025
	KOHL'S CORP	Equity	N/A	N/A	2,685	127,968	147,970
	KOREAN WON CURRENCY (KRW)	Equity	N/A	N/A	12,033,602	10,835	10,710
	KORN FERRY	Equity	N/A	N/A	26,211	881,251	1,901,608
	KORNIT DIGITAL LTD	Equity	N/A	N/A	24,069	2,551,235	2,992,499
	KRATOS DEFENSE SECURITY SOLUTIONS INC	Equity	N/A	N/A	6,875	121,593	195,869
	KROGER CO	Equity	N/A	N/A	12,815	323,416	490,943
	KUBOTA CORP	Equity	N/A	N/A	100,700	2,318,491	2,036,751
	KURA ONCOLOGY INC	Equity	N/A	N/A	16,247	341,175	338,750
	KYMERA THERAPEUTICS INC	Equity	N/A	N/A	6,400	128,000	310,400
	L BRANDS INC	Equity	N/A	N/A	1,709	68,067	123,151
	LABORATORY CORP OF AMERICA HLDG	Equity	N/A	N/A	1,675	340,387	462,049

**PLUMBERS AND PIPEFITTERS NATIONAL
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JUNE 30, 2021

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EIN: 52-6152779
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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	LAMAR ADVERTISING CO-A	Equity	N/A	N/A	185	\$ 11,029	\$ 19,318
	LAMB WESTON HOLDING INC	Equity	N/A	N/A	1,760	136,170	141,962
	LANDSTAR SYS INC	Equity	N/A	N/A	74	9,941	11,693
	LANTHEUS HOLDINGS INC	Equity	N/A	N/A	37,777	533,808	1,044,156
	LAREDO PETROLEUM INC	Equity	N/A	N/A	1,692	123,872	157,001
	LATTICE SEMICONDUCTOR CORP	Equity	N/A	N/A	46,701	434,784	2,623,662
	LAUDER ESTEE COS INC	Equity	N/A	N/A	500	140,976	159,040
	LAUDER ESTEE COS INC	Equity	N/A	N/A	26,357	3,495,478	8,383,635
	LAZARD LTD	Equity	N/A	N/A	1,744	71,397	78,916
	LCI INDUSTRIES	Equity	N/A	N/A	10,279	1,075,061	1,350,866
	LEAR CORP- W/I	Equity	N/A	N/A	1,029	82,327	180,363
	LEGGETT & PLATT INC	Equity	N/A	N/A	2,276	100,355	117,920
	LEGRAND SA	Equity	N/A	N/A	17,208	1,561,597	1,821,291
	LEIDOS HOLDINGS INC	Equity	N/A	N/A	2,419	251,714	244,561
	LEMONADE INC	Equity	N/A	N/A	586	59,347	64,114
	LENNAR CORP CLASS A	Equity	N/A	N/A	4,653	355,633	462,276
	LENNAR CORP CLASS B	Equity	N/A	N/A	266	16,074	21,666
	LENNOX INTERNATIONAL INC	Equity	N/A	N/A	3,886	1,265,644	1,363,209
	LENNOX INTERNATIONAL INC	Equity	N/A	N/A	584	161,661	204,867
	LESLIES INC	Equity	N/A	N/A	212	5,179	5,828
	LHC GROUP INC	Equity	N/A	N/A	10,032	1,988,825	2,009,008
	LIBERTY BRAVES	Equity	N/A	N/A	27,088	659,564	752,234
	LIBERTY BRAVES SERIES C	Equity	N/A	N/A	68,512	1,559,835	1,902,578
	LIBERTY BROADBAND	Equity	N/A	N/A	4,826	280,118	838,083
	LIBERTY BROADBAND-A	Equity	N/A	N/A	425	68,360	71,472
	LIBERTY BROADBAND-C	Equity	N/A	N/A	2,600	345,275	451,516
	LIBERTY FORMULA ONE SERIES A	Equity	N/A	N/A	423	16,706	18,032
	LIBERTY FORMULA ONE SERIES C	Equity	N/A	N/A	3,404	148,319	164,107
	LIBERTY LATIN AMERIC	Equity	N/A	N/A	38,317	716,191	540,270
	LIBERTY SIRIUSXM SERIES A	Equity	N/A	N/A	1,367	58,319	63,675
	LIBERTY SIRIUSXM SERIES C	Equity	N/A	N/A	2,777	117,845	128,825
	LIFE STORAGE INC	Equity	N/A	N/A	1,307	99,773	140,306
	LILLY ELI & CO	Equity	N/A	N/A	36,413	5,574,396	8,357,512
	LILLY ELI & CO	Equity	N/A	N/A	400	82,228	91,808
	LINCOLN NATIONAL CORP	Equity	N/A	N/A	2,753	132,278	172,999
	LINDBLAD EXPEDITIONS HOLDING	Equity	N/A	N/A	35,589	671,866	569,780
	LINDE PLC	Equity	N/A	N/A	3,300	668,494	954,030
	LITHIA MTRS INC CL A	Equity	N/A	N/A	451	154,121	154,982
	LITTELFUSE INC	Equity	N/A	N/A	3,305	165,172	842,081
	LITTELFUSE INC	Equity	N/A	N/A	410	101,214	104,464
	LIVE NATION ENTERTAINMENT INC	Equity	N/A	N/A	9,216	812,827	807,229
	LIVE NATION ENTERTAINMENT INC	Equity	N/A	N/A	1,419	131,392	124,290
	LIVENT CORP	Equity	N/A	N/A	62,009	798,947	1,200,494
	LKQ CORP	Equity	N/A	N/A	4,791	176,392	235,813
	LOEWS CORPORATION	Equity	N/A	N/A	3,800	163,421	207,670
	LONZA AG-REG	Equity	N/A	N/A	2,756	318,174	1,959,516
	LOUISIANA PACIFIC CORP	Equity	N/A	N/A	18,239	453,238	1,099,629
	LOUISIANA PACIFIC CORP	Equity	N/A	N/A	1,618	93,952	97,549
	LULULEMON ATHLETICA INC	Equity	N/A	N/A	22,917	4,005,361	8,364,017
	LULULEMON ATHLETICA INC	Equity	N/A	N/A	7,570	1,803,596	2,762,823
	LUMEN TECHNOLOGIES INC	Equity	N/A	N/A	18,863	200,018	256,348
	LUMENTUM HOLDINGS INC	Equity	N/A	N/A	1,296	116,288	106,311
	LYONDELLBASELL INDUSTRIES	Equity	N/A	N/A	3,950	347,275	406,337
	M&T BK CORP	Equity	N/A	N/A	2,197	279,713	319,246
	MACQUARIE GROUP LTD	Equity	N/A	N/A	14,957	955,296	1,754,573
	MADDEN STEVEN LTD	Equity	N/A	N/A	42,859	1,852,092	1,875,510
	MADISON SQUARE GARDEN SPORTS CORP	Equity	N/A	N/A	199	35,492	34,341
	MADRIGAL PHARMACEUTICALS INC	Equity	N/A	N/A	4,159	412,915	405,128
	MAGNOLIA OIL & GAS CORP CLASS A	Equity	N/A	N/A	44,202	491,223	690,877
	MANHATTAN ASSOCS INC	Equity	N/A	N/A	506	68,752	73,289
	MANPOWER GROUP INC	Equity	N/A	N/A	930	90,537	110,586
	MANTECH INTL CORP CL A	Equity	N/A	N/A	3,208	252,532	277,620
	MARATHON OIL CORP	Equity	N/A	N/A	13,444	91,356	183,107

**PLUMBERS AND PIPEFITTERS NATIONAL
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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party					(d)	(e)
		Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	MARATHON PETROLEUM CORP	Equity	N/A	N/A	11,175	\$ 424,029	\$ 675,194
	MARKEL CORP (HOLDING CO)	Equity	N/A	N/A	193	173,605	229,035
	MARRIOTT INTERNATIONAL INC	Equity	N/A	N/A	1,617	211,376	220,753
	MARRIOTT VACATIONS WORLDWIDE CORP	Equity	N/A	N/A	9,493	358,991	1,512,235
	MARRIOTT VACATIONS WORLDWIDE CORP	Equity	N/A	N/A	713	115,977	113,581
	MARSH & MCLENNAN COMPANIES INC	Equity	N/A	N/A	4,681	546,511	658,523
	MARTEN TRANSPORT LTD	Equity	N/A	N/A	23,361	408,139	385,223
	MARTIN MARIETTA MATLS INC	Equity	N/A	N/A	1,066	303,013	375,029
	MARVELL TECHNOLOGY GROUP LTD	Equity	N/A	N/A	38,606	1,051,448	2,251,888
	MARVELL TECHNOLOGY GROUP LTD	Equity	N/A	N/A	13,839	317,461	807,229
	MASCO CORP	Equity	N/A	N/A	4,335	226,342	255,375
	MASIMO CORPORATION	Equity	N/A	N/A	236	57,614	57,218
	MASTEC INC	Equity	N/A	N/A	962	103,582	102,068
	MASTERCARD INC	Equity	N/A	N/A	23,861	2,955,427	8,711,412
	MASTERCARD INC	Equity	N/A	N/A	21,798	2,372,489	7,958,232
	MATCH GROUP INC	Equity	N/A	N/A	53,630	5,579,234	8,647,838
	MATCH GROUP INC	Equity	N/A	N/A	23,367	2,116,392	3,767,929
	MAXAR TECHNOLOGIES INC	Equity	N/A	N/A	4,118	125,984	164,391
	MAXIM INTERGRATED PRODUCTS INC	Equity	N/A	N/A	3,872	303,098	407,954
	MAXIM INTERGRATED PRODUCTS INC	Equity	N/A	N/A	238	20,531	25,076
	MAYVILLE ENGINEERING CO INC	Equity	N/A	N/A	29,488	284,254	593,004
	MC CORMICK & CO INC NON-VOTING	Equity	N/A	N/A	4,276	383,696	377,656
	MCAFFEE CORP - CLASS A	Equity	N/A	N/A	187	3,211	5,240
	MCDONALD'S CORP	Equity	N/A	N/A	639	146,583	147,603
	MCGRATH RENTCORP	Equity	N/A	N/A	14,141	749,339	1,153,481
	MCKESSON CORPORATION	Equity	N/A	N/A	2,340	407,949	447,502
	MDU RESOURCES GROUP INC	Equity	N/A	N/A	46,063	1,220,433	1,443,614
	MDU RESOURCES GROUP INC	Equity	N/A	N/A	3,429	94,217	107,465
	MEDALLIA INC	Equity	N/A	N/A	42,902	1,245,873	1,447,943
	MEDALLIA INC	Equity	N/A	N/A	803	27,164	27,101
	MEDICAL PROPERTIES TRUST INC	Equity	N/A	N/A	9,922	206,200	199,432
	MERCK KGAA	Equity	N/A	N/A	9,565	1,223,905	1,798,029
	MERCURY GENERAL CORP NEW	Equity	N/A	N/A	456	20,913	29,617
	MERCURY SYSTEMS INC	Equity	N/A	N/A	946	66,141	62,701
	MERITOR INC	Equity	N/A	N/A	75,811	1,836,303	1,775,494
	MERSANA THERAPEUTICS INC	Equity	N/A	N/A	29,771	541,215	404,290
	META FINANCIAL GROUP INC	Equity	N/A	N/A	38,626	1,065,393	1,955,634
	META PLATFORMS INC	Equity	N/A	N/A	53,713	6,519,712	18,676,547
	META PLATFORMS INC	Equity	N/A	N/A	84,127	10,923,222	29,251,799
	METHODE ELECTRONICS INC	Equity	N/A	N/A	37,740	1,057,218	1,857,185
	METROMILE INC	Equity	N/A	N/A	51,339	586,443	469,752
	MGIC INVT CORP	Equity	N/A	N/A	171,744	1,659,191	2,335,718
	MGIC INVT CORP WIS	Equity	N/A	N/A	5,816	56,085	79,098
	MGM RESORTS INTERNATIONAL	Equity	N/A	N/A	6,993	209,234	298,251
	MICROCHIP TECHNOLOGY INC	Equity	N/A	N/A	5,098	770,957	763,375
	MICROCHIP TECHNOLOGY INC	Equity	N/A	N/A	676	97,466	101,224
	MICROSOFT CORP	Equity	N/A	N/A	76,125	6,075,312	20,622,263
	MICROSOFT CORP	Equity	N/A	N/A	107,542	11,800,624	29,133,128
	MID AMER APT CMNTYS INC	Equity	N/A	N/A	1,951	245,615	328,587
	MIDDLEBY CORP	Equity	N/A	N/A	6,709	370,951	1,162,401
	MIDDLEBY CORP	Equity	N/A	N/A	660	90,254	114,352
	MILLER INDUSTRIES INC	Equity	N/A	N/A	26,909	869,437	1,061,291
	MIMECAST LTD	Equity	N/A	N/A	10,265	478,682	544,558
	MIRATI THERAPEUTICS INC	Equity	N/A	N/A	4,682	639,139	756,283
	MIRATI THERAPEUTICS INC	Equity	N/A	N/A	112	18,399	18,091
	MISUMI GROUP INC	Equity	N/A	N/A	59,200	2,070,529	2,003,618
	MITSUBISHI UFJ FINANCIAL GROUP	Equity	N/A	N/A	787,500	3,634,708	4,253,823
	MKS INSTRS INC	Equity	N/A	N/A	148	22,730	26,337
	MOHAWK INDS INC	Equity	N/A	N/A	969	128,477	186,232
	MOLINA HEALTHCARE INC	Equity	N/A	N/A	838	199,342	212,064
	MOLSON COORS BEVERAGE COMPANY	Equity	N/A	N/A	3,058	174,478	164,184
	MOMENTIVE GLOBAL INC	Equity	N/A	N/A	34,260	533,908	721,858
	MONGODB INC	Equity	N/A	N/A	5,368	1,787,929	1,940,639

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(a)	(b) Identity of issuer, borrower, lessor or similar party	(d) Description	(e) Maturity date	(f) Rate of interest	(g) Par/Maturity value or shares	(h) (d) Cost	(i) (e) Current value
	MONOLITHIC POWER SYSTEMS INC	Equity	N/A	N/A	300	\$ 100,565	\$ 112,035
	MOOG INC CLASS A	Equity	N/A	N/A	5,442	424,521	457,455
	MORGAN STANLEY	Equity	N/A	N/A	4,116	339,700	377,396
	MORNINGSTAR INC	Equity	N/A	N/A	38	7,695	9,770
	MOSAIC CO/THE	Equity	N/A	N/A	5,927	132,355	189,131
	MOTOROLA SOLUTIONS INC	Equity	N/A	N/A	2,848	497,452	617,589
	MSA SAFETY INC	Equity	N/A	N/A	448	68,922	74,180
	MSC INDL DIRECT INC CL A	Equity	N/A	N/A	768	64,688	68,913
	MSCI INC	Equity	N/A	N/A	926	379,767	493,632
	MSCI INC	Equity	N/A	N/A	400	212,688	213,232
	MURATA MANUFACTURING CO	Equity	N/A	N/A	32,500	1,232,579	2,460,380
	MYOVANT SCIENCES LTD	Equity	N/A	N/A	14,328	320,465	326,249
	NABTESCO CORP	Equity	N/A	N/A	63,800	1,208,241	2,411,990
	NANOSTRING TECHNOLOGIES INC	Equity	N/A	N/A	23,090	750,817	1,496,001
	NASDAQ INC	Equity	N/A	N/A	1,959	250,519	344,392
	NATERA INC	Equity	N/A	N/A	91	10,478	10,331
	NATIONAL FUEL GAS CO	Equity	N/A	N/A	1,499	84,275	78,323
	NATIONAL GRID PLC	Equity	N/A	N/A	261,399	2,698,960	3,329,544
	NATIONAL INSTRUMENTS CORP	Equity	N/A	N/A	30,051	1,313,866	1,270,556
	NATIONAL INSTRUMENTS CORP	Equity	N/A	N/A	2,246	88,969	94,961
	NATIONAL RETAIL PPTYS INC	Equity	N/A	N/A	2,989	118,694	140,124
	NATIONAL STORAGE AFFILIATES	Equity	N/A	N/A	60,468	1,577,410	3,057,262
	NATIONAL VISION HOLDINGS INC	Equity	N/A	N/A	27,875	1,377,781	1,425,249
	NCR CORP	Equity	N/A	N/A	1,441	39,776	65,724
	NEKTAR THERAPEUTICS	Equity	N/A	N/A	3,040	53,257	52,166
	NEOGEN CORP	Equity	N/A	N/A	39,836	1,814,688	1,834,049
	NEOGENOMICS INC	Equity	N/A	N/A	53,292	2,035,258	2,407,200
	NESTLE SA	Equity	N/A	N/A	68,634	3,889,653	8,533,402
	NETAPP INC	Equity	N/A	N/A	1,285	77,809	105,139
	NETFLIX INC	Equity	N/A	N/A	28,888	4,696,847	15,258,930
	NETFLIX INC	Equity	N/A	N/A	12,712	3,528,802	6,714,606
	NEVRO CORP	Equity	N/A	N/A	9,950	1,414,145	1,649,611
	NEW JERSEY RESOURCES CORP	Equity	N/A	N/A	26,893	923,496	1,064,156
	NEW MARKET CORPORATION	Equity	N/A	N/A	115	39,210	37,028
	NEW RESIDENTIAL INVESTMENT	Equity	N/A	N/A	7,407	71,332	78,440
	NEW YORK COMMUNITY BANCORP	Equity	N/A	N/A	7,756	79,972	85,471
	NEW YORK TIMES CO CLASS A	Equity	N/A	N/A	2,827	132,197	123,116
	NEWELL BRANDS INC.	Equity	N/A	N/A	6,515	142,512	178,967
	NEWS CORP/NEW-CL A	Equity	N/A	N/A	6,691	124,444	172,427
	NEWS CORP/NEW-CL B	Equity	N/A	N/A	2,063	38,238	50,234
	NEXSTAR MEDIA GROUP INC	Equity	N/A	N/A	657	91,061	97,157
	NEXT GROUP PLC	Equity	N/A	N/A	13,016	726,121	1,414,473
	NEXTERA ENERGY PARTNERS LP	Equity	N/A	N/A	22,356	1,035,142	1,707,104
	NIELSEN HOLDINGS PLC	Equity	N/A	N/A	6,124	108,255	151,079
	NIKE INC	Equity	N/A	N/A	74,630	4,368,695	11,529,589
	NIKE INC	Equity	N/A	N/A	13,252	1,717,849	2,047,301
	NISOURCE INC	Equity	N/A	N/A	6,704	160,312	164,248
	NOMAD FOODS LTD	Equity	N/A	N/A	60,840	998,909	1,719,947
	NORDSON CORPORATION	Equity	N/A	N/A	824	177,978	180,876
	NORDSTROM INC	Equity	N/A	N/A	297	9,272	10,861
	NORTHERN TRUST CORP	Equity	N/A	N/A	3,518	335,319	406,751
	NORTHWESTERN CORPORATION	Equity	N/A	N/A	15,458	616,933	930,881
	NORTONLIFELOCK INC	Equity	N/A	N/A	6,922	186,745	188,417
	NORWEGIAN CRUISE LINE HLDGS LTD	Equity	N/A	N/A	6,326	169,401	186,048
	NOV INC	Equity	N/A	N/A	6,677	95,185	102,292
	NOVAGOLD RESOURCES INC	Equity	N/A	N/A	35,139	276,996	281,463
	NOVARTIS AG	Equity	N/A	N/A	59,723	3,319,680	5,442,684
	NRG ENERGY INC.	Equity	N/A	N/A	2,275	82,104	91,683
	NUANCE COMMUNICATIONS INC	Equity	N/A	N/A	3,027	127,108	164,790
	NUCOR CORP	Equity	N/A	N/A	5,120	287,447	491,162
	NURIX THERAPEUTICS INC	Equity	N/A	N/A	8,149	153,583	216,193
	NUVASIVE INC	Equity	N/A	N/A	21,101	1,128,164	1,430,226
	NVENT ELECTRIC PLC	Equity	N/A	N/A	2,848	68,707	88,972

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

JUNE 30, 2021

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	NVIDIA CORP	Equity	N/A	N/A	23,669	\$ 3,412,238	\$ 18,937,567
	NVIDIA CORP	Equity	N/A	N/A	7,408	1,851,175	5,927,141
	NVR INC	Equity	N/A	N/A	19	75,992	94,493
	O REILLY AUTOMOTIVE INC	Equity	N/A	N/A	822	457,960	465,425
	OAK STREET HEALTH INC	Equity	N/A	N/A	171	9,713	10,015
	OASIS PETROLEUM INC	Equity	N/A	N/A	2,370	101,007	238,304
	OCADO GROUP PLC	Equity	N/A	N/A	30,568	275,833	872,105
	OCCIDENTAL PETROLEUM CORP	Equity	N/A	N/A	12,644	231,353	395,378
	OCEANFIRST FINANCIAL CORP	Equity	N/A	N/A	48,049	1,164,587	1,001,341
	OGE ENERGY CORP	Equity	N/A	N/A	3,431	113,036	115,453
	OLD DOMINION FGHT LINES INC	Equity	N/A	N/A	139	28,834	35,278
	OLD REPUBLIC INTERNATIONAL CORP	Equity	N/A	N/A	4,785	102,484	119,194
	OLEMA PHARMACEUTICALS INC	Equity	N/A	N/A	4,907	172,679	137,298
	OLIN CORP PAR \$1	Equity	N/A	N/A	2,276	51,731	105,288
	OLLIE'S BARGAIN OUTLET	Equity	N/A	N/A	19,258	1,671,808	1,620,176
	OLLIE'S BARGAIN OUTLET HOLDI	Equity	N/A	N/A	1,117	98,236	93,973
	OMEGA HEALTHCARE INVS INC	Equity	N/A	N/A	4,024	113,248	146,031
	OMNICELL INC	Equity	N/A	N/A	11,826	847,306	1,791,048
	OMNICOM GROUP	Equity	N/A	N/A	3,650	235,339	291,964
	ON SEMICONDUCTOR CORPORATION	Equity	N/A	N/A	3,329	101,763	127,434
	ONEMAIN HOLDINGS INC	Equity	N/A	N/A	1,516	68,321	90,824
	ONEOK INC NEW	Equity	N/A	N/A	7,603	306,119	423,031
	ONESPAWORLD HOLDINGS LTD	Equity	N/A	N/A	50,749	566,207	491,758
	OPENDOOR TECHNOLOGIES INC	Equity	N/A	N/A	4,745	81,183	84,129
	ORGANON & CO-W/I	Equity	N/A	N/A	4,345	131,168	131,480
	ORMAT TECHNOLOGIES INC	Equity	N/A	N/A	3,094	222,630	215,126
	ORTHOPEDIATRICS CORP	Equity	N/A	N/A	20,512	1,020,905	1,295,948
	OSHKOSH CORPORATION CLASS B	Equity	N/A	N/A	1,171	45,544	145,953
	OTIS WORLDWIDE CORP	Equity	N/A	N/A	7,368	484,517	602,481
	OUTFRONT MEDIA INC	Equity	N/A	N/A	100,856	1,742,477	2,423,570
	OVINTIV INC	Equity	N/A	N/A	20,898	435,509	657,660
	OWENS & MINOR INC	Equity	N/A	N/A	41,175	1,049,206	1,742,938
	OWENS CORNING INC	Equity	N/A	N/A	1,785	103,931	174,752
	PACCAR INC	Equity	N/A	N/A	5,840	504,733	521,220
	PACIFIC ANDES RESOURCES	Equity	N/A	N/A	1,533,000	-	24,007
	PACKGING CORP PKG	Equity	N/A	N/A	1,606	128,720	217,485
	PACWEST BANCORP	Equity	N/A	N/A	2,017	51,687	83,020
	PANDORA A/S	Equity	N/A	N/A	11,536	478,378	1,550,703
	PARK HOTELS & RESORTS INC	Equity	N/A	N/A	4,007	71,066	82,584
	PARKER HANNIFIN CORP	Equity	N/A	N/A	1,839	499,935	564,775
	PATRICK INDUSTRIES INC	Equity	N/A	N/A	18,838	928,177	1,375,174
	PAYCHEX INC	Equity	N/A	N/A	707	66,201	75,861
	PAYCOM SOFTWARE INC	Equity	N/A	N/A	990	251,028	359,835
	PAYCOM SOFTWARE INC	Equity	N/A	N/A	6,812	2,518,616	2,475,958
	PAYLOCITY HOLDING CORP	Equity	N/A	N/A	12,211	2,172,040	2,329,859
	PAYPAL HOLDINGS INC	Equity	N/A	N/A	41,202	4,262,343	12,009,559
	PAYPAL HOLDINGS INC	Equity	N/A	N/A	35,625	2,262,046	10,383,975
	PAYSAFE LTD	Equity	N/A	N/A	5,284	64,514	63,989
	PDC ENERGY INC	Equity	N/A	N/A	13,400	384,762	613,586
	PEBBLEBROOK HOTEL TRUST	Equity	N/A	N/A	93,910	1,507,929	2,211,581
	PEGASYSTEMS INC	Equity	N/A	N/A	22,714	2,759,345	3,161,562
	PEGASYSTEMS INC	Equity	N/A	N/A	39	4,986	5,428
	PENN NATL GAMING INC	Equity	N/A	N/A	6,876	447,302	525,945
	PENN NATL GAMING INC	Equity	N/A	N/A	2,506	190,671	191,684
	PENNYMAC MORTGAGE INVESTMENT	Equity	N/A	N/A	28,625	635,435	602,843
	PENSKE AUTO GROUP INC	Equity	N/A	N/A	548	31,659	41,369
	PENTAIR PLC	Equity	N/A	N/A	2,832	144,036	191,132
	PEOPLE'S UNITED FINANCIAL IN	Equity	N/A	N/A	7,279	96,795	124,762
	PERELLA WEINBERG PARTNERS	Equity	N/A	N/A	73,258	858,135	942,098
	PERFORMANCE FOOD GROUP CO	Equity	N/A	N/A	66,274	2,245,766	3,213,626
	PERKINELMER INC	Equity	N/A	N/A	1,919	278,907	296,313
	PERRIGO CO LTD	Equity	N/A	N/A	2,287	111,620	104,859
	PETCO HEALTH AND WELLNESS CO	Equity	N/A	N/A	1,196	27,363	26,802

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

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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(b) Identity of issuer, borrower, lessor or similar party		Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
(a)						Cost	Current value
	PG&E CORP	Equity	N/A	N/A	25,878	\$ 314,250	\$ 263,179
	PGT INNOVATIONS INC	Equity	N/A	N/A	88,257	1,496,424	2,050,210
	PHILLIPS 66	Equity	N/A	N/A	7,505	675,713	644,079
	PILGRIM'S PRIDE CORP	Equity	N/A	N/A	480	9,870	10,646
	PINDUODUO INC	Equity	N/A	N/A	1,507	201,210	191,419
	PINNACLE FINANCIAL	Equity	N/A	N/A	19,497	640,371	1,721,390
	PINNACLE FINANCIAL	Equity	N/A	N/A	1,272	73,466	112,305
	PINNACLE WEST CAPITAL CORP	Equity	N/A	N/A	1,932	159,321	158,366
	PINTEREST INC	Equity	N/A	N/A	43,909	3,133,555	3,466,616
	PIONEER NAT RES CO	Equity	N/A	N/A	2,049	228,222	333,003
	PLANET FITNESS INC - CL A	Equity	N/A	N/A	445	33,067	33,486
	PLAYA HOTELS & RESORTS NV	Equity	N/A	N/A	147,406	1,162,669	1,095,227
	POLARIS INC	Equity	N/A	N/A	302	28,992	41,362
	POPULAR INC	Equity	N/A	N/A	28,449	1,107,587	2,135,097
	POPULAR INC	Equity	N/A	N/A	1,424	74,531	106,871
	POPULAR INC SEDOL	Equity	N/A	N/A	26,769	921,364	2,009,013
	PORTLAND GENERAL ELECTRIC CO	Equity	N/A	N/A	26,511	1,517,386	1,221,627
	POST HOLDINGS INC-W CLASS I	Equity	N/A	N/A	1,010	94,533	109,555
	POTLATCHDELTIC CORP	Equity	N/A	N/A	23,080	1,092,954	1,226,702
	PPD INC	Equity	N/A	N/A	1,622	70,166	74,758
	PPG INDUSTRIES INC	Equity	N/A	N/A	2,345	341,794	398,111
	PPL CORPORATION	Equity	N/A	N/A	13,204	408,213	369,316
	PRA GROUP INC	Equity	N/A	N/A	18,591	617,662	715,196
	PRA GROUP INC	Equity	N/A	N/A	20,402	746,328	784,865
	PREMIER INC-CLASS A	Equity	N/A	N/A	2,095	73,625	72,885
	PRICE T ROWE GROUP INC	Equity	N/A	N/A	2,584	391,521	511,554
	PRIMERICA INC	Equity	N/A	N/A	671	100,223	102,757
	PRIMIS FINANCIAL CORP	Equity	N/A	N/A	53,626	822,384	818,333
	PRIMO WATER CORP	Equity	N/A	N/A	74,863	906,502	1,252,458
	PRINCIPAL FINANCIAL GROUP	Equity	N/A	N/A	4,604	128,698	290,927
	PROASSURANCE CORPORATION	Equity	N/A	N/A	29,343	817,544	667,553
	PROG HOLDINGS INC	Equity	N/A	N/A	24,045	1,056,500	1,157,286
	PROQR THERAPEUTICS NV	Equity	N/A	N/A	52,753	326,207	355,555
	PROS HOLDINGS INC	Equity	N/A	N/A	28,829	1,270,413	1,313,738
	PROSPERITY BANCSHARES INC	Equity	N/A	N/A	15,670	641,964	1,125,106
	PROSPERITY BANCSHARES INC	Equity	N/A	N/A	1,535	101,788	110,213
	PROTO LABS INC	Equity	N/A	N/A	6,975	309,886	640,305
	PRUDENTIAL FINANCIAL INC.	Equity	N/A	N/A	6,756	539,726	692,287
	PRUDENTIAL PLC	Equity	N/A	N/A	136,609	1,469,326	2,648,029
	PS BUSINESS PKS INC	Equity	N/A	N/A	17,489	1,795,966	2,589,771
	PTC THERAPEUTICS INC	Equity	N/A	N/A	14,011	716,799	592,245
	PUBLIC SERVICE ENTERPRISE GROUP INC	Equity	N/A	N/A	8,642	497,347	516,273
	PULTE GROUP INC	Equity	N/A	N/A	3,181	136,245	173,587
	PURE CYCLE CORP	Equity	N/A	N/A	46,330	567,677	640,281
	PURE STORAGE INC - CLASS A	Equity	N/A	N/A	290	6,209	5,664
	PVH CORP	Equity	N/A	N/A	1,216	124,026	130,829
	Q2 HOLDINGS INC	Equity	N/A	N/A	9,315	744,375	955,533
	QIAGEN NV	Equity	N/A	N/A	3,889	190,308	188,150
	QORVO INC	Equity	N/A	N/A	1,936	321,651	378,778
	QUANEX BUILDING PRODUCTS	Equity	N/A	N/A	37,483	876,070	931,078
	QUANTA SVCS INC	Equity	N/A	N/A	2,371	179,227	214,741
	QUANTUMSCAPE CORP	Equity	N/A	N/A	570	16,506	16,678
	QUEST DIAGNOSTICS INC	Equity	N/A	N/A	2,234	277,809	294,821
	QUIDEL CORP	Equity	N/A	N/A	644	76,690	82,509
	QURATE RETAIL INC	Equity	N/A	N/A	81,328	974,237	1,064,584
	QURATE RETAIL INC SERIES A	Equity	N/A	N/A	6,366	57,071	83,331
	RADIUS GLOBAL INFRASTRUCTU	Equity	N/A	N/A	60,463	498,206	876,714
	RALPH LAUREN CORP	Equity	N/A	N/A	812	77,704	95,662
	RAMBUS INC	Equity	N/A	N/A	52,719	1,058,941	1,249,967
	RAMBUS INC	Equity	N/A	N/A	59,562	842,363	1,412,215
	RAPID7 INC	Equity	N/A	N/A	16,840	861,686	1,593,569
	RAPT THERAPEUTICS INC	Equity	N/A	N/A	11,272	253,219	358,337
	RAVEN INDUSTRIES INC	Equity	N/A	N/A	6,640	127,696	384,124

**PLUMBERS AND PIPEFITTERS NATIONAL
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		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	RAYMOND JAMES FINANCIAL INC	Equity	N/A	N/A	2,002	\$ 189,517	\$ 260,060
	RAYONIER INC	Equity	N/A	N/A	2,364	69,535	84,939
	REALTY INCOME CORP	Equity	N/A	N/A	6,410	390,557	427,803
	REATA PHARMACEUTICALS INC	Equity	N/A	N/A	7,775	1,112,047	1,100,396
	RECKITT BENCKISER GROUP PLC	Equity	N/A	N/A	42,528	3,222,044	3,803,704
	RECRUIT HOLDINGS CO	Equity	N/A	N/A	64,700	1,042,308	3,191,975
	RED ROCK RESORTS INC	Equity	N/A	N/A	19,306	685,440	820,505
	REDFIN CORP	Equity	N/A	N/A	16,951	564,326	1,074,863
	REGAL REXNORD CORPORATION	Equity	N/A	N/A	698	54,793	93,190
	REGENCY CENTERS CORP	Equity	N/A	N/A	2,892	139,926	185,290
	REGIONS FINANCIAL CORP	Equity	N/A	N/A	16,466	221,012	332,284
	REINSURANCE GROUP OF AMERICA	Equity	N/A	N/A	1,165	173,718	132,810
	RELAY THERAPEUTICS INC	Equity	N/A	N/A	8,476	298,398	310,137
	RELIANCE STL & ALUM CO	Equity	N/A	N/A	1,088	62,212	164,179
	RELIANT BANCORP INC	Equity	N/A	N/A	18,516	513,601	513,449
	RENAISSANCE HOLDINGS LTD	Equity	N/A	N/A	469	76,655	69,797
	REPAY HOLDINGS CORP	Equity	N/A	N/A	58,843	1,415,230	1,414,586
	REPLIGEN CORP	Equity	N/A	N/A	54	10,347	10,779
	REPLIMUNE GROUP INC	Equity	N/A	N/A	7,303	257,685	280,581
	REPUBLIC SVCS INC	Equity	N/A	N/A	3,601	169,964	396,146
	RESMED INC	Equity	N/A	N/A	247	60,388	60,890
	REVOLUTION MEDICINES INC	Equity	N/A	N/A	13,493	528,475	428,268
	REXFORD INDUSTRIAL REALTY IN	Equity	N/A	N/A	24,834	603,607	1,414,296
	REXFORD INDUSTRIAL REALTY IN	Equity	N/A	N/A	2,297	111,987	130,814
	REYNOLDS CONSUMER PRODUCTS I	Equity	N/A	N/A	929	28,039	28,195
	RINGCENTRAL INC	Equity	N/A	N/A	16,771	5,013,041	4,873,317
	RITCHIE BROS AUCTIONEERS INC	Equity	N/A	N/A	44,971	2,796,010	2,665,881
	ROBERT HALF INTERNATIONAL INC	Equity	N/A	N/A	231	14,998	20,552
	ROBLOX CORP	Equity	N/A	N/A	34,612	2,714,982	3,114,388
	ROBLOX CORP	Equity	N/A	N/A	1,684	123,795	151,526
	ROCHE HOLDING AG-GENUSSCHEIN	Equity	N/A	N/A	18,843	3,973,894	6,953,067
	ROCKET PHARMACEUTICALS INC	Equity	N/A	N/A	12,137	244,480	537,548
	ROCKWELL AUTOMATION INC	Equity	N/A	N/A	782	192,067	223,668
	ROGERS CORP	Equity	N/A	N/A	10,870	897,700	2,182,696
	ROKU INC	Equity	N/A	N/A	1,638	568,507	752,252
	ROLLINS INC	Equity	N/A	N/A	56,840	1,984,174	1,943,928
	ROLLINS INC	Equity	N/A	N/A	277	10,389	9,473
	ROPER TECHNOLOGIES INC	Equity	N/A	N/A	3,694	961,062	1,736,919
	ROSS STORES INC	Equity	N/A	N/A	24,641	2,325,439	3,055,484
	ROYAL CARIBBEAN CRUISES LTD	Equity	N/A	N/A	3,755	309,296	320,226
	ROYAL DUTCH SHELL PLC	Equity	N/A	N/A	336,766	4,451,852	6,674,702
	ROYAL GOLD INC	Equity	N/A	N/A	1,122	125,957	128,020
	ROYALTY PHARMA PLC	Equity	N/A	N/A	2,273	103,455	93,170
	RPM INTERNATIONAL INC	Equity	N/A	N/A	910	80,056	80,699
	RYDER SYSTEM INC	Equity	N/A	N/A	892	54,395	66,302
	RYERSON HOLDING CORP	Equity	N/A	N/A	23,024	180,519	336,150
	S&P GLOBAL INC	Equity	N/A	N/A	16,455	2,664,857	6,753,955
	S&P GLOBAL INC	Equity	N/A	N/A	7,577	1,758,932	3,109,980
	SAGE THERAPEUTICS INC	Equity	N/A	N/A	2,133	108,436	121,176
	SAGE THERAPEUTICS INC	Equity	N/A	N/A	880	62,679	49,993
	SALESFORCE.COM	Equity	N/A	N/A	76,491	7,431,985	18,684,457
	SALESFORCE.COM	Equity	N/A	N/A	28,667	2,798,045	7,002,488
	SAMSUNG ELECTRONICS LTD	Equity	N/A	N/A	40,915	1,305,050	2,931,972
	SAMSUNG SDI CO LTD	Equity	N/A	N/A	4,792	887,479	2,970,134
	SANDY SPRING BANCORP INC	Equity	N/A	N/A	17,976	805,510	793,281
	SANTANDER CONSUMER USA HOLDI	Equity	N/A	N/A	1,032	23,740	37,482
	SAP SE	Equity	N/A	N/A	15,249	1,061,568	2,155,751
	SBA COMMUNICATIONS CORP	Equity	N/A	N/A	1,546	493,301	492,710
	SCHNEIDER ELECTRIC	Equity	N/A	N/A	33,435	1,762,685	5,251,970
	SCHNEIDER NATIONAL INC-CL B	Equity	N/A	N/A	886	18,860	19,288
	SCHNITZER STL INDS	Equity	N/A	N/A	5,334	90,994	261,633
	SCHOLAR ROCK HOLDING CORP	Equity	N/A	N/A	12,923	229,396	373,475
	SCHWAB CHARLES CORP	Equity	N/A	N/A	24,217	1,246,652	1,763,240

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

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

JUNE 30, 2021

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares						
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d) Cost	(e) Current value	
	SCIENCE APPLICATIONS INTE	Equity	N/A	N/A	16,187	\$ 1,340,612	\$	1,420,086
	SCIENCE APPLICATIONS INTE	Equity	N/A	N/A	991	95,185		86,940
	SEA LTD	Equity	N/A	N/A	6,967	829,389		1,913,138
	SEA LTD	Equity	N/A	N/A	26,097	3,319,823		7,166,236
	SEABOARD CORP DEL	Equity	N/A	N/A	4	13,040		15,475
	SEAGEN INC	Equity	N/A	N/A	245	38,507		38,681
	SEALED AIR CORP	Equity	N/A	N/A	1,191	50,229		70,567
	SEAWORLD ENTERTAINMENT INC	Equity	N/A	N/A	21,909	1,117,725		1,094,135
	SEI INVESTMENT CO	Equity	N/A	N/A	1,876	104,844		116,256
	SEKISUI CHEMICAL CO LTD	Equity	N/A	N/A	107,000	676,526		1,829,001
	SENSATA TECHNOLOGIES HOLDING	Equity	N/A	N/A	2,664	132,921		154,432
	SERVICE CORP INTERNATIONAL	Equity	N/A	N/A	2,804	138,402		150,266
	SERVICE NOW INC	Equity	N/A	N/A	14,905	1,395,139		8,191,043
	SHAKE SHACK INC	Equity	N/A	N/A	8,214	556,220		879,062
	SHERWIN-WILLIAMS CO	Equity	N/A	N/A	666	118,444		181,452
	SHOALS TECHNOLOGIES GROUP -A	Equity	N/A	N/A	1,520	47,436		53,960
	SHOPIFY INC	Equity	N/A	N/A	11,164	8,401,891		16,310,381
	SHOPIFY INC	Equity	N/A	N/A	1,575	1,731,160		2,301,044
	SHUTTER STOCK INC	Equity	N/A	N/A	11,545	728,299		1,133,373
	SIEMENS AG	Equity	N/A	N/A	23,895	2,420,082		3,798,380
	SIGILON THERAPEUTICS INC	Equity	N/A	N/A	8,673	164,668		93,061
	SIGNATURE BK NEW YORK N Y	Equity	N/A	N/A	966	123,897		237,298
	SIGNIFY HEALTH INC -CLASS A	Equity	N/A	N/A	390	11,320		11,868
	SIKA AG MANUFACTURES	Equity	N/A	N/A	7,031	1,031,469		2,308,875
	SILGAN HLDGS INC	Equity	N/A	N/A	1,435	43,920		59,553
	SILICON LABORATORIES INC	Equity	N/A	N/A	5,102	529,231		781,882
	SIMON PROPERTY GROUP INC	Equity	N/A	N/A	732	66,558		95,511
	SIMPLY GOOD FOODS CO/THE	Equity	N/A	N/A	45,488	973,655		1,660,767
	SIRIUS XM HOLDINGS INC	Equity	N/A	N/A	15,438	100,387		100,965
	SIRIUSPOINT LTD	Equity	N/A	N/A	85,797	834,113		863,976
	SITEONE LANDSCAPE SUPPLY INC	Equity	N/A	N/A	362	60,834		61,272
	SIX FLAGS ENTERTAINMENT CORP	Equity	N/A	N/A	28,853	1,269,598		1,248,758
	SIX FLAGS ENTERTAINMENT CORP	Equity	N/A	N/A	815	27,213		35,273
	SKECHERS U S A INC CL A	Equity	N/A	N/A	2,003	73,262		99,809
	SKYLINE CHAMPION CORP	Equity	N/A	N/A	23,382	776,581		1,246,261
	SKYLINE CHAMPION CORP	Equity	N/A	N/A	57,486	1,498,794		3,064,004
	SKYWORKS SOLUTIONS INC	Equity	N/A	N/A	1,492	213,305		286,091
	SL GREEN REALTY CORP	Equity	N/A	N/A	1,206	78,078		96,480
	SLM CORP	Equity	N/A	N/A	5,513	58,122		115,442
	SM ENERGY COMPANY	Equity	N/A	N/A	5,048	130,741		124,332
	SMC CORP	Equity	N/A	N/A	5,000	1,490,921		2,974,995
	SMITH A O CORP	Equity	N/A	N/A	26,202	1,756,980		1,888,116
	SMITH A O CORP COMMON	Equity	N/A	N/A	2,264	124,969		163,144
	SNAP INC	Equity	N/A	N/A	122,464	7,049,157		8,344,697
	SNAP INC	Equity	N/A	N/A	106,523	4,894,067		7,258,477
	SNAP ON INC	Equity	N/A	N/A	913	140,349		203,992
	SNOWFLAKE INC	Equity	N/A	N/A	17,763	5,008,983		4,295,093
	SNOWFLAKE INC	Equity	N/A	N/A	766	167,787		185,219
	SOFTBRANDS INC	Equity	N/A	N/A	5,163	1		5
	SOLARWINDS CORP	Equity	N/A	N/A	1,195	25,038		20,184
	SONOCO PRODUCTS CO	Equity	N/A	N/A	1,723	103,681		115,269
	SONY CORP	Equity	N/A	N/A	53,800	2,367,364		5,192,776
	SOUTH JERSEY INDUSTRIES INC	Equity	N/A	N/A	44,254	1,125,793		1,147,506
	SOUTHSTATE CORPORATION	Equity	N/A	N/A	14,236	1,090,359		1,163,935
	SOUTHSTATE CORPORATION	Equity	N/A	N/A	36,795	2,522,159		3,008,359
	SOUTHWEST AIRLINES CO	Equity	N/A	N/A	10,122	484,360		537,377
	SPECTRUM BRANDS HLDGS INC	Equity	N/A	N/A	9,895	885,070		841,471
	SPECTRUM BRANDS HLDGS INC	Equity	N/A	N/A	715	48,153		60,804
	SPIRIT AEROSYSTEMS HOLD CL A	Equity	N/A	N/A	1,269	59,213		59,884
	SPIRIT REALTY CAPITAL INC	Equity	N/A	N/A	1,959	77,161		93,719
	SPLUNK INC	Equity	N/A	N/A	6,807	885,119		984,156
	SPOTIFY TECHNOLOGY	Equity	N/A	N/A	5,902	1,147,922		1,626,532
	SPOTIFY TECHNOLOGY	Equity	N/A	N/A	21,457	5,663,371		5,913,335

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

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

JUNE 30, 2021

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	SPRINKLR INC	Equity	N/A	N/A	7,800	\$ 135,493	\$ 160,602
	SQUARE INC	Equity	N/A	N/A	26,577	4,538,008	6,479,473
	SQUARE INC	Equity	N/A	N/A	1,185	257,208	288,903
	SS&C TECHNOLOGIES HOLDINGS	Equity	N/A	N/A	3,841	276,676	276,782
	STAG INDUSTRIES INC	Equity	N/A	N/A	35,117	968,200	1,314,429
	STANLEY BLACK & DECKER INC	Equity	N/A	N/A	2,766	496,137	567,002
	STARBUCKS CORP	Equity	N/A	N/A	3,834	414,061	428,680
	STARWOOD PROPERTY TRUST INC	Equity	N/A	N/A	4,698	88,917	122,947
	STATE STR CORP	Equity	N/A	N/A	5,956	450,643	490,060
	STEEL DYNAMICS INC	Equity	N/A	N/A	2,791	107,348	166,344
	STELLANTIS NV	Equity	N/A	N/A	131,120	2,089,076	2,584,375
	STEPSTONE GROUP INC	Equity	N/A	N/A	18,327	524,384	630,449
	STERICYCLE INC	Equity	N/A	N/A	1,571	109,796	112,405
	STERIS PLC	Equity	N/A	N/A	1,461	280,039	301,404
	STERLING BANCORP	Equity	N/A	N/A	3,007	51,506	74,544
	STIFEL FINL CORP	Equity	N/A	N/A	24,966	412,406	1,619,295
	STIFEL FINL CORP	Equity	N/A	N/A	1,748	115,239	113,375
	STONECO LTD	Equity	N/A	N/A	261	17,603	17,503
	STORE CAPITAL CORP	Equity	N/A	N/A	4,183	137,096	144,355
	STRAUMANN HOLDING AG	Equity	N/A	N/A	666	399,873	1,097,515
	STRYKER CORP	Equity	N/A	N/A	17,095	2,409,117	4,440,084
	SUN CMNTYS INC	Equity	N/A	N/A	1,893	283,351	324,460
	SUNNOVA ENERGY INTERNATIONAL	Equity	N/A	N/A	25,305	477,911	952,986
	SUNRUN INC	Equity	N/A	N/A	3,415	185,697	190,489
	SUPERNUS PHARMACEUTICALS INC	Equity	N/A	N/A	33,727	1,122,077	1,038,454
	SVB FINANCIAL GROUP	Equity	N/A	N/A	926	341,550	515,254
	SVENSKA HANDELSBANKEN	Equity	N/A	N/A	187,862	1,708,122	2,169,806
	SYNAPTICS INC	Equity	N/A	N/A	9,275	1,153,041	1,443,005
	SYNCHRONY FINANCIAL	Equity	N/A	N/A	8,084	264,897	392,236
	SYNDAX PHARMACEUTICALS INC	Equity	N/A	N/A	15,015	215,162	257,808
	SYNEOS HEALTH INC	Equity	N/A	N/A	1,518	104,123	135,846
	SYNNEX CORP	Equity	N/A	N/A	7,147	429,946	870,219
	SYNOPSIS INC	Equity	N/A	N/A	11,016	1,697,052	3,038,103
	SYNOPSIS INC	Equity	N/A	N/A	952	250,594	262,552
	SYNOVUS FINANCIAL CORP	Equity	N/A	N/A	2,334	77,051	102,416
	TAIWAN SEMICONDUCTOR MTG CO	Equity	N/A	N/A	30,927	1,171,617	3,716,188
	TAIWAN SEMICONDUCTOR MTG CO	Equity	N/A	N/A	523	62,248	62,844
	TAKE TWO INTERACTIVE SOFTWARE CDT	Equity	N/A	N/A	1,567	273,839	277,390
	TAKEDA PHARMACEUTICALS CO LTD	Equity	N/A	N/A	79,100	2,327,867	2,639,172
	TANDEM DIABETES CARE INC	Equity	N/A	N/A	63	5,891	6,136
	TAPESTRY INC	Equity	N/A	N/A	4,303	126,815	187,094
	TARGA RESOURCES CORP	Equity	N/A	N/A	3,860	100,282	171,577
	TCR2 THERAPEUTICS INC	Equity	N/A	N/A	17,833	300,686	292,640
	TD SYNEX CORP	Equity	N/A	N/A	715	30,632	87,058
	TE CONNECTIVITY LTD	Equity	N/A	N/A	5,000	531,891	676,050
	TECHTRONIC INDUSTRIES CO LTD	Equity	N/A	N/A	139,200	896,755	2,431,064
	TELADOC HEALTH INC	Equity	N/A	N/A	35,517	6,594,854	5,906,122
	TELADOC HEALTH INC	Equity	N/A	N/A	2,512	418,794	417,720
	TELEDYNE TECHNOLOGIES INC	Equity	N/A	N/A	787	313,159	329,619
	TELEFLEX INC	Equity	N/A	N/A	659	263,364	264,780
	TENCENT HOLDINGS LTD	Equity	N/A	N/A	36,200	983,442	2,722,240
	TENCENT HOLDINGS LTD	Equity	N/A	N/A	7,400	350,951	556,480
	TENCENT HOLDINGS LTD	Equity	N/A	N/A	90,950	2,623,932	6,848,535
	TERADATA CORP	Equity	N/A	N/A	272	6,572	13,592
	TERMINIX GLOBAL HOLDINGS INC	Equity	N/A	N/A	2,204	110,988	105,153
	TERUMO CORP	Equity	N/A	N/A	38,100	655,472	1,554,251
	TESLA INC	Equity	N/A	N/A	33,610	2,426,379	22,844,717
	TEXAS INSTRUMENTS INC	Equity	N/A	N/A	8,933	1,337,822	1,717,816
	TEXTRON INC	Equity	N/A	N/A	3,866	192,731	265,865
	TFS FINANCIAL CORP	Equity	N/A	N/A	827	14,520	16,788
	TG THERAPEUTICS INC	Equity	N/A	N/A	15,455	386,665	599,499
	THE HERSHEY COMPANY	Equity	N/A	N/A	356	53,455	62,008
	THERMO FISHER SCIENTIFIC INC	Equity	N/A	N/A	3,651	581,521	1,841,820

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

JUNE 30, 2021

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	THOR INDUSTRIES INC	Equity	N/A	N/A	541	\$ 53,148	\$ 61,133
	THRYV HOLDINGS INC	Equity	N/A	N/A	15,682	403,090	560,945
	TIMKEN CO	Equity	N/A	N/A	1,100	62,214	88,649
	TJX COMPANIES INC	Equity	N/A	N/A	9,200	594,280	620,264
	TJX COMPANIES INC NEW	Equity	N/A	N/A	71,910	4,714,992	4,848,172
	T-MOBILE US INC	Equity	N/A	N/A	6,289	813,371	910,836
	TOKIO MARINE HOLDINGS INC	Equity	N/A	N/A	52,300	1,793,882	2,404,359
	TOLL BROTHERS INC	Equity	N/A	N/A	1,144	44,204	66,135
	TOPBUILD CORP	Equity	N/A	N/A	97	18,621	19,185
	TORO CO	Equity	N/A	N/A	100	9,025	10,988
	TOWER SEMICONDUCTOR	Equity	N/A	N/A	50,988	1,206,988	1,500,577
	TOYOTA MOTOR CORPORATION	Equity	N/A	N/A	46,900	2,303,100	4,080,300
	TRADE DESK INC/THE	Equity	N/A	N/A	77,340	2,258,330	5,983,022
	TRADEWEB MARKETS INC-CLASS A	Equity	N/A	N/A	1,798	148,331	152,039
	TRANE TECHNOLOGIES PLC	Equity	N/A	N/A	2,099	297,228	386,510
	TRANSDIGM GROUP INC	Equity	N/A	N/A	631	144,907	408,440
	TRANSUNION	Equity	N/A	N/A	5,300	567,450	581,993
	TRANSUNION	Equity	N/A	N/A	1,040	110,697	114,202
	TRAVEL + LEISURE CO	Equity	N/A	N/A	486	15,851	28,893
	TRIMAS CORP	Equity	N/A	N/A	27,841	896,753	844,418
	TRIMBLE INCORPORATED	Equity	N/A	N/A	4,291	272,064	351,133
	TRINET GROUP INC	Equity	N/A	N/A	28,607	958,464	2,073,435
	TRIPADVISOR INC CLASS I	Equity	N/A	N/A	652	19,923	26,276
	TRITON INTERNATIONAL LTD	Equity	N/A	N/A	16,670	609,340	872,508
	TRIUMPH BANCORP INC	Equity	N/A	N/A	29,833	511,695	2,215,100
	TRIUMPH BANCORP INC	Equity	N/A	N/A	20,091	611,772	1,491,757
	TRIUMPH GROUP INC	Equity	N/A	N/A	10,702	229,099	222,067
	TRUPANION INC	Equity	N/A	N/A	40,779	1,125,481	4,693,663
	TTM TECHNOLOGIES	Equity	N/A	N/A	81,252	1,012,654	1,161,904
	TURNING POINT THERAPEUTICS	Equity	N/A	N/A	8,007	534,995	624,706
	TUSIMPLE HOLDINGS INC - A	Equity	N/A	N/A	542	30,518	38,612
	TWILIO INC	Equity	N/A	N/A	27,719	4,752,385	10,925,721
	TWILIO INC	Equity	N/A	N/A	2,000	683,534	788,320
	TWITTER INC	Equity	N/A	N/A	11,966	575,083	823,380
	TYLER TECHNOLOGIES INC	Equity	N/A	N/A	7,790	3,416,738	3,523,962
	TYLER TECHNOLOGIES INC	Equity	N/A	N/A	92	41,701	41,618
	TYSON FOODS INC CLASS A	Equity	N/A	N/A	4,926	313,519	363,342
	UBER TECHNOLOGIES INC	Equity	N/A	N/A	177,928	6,578,251	8,917,751
	UBIQUITI INC	Equity	N/A	N/A	12	3,153	3,746
	UCB SA	Equity	N/A	N/A	28,286	2,134,019	2,956,891
	UDR INC	Equity	N/A	N/A	5,057	206,572	247,692
	UFP INDUSTRIES INC	Equity	N/A	N/A	17,272	633,390	1,284,000
	UGI HOLDING CORP NEW	Equity	N/A	N/A	3,570	116,007	165,327
	ULLICO INC CLASS A	Equity	N/A	N/A	1,907,245	40,014,221	55,141,550
	ULTRAGENYX PHARMACEUTICAL	Equity	N/A	N/A	3,490	306,985	332,772
	ULTRAGENYX PHARMACEUTICAL IN	Equity	N/A	N/A	283	26,552	26,984
	UMICORE	Equity	N/A	N/A	48,570	1,192,872	3,016,197
	UMPQUA HLDGS C	Equity	N/A	N/A	3,788	55,682	69,889
	UNDER ARMOUR INC CLASS A	Equity	N/A	N/A	3,246	55,020	68,653
	UNDER ARMOUR INC-CLASS C	Equity	N/A	N/A	3,408	50,788	63,287
	UNILEVER PLC	Equity	N/A	N/A	69,908	2,607,687	4,153,933
	UNION PACIFIC CORP	Equity	N/A	N/A	23,422	4,572,261	5,151,200
	UNION PACIFIC CORP	Equity	N/A	N/A	486	83,737	106,886
	UNISYS CORP	Equity	N/A	N/A	49,690	720,863	1,257,654
	UNITED AIRLINES HOLDINGS INC	Equity	N/A	N/A	5,536	289,919	289,477
	UNITED COMMUNITY BANKS	Equity	N/A	N/A	61,144	1,897,084	1,957,219
	UNITED RENTALS INC	Equity	N/A	N/A	809	197,175	258,079
	UNITED STATES CELLULAR CORP	Equity	N/A	N/A	34,460	1,153,643	1,251,243
	UNITED STS STL CORP NEW	Equity	N/A	N/A	4,579	108,242	109,896
	UNITED THERAPEUTICS CORP	Equity	N/A	N/A	6,702	577,029	1,202,406
	UNITED THERAPEUTICS CORP DEL	Equity	N/A	N/A	756	101,260	135,634
	UNITEDHEALTH GROUP INC	Equity	N/A	N/A	17,724	3,274,823	7,097,399
	UNIVAR SOLUTIONS INC	Equity	N/A	N/A	2,878	53,974	70,166

**PLUMBERS AND PIPEFITTERS NATIONAL
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JUNE 30, 2021

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
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		Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value
	UNIVERSAL HEALTH SERVICES INC CLASS B	Equity	N/A	N/A	1,298	\$ 152,148	\$ 190,066
	UNUM GROUP	Equity	N/A	N/A	3,501	96,469	99,428
	URBAN OUTFITTERS INC	Equity	N/A	N/A	29,714	927,510	1,224,811
	URBAN OUTFITTERS INC	Equity	N/A	N/A	48,056	1,226,338	1,980,868
	UROGEN PHARMA LTD	Equity	N/A	N/A	3,538	83,096	54,025
	US FOODS HOLDING CORP	Equity	N/A	N/A	3,784	133,963	145,154
	UWM HOLDINGS CORP	Equity	N/A	N/A	378	3,553	3,194
	VALERO ENERGY CORP	Equity	N/A	N/A	6,998	574,434	546,404
	VALLEY NATIONAL BANCORP	Equity	N/A	N/A	121,190	1,670,221	1,627,582
	VALMONT INDUSTRIES INC	Equity	N/A	N/A	357	60,252	84,270
	VALVOLINE INC	Equity	N/A	N/A	42,932	543,230	1,393,573
	VALVOLINE INC	Equity	N/A	N/A	3,112	72,519	101,016
	VARONIS SYSTEMS INC	Equity	N/A	N/A	30,612	1,742,235	1,763,863
	VEEVA SYSTEMS INC	Equity	N/A	N/A	3,390	741,831	1,054,121
	VENTAS INC	Equity	N/A	N/A	6,422	316,004	366,696
	VERACYTE INC	Equity	N/A	N/A	26,066	707,768	1,042,119
	VEREIT INC	Equity	N/A	N/A	3,919	157,775	180,000
	VERINT SYS INC	Equity	N/A	N/A	12,028	253,123	542,102
	VERISIGN INC	Equity	N/A	N/A	1,690	368,776	384,796
	VERISK ANALYTICS INC	Equity	N/A	N/A	16,201	2,938,060	2,830,639
	VERISK ANALYTICS INC	Equity	N/A	N/A	988	172,594	172,623
	VERITEX HOLDINGS INC	Equity	N/A	N/A	39,157	1,402,794	1,386,549
	VERTEX PHARMACEUTICALS INC	Equity	N/A	N/A	19,733	3,127,804	3,978,765
	VERTEX PHARMACEUTICALS INC	Equity	N/A	N/A	454	55,451	91,540
	VERTIV HOLDINGS LLC	Equity	N/A	N/A	63,577	621,197	1,735,652
	VERVE THERAPEUTICS INC	Equity	N/A	N/A	9,923	188,537	597,861
	VESTAS WIND SYSTEMS	Equity	N/A	N/A	78,880	807,287	3,148,890
	V-F CORP	Equity	N/A	N/A	1,981	174,119	162,521
	VIACOMCBS INC - CLASS A	Equity	N/A	N/A	141	6,105	6,831
	VIACOMCBS INC - CLASS B	Equity	N/A	N/A	9,991	401,268	451,593
	VIASAT INC	Equity	N/A	N/A	1,061	39,373	52,880
	VIATRIS INC-W/I	Equity	N/A	N/A	20,711	366,646	295,960
	VIAVI SOLUTIONS INC	Equity	N/A	N/A	61,016	481,906	1,077,543
	VIAVI SOLUTIONS INC	Equity	N/A	N/A	95,575	1,212,794	1,687,855
	VICI PROPERTIES INC	Equity	N/A	N/A	9,200	236,600	285,384
	VIMEO INC	Equity	N/A	N/A	6,985	314,672	342,265
	VIMEO INC	Equity	N/A	N/A	15,808	689,302	774,592
	VIMEO INC-WHEN ISSUED	Equity	N/A	N/A	172	8,428	8,428
	VINCERA PHARMA INC	Equity	N/A	N/A	7,036	148,106	91,398
	VINE ENERGY INC	Equity	N/A	N/A	11,475	158,365	178,895
	VIPER ENERGY PARTNERS LP	Equity	N/A	N/A	26,907	379,069	506,659
	VIRGIN GALACTIC HOLDINGS INC	Equity	N/A	N/A	196	7,223	9,016
	VIRTU FINANCIAL INC-CLASS A	Equity	N/A	N/A	1,598	43,877	44,153
	VISA INC	Equity	N/A	N/A	55,535	4,285,461	12,985,194
	VISA INC	Equity	N/A	N/A	52,367	3,516,369	12,244,452
	VISTRA CORP	Equity	N/A	N/A	8,202	202,395	152,147
	VISTRY GROUP PLC	Equity	N/A	N/A	430	-	6,998
	VONTIER CORP	Equity	N/A	N/A	38,145	1,134,298	1,242,764
	VONTIER CORP-W/I	Equity	N/A	N/A	1,329	43,664	43,299
	VORNADO REALTY TRUST	Equity	N/A	N/A	3,014	123,092	140,663
	VOYA FINL INC COM	Equity	N/A	N/A	2,062	119,715	126,813
	VROOM INC	Equity	N/A	N/A	1,479	62,199	61,911
	VSE CORP	Equity	N/A	N/A	7,346	365,044	363,700
	VULCAN MATERIALS CO	Equity	N/A	N/A	2,266	330,235	394,443
	W P CAREY INC	Equity	N/A	N/A	3,020	211,715	225,352
	WABTEC CORP	Equity	N/A	N/A	3,107	234,307	255,706
	WARRIOR MET COAL INC	Equity	N/A	N/A	36,104	765,829	620,989
	WATERS CORP	Equity	N/A	N/A	73	17,344	25,230
	WATSCO INC	Equity	N/A	N/A	4,550	1,233,668	1,304,212
	WATSCO INC	Equity	N/A	N/A	560	124,042	160,518
	WAYFAIR INC	Equity	N/A	N/A	300	96,703	94,713
	WAYFAIR INC- CLASS A	Equity	N/A	N/A	575	176,666	181,533
	WEBSTER FINANCIAL CORP	Equity	N/A	N/A	1,544	63,177	82,357

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

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

JUNE 30, 2021

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares					
(a)	(b) Identity of issuer, borrower, lessor or similar party	Description	Maturity date	Rate of interest	Par/Maturity value or shares	(d)	(e)
						Cost	Current value
	WEC ENERGY GROUP INC	Equity	N/A	N/A	5,413	\$ 505,506	\$ 481,486
	WEINGARTEN REALTY INVESTMENTS	Equity	N/A	N/A	2,044	45,325	65,551
	WELBILT INC	Equity	N/A	N/A	87,713	1,609,431	2,030,556
	WELLTOWER INC	Equity	N/A	N/A	7,164	469,938	595,328
	WEST PHARMACEUTICAL SVCS INC	Equity	N/A	N/A	10,060	2,942,095	3,612,546
	WESTERN ALLIANCE BANCORP	Equity	N/A	N/A	818	46,090	75,951
	WESTERN DIGITAL CORP	Equity	N/A	N/A	5,260	273,212	374,354
	WESTERN UNION CO	Equity	N/A	N/A	5,259	105,218	120,799
	WESTLAKE CHEMICAL CORP	Equity	N/A	N/A	454	36,812	40,901
	WESTROCK CO-WHEN ISSUED	Equity	N/A	N/A	4,464	179,700	237,574
	WEX INC	Equity	N/A	N/A	4,997	126,823	968,918
	WEX INC	Equity	N/A	N/A	252	48,284	48,863
	WEYERHAEUSER CO	Equity	N/A	N/A	12,841	389,264	441,987
	WHIRLPOOL CORP	Equity	N/A	N/A	1,050	69,903	228,921
	WHITE MOUNTAINS INSURANCE GRP	Equity	N/A	N/A	52	51,094	59,698
	WHITEBREAD PLC	Equity	N/A	N/A	35,066	1,264,036	1,514,380
	WHITING PETROLEUM CORP	Equity	N/A	N/A	9,965	252,843	543,591
	WHOLE EARTH BRANDS INC	Equity	N/A	N/A	72,735	951,051	1,054,658
	WIDEOPENWEST INC	Equity	N/A	N/A	9,600	181,622	198,816
	WILEY JOHN A SONS INC	Equity	N/A	N/A	14,583	527,361	877,605
	WILLIAMS COMPANIES INC	Equity	N/A	N/A	20,840	453,721	553,302
	WILLIAMS SONOMA INC	Equity	N/A	N/A	308	33,459	49,172
	WILLIS TOWERS WATSON PLC	Equity	N/A	N/A	2,201	466,719	506,274
	WINTRUST FINL CORP	Equity	N/A	N/A	23,940	974,732	1,810,580
	WINTRUST FINL CORP	Equity	N/A	N/A	972	58,093	73,512
	WOODWARD INC	Equity	N/A	N/A	983	114,881	120,791
	WORKDAY INC	Equity	N/A	N/A	28,247	3,353,730	6,743,688
	WORKDAY INC	Equity	N/A	N/A	3,557	597,350	849,198
	WORKIVA INC	Equity	N/A	N/A	24,325	2,290,186	2,708,102
	WORLD WRESTLING ENT. INC	Equity	N/A	N/A	103	6,173	5,963
	WORTHINGTON INDUSTRIES INC	Equity	N/A	N/A	3,367	185,562	205,993
	WR BERKLEY CORP	Equity	N/A	N/A	2,363	156,395	175,878
	WYNDHAM HOTELS & RESORTS	Equity	N/A	N/A	579	33,788	41,856
	XCEL ENERGY INC	Equity	N/A	N/A	9,229	612,712	608,007
	XENIA HOTELS & RESORTS INC	Equity	N/A	N/A	83,389	1,426,583	1,561,876
	XERO LIMITED	Equity	N/A	N/A	14,282	361,006	1,468,452
	XEROX HOLDINGS CORP	Equity	N/A	N/A	2,620	97,381	61,544
	XPO LOGISTICS INC	Equity	N/A	N/A	226	27,044	31,615
	XYLEM INC	Equity	N/A	N/A	1,046	102,851	125,478
	YASKAWA ELECTRIC CORP	Equity	N/A	N/A	44,600	1,107,105	2,179,918
	YELLOW CORP	Equity	N/A	N/A	34,928	264,652	227,381
	Y-MABS THERAPEUTICS INC	Equity	N/A	N/A	14,453	559,546	488,511
	YUM CHINA HOLDINGS INC	Equity	N/A	N/A	6,650	382,815	440,563
	YUM! BRANDS INC	Equity	N/A	N/A	5,909	527,456	679,712
	YUM! BRANDS INC	Equity	N/A	N/A	4,679	548,583	538,225
	ZALANDO	Equity	N/A	N/A	6,472	145,734	139,261
	ZENDESK INC	Equity	N/A	N/A	472	69,916	68,128
	ZENTALIS PHARMACEUTICALS INC	Equity	N/A	N/A	2,885	177,945	153,485
	ZIFF DAVIS INC	Equity	N/A	N/A	5,519	474,868	759,124
	ZIMMER BIOMET HOLDINGS INC	Equity	N/A	N/A	3,578	378,329	575,414
	ZIONS BANCORPORATION N.A.	Equity	N/A	N/A	2,772	75,435	146,528
	ZOETIS INC	Equity	N/A	N/A	10,921	1,535,803	2,035,238
	ZOOM VIDEO COMMUNICATIONS	Equity	N/A	N/A	8,759	3,072,672	3,389,995
	ZYNGA INC	Equity	N/A	N/A	8,971	90,899	95,355
	Total common and preferred stocks					1,102,274,881	1,861,347,954
<u>Mutual funds</u>							
	BLUEBAY EM SELECT BOND FUND	Mutual Fund	N/A	N/A	929,060	82,677,932	92,209,236
	FRONTIER MFG CORE INFRASTRUCTURE FUND	Mutual Fund	N/A	N/A	3,393,243	47,505,795	62,537,472
	VANGUARD REAL ESTATE INDEX FUND	Mutual Fund	N/A	N/A	2,692,088	48,610,438	60,087,397
	WELLINGTON - ISHARES TRUST RUSSELL	Mutual Fund	N/A	N/A	39,798	8,640,862	9,128,467
	WELLINGTON CIF II MID CAP OPPORTUNITIES SER 3	Mutual Fund	N/A	N/A	9,166,988	203,232,216	203,507,127
	Total mutual funds					390,667,243	427,469,699

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

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

JUNE 30, 2021

Form 5500, Schedule H, Line 4i

EIN: 52-6152779
Plan No. 001

		(c) Description of investment, including maturity date, rate of interest, collateral, par/maturity value or shares						
	(b) Identity of issuer, borrower, lessor or similar party					(d)	(e)	
(a)		Description	Maturity date	Rate of interest	Par/Maturity value or shares	Cost	Current value	
	<u>Common collective trusts</u>							
	AFL-CIO BUILDING INVESTMENT TRUST	CCT	N/A	N/A	22,691	\$ 30,315,519	\$ 177,615,324	
	MULTI EMPLOYER PROPERTY TRUST	CCT	N/A	N/A	16,314	25,964,840	206,316,028	
	AFL-CIO SL STOCK INDEX FUND	CCT	N/A	N/A	57,103,657	694,303,245	785,746,327	
	BELL AUSTRALIA TRUST	103-12	N/A	N/A	1,644,266	24,787,994	228,175,662	
	BELL INT'L TRUST	103-12	N/A	N/A	2,797,416	72,650,664	108,096,415	
	INVESCO BALANCED RISK ALLOCATION TRUST	CCT	N/A	N/A	7,876,708	162,835,048	228,109,471	
	JP MORGAN EMERGING MARKETS EQUITY FOCUSED FUND	CCT	N/A	N/A	5,936,016	103,547,581	213,281,061	
	LOOMIS SAYLES BOND NHIT	CCT	N/A	N/A	4,579,271	53,973,308	77,298,091	
	NIS PREFERRED STOCK FUND II (TITANIUM)	CCT	N/A	N/A	9,680,229	40,000,000	62,159,836	
	NORTHERN TRUST AGGREGATE BOND INDEX FUND	CCT	N/A	N/A	1,179,792	177,917,150	190,453,776	
	NORTHERN TRUST COLLECTIVE RUSSELL 1000 VALUE INDEX FUND	CCT	N/A	N/A	773,768	325,703,821	391,355,737	
	NORTHERN TRUST COLLECTIVE RUSSELL 2000 GROWTH INDEX FUND	CCT	N/A	N/A	211,463	59,823,438	123,887,031	
	RBC EMERGING MARKETS EQUITY SERIES	103-12	N/A	N/A	161,233,660	121,430,792	161,323,660	
	SCHRODER DIVERSIFIED GROWTH TRUST	CCT	N/A	N/A	16,702,278	168,497,237	225,981,824	
	VOYA SENIOR LOAN TRUST FUND	CCT	N/A	N/A	6,318,617	92,521,223	119,543,523	
	Total common collective trusts					2,154,271,860	3,299,343,766	
	<u>Pooled separate accounts</u>							
	ULLICO J FOR JOBS MORTGAGE FUND	PSA	N/A	N/A	6,858,614	82,971,733	113,584,342	
	<u>Limited partnerships</u>							
	1849 LIQUIDATING TRUST F/K/A GESD INVESTORS, LP	LP	N/A	N/A	N/A	5,624,658	9,427	
	50 SOUTH CAPITAL PRIVATE EQUITY CORE FUND VIII, LP	LP	N/A	N/A	N/A	20,060,267	28,879,081	
	BOYD WATERSON GSA FUND LP (TITANIUM)	LP	N/A	N/A	N/A	48,000,000	71,519,375	
	CORBIN PRIVATE CREDIT MANAGER FUND, LP	LP	N/A	N/A	N/A	23,813,399	18,322,181	
	ENTRUST CAPITAL DIVERSIFIED FUND, LTD - CLASS X	LP	N/A	N/A	N/A	1,553,205	1,377,369	
	GCM GROSVENOR CIS II ONSHORE FEEDER FUND, LP	LP	N/A	N/A	N/A	46,911,187	63,939,897	
	GCM GROSVENOR SECONDARY OPPORTUNITIES FEEDER FUND II, LP	LP	N/A	N/A	N/A	24,414,129	27,518,816	
	GCM LABOR IMPACT FEEDER FUND, LP	LP	N/A	N/A	N/A	14,748,607	14,804,195	
	GLOBAL ALPHA INTERNATIONAL SMALL CAP FUND, LP	LP	N/A	N/A	N/A	93,334,757	127,367,943	
	GERDING EDLEN GREEN CITIES II, L.P.	LP	N/A	N/A	N/A	10,103,506	15,871,081	
	GERDING EDLEN GREEN CITIES III, LP	LP	N/A	N/A	N/A	22,891,499	26,652,104	
	GERDING EDLEN GREEN CITIES IV, L.P.	LP	N/A	N/A	N/A	10,998,984	9,557,658	
	HAMILTON LANE SECONDARY FEEDER FUND IV, LP	LP	N/A	N/A	N/A	34,477,748	63,854,344	
	HARRISON STREET REAL ESTATE PARTNERS IV, LP	LP	N/A	N/A	N/A	3,014,899	9,229,454	
	HARRISON STREET REAL ESTATE PARTNERS VII, LP	LP	N/A	N/A	N/A	22,896,302	23,003,389	
	JP MORGAN INFRASTRUCTURE INVESTMENT FUND	LP	N/A	N/A	N/A	100,094,740	145,439,639	
	LANDMARK EQUITY PARTNERS XVI LP	LP	N/A	N/A	N/A	12,929,866	19,180,479	
	MC CREDIT FUND III SM LP	LP	N/A	N/A	N/A	19,796,038	21,153,847	
	MESIROW FINANCIAL PRIVATE EQUITY PARTNERSHIP FUND VI, LP	LP	N/A	N/A	N/A	51,433,735	174,069,147	
	MESIROW FINANCIAL REAL ESTATE VALUE FUND II, LP	LP	N/A	N/A	N/A	36,507,652	43,447,556	
	MESIROW FINANCIAL REAL ESTATE VALUE FUND III, LP	LP	N/A	N/A	N/A	40,690,838	45,489,298	
	MESIROW FINANCIAL REAL ESTATE VALUE FUND IV, LP	LP	N/A	N/A	N/A	1,997,416	1,703,265	
	SIGULER GUFF SMALL BUYOUT OPPORTUNITIES FUND IV, LP	LP	N/A	N/A	N/A	34,544,780	43,143,394	
	THE REALTY ASSOCIATES FUND XII UTP, L.P.	LP	N/A	N/A	N/A	42,000,000	48,223,508	
	ULLICO INFRASTRUCTURE FUND LP	LP	N/A	N/A	N/A	23,050,748	32,698,152	
	Total limited partnerships					745,888,960	1,076,454,599	
	<u>Guaranteed Investment contract with insurance company</u>							
	BRIGHTHOUSE FINANCIAL LIFE INSURANCE COMPAN	GIC	N/A	N/A	N/A	2,068,576	2,058,616	
	Total assets held (at end of year)						\$ 5,102,249,461	\$ 7,410,938,372

Exhibit 6

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

S
AGE/SERVICE DISTRIBUTION OF ACTIVE PARTICIPANTS

PARTICIPANTS AS OF JULY 1, 2020

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	2,443	912	0	0	0	0	0	0	0	3,355
25 to 29	0	3,331	4,349	363	0	0	0	0	0	0	8,043
30 to 34	0	2,766	4,473	2,839	420	0	0	0	0	0	10,498
35 to 39	0	1,972	3,074	3,184	2,425	256	0	0	0	0	10,911
40 to 44	0	1,277	2,110	2,445	2,672	1,805	140	0	0	0	10,449
45 to 49	0	874	1,338	1,804	2,023	2,350	1,148	130	0	0	9,667
50 to 54	0	621	877	1,426	1,608	1,962	1,554	959	111	0	9,118
55 to 59	0	419	570	1,172	1,272	1,746	1,272	1,321	898	6	8,676
60 to 64	0	223	336	612	694	879	614	612	854	27	4,851
65 to 69	0	62	81	160	158	167	122	104	161	11	1,026
70 & up	0	9	17	14	10	4	6	0	7	3	70
Total	0	13,997	18,137	14,019	11,282	9,169	4,856	3,126	2,031	47	76,664
Average Age =				43.1	Average Service =				12.3		

FOR PLAN YEAR COMMENCING JULY 1, 2020

**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 7/1/2020

Fund Contact

Toni C. Inscoe

Administrator

(703) 739-9020

September 28, 2020

Board of Trustees
Plumbers & Pipefitters National Pension Fund
103 Oronoco Street
Alexandria, Virginia 22314

September 28, 2020
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, 2020, 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 such other user.

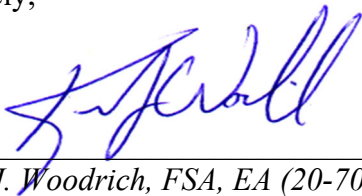
In preparing this certification, we have relied without audit, on information supplied by the Fund Office and the Fund’s auditor. This information includes, but is not limited to, Plan provisions, employee data, financial information, and expectations of future industry activity. The material presented is based on the same Plan provisions, actuarial assumptions, and data used in preparing the July 1, 2019 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.

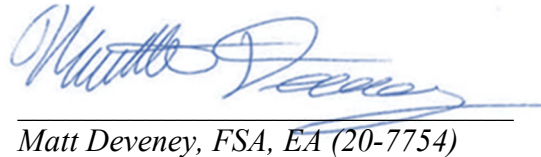
The attached appendices show the results for the statutory tests and describe the methodologies and assumptions used to perform the tests. Please contact the undersigned with any questions.

Thank you.

Sincerely,



Kevin J. Woodrich, FSA, EA (20-7086)



Matt Deveney, FSA, EA (20-7754)

cc: Secretary of the Treasury

Attachments

- Appendix I: Tests of Fund Status
- Appendix II: Detail for Actuarial Certification
- Appendix III: Scheduled Progress
- Appendix IV: 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
---	--	----

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, 2020. 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, 2020 (used in Tests 1, 2, and 8)

Assets at Market Value as of June 30, 2020:

1. Most recent reported Market Value of Plan Assets ¹	\$	6,076,996,815
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Development of Actuarial Value of Assets:

1. Most recent reported Market Value of Plan Assets	\$	6,076,996,815
2. 75% of 2019-20 Preliminary (Gain)/Loss		290,181,678
3. 50% of 2018-19 (Gain)/Loss		67,699,200
4. 25% of 2017-18 (Gain)/Loss		(30,533,308)
5. Preliminary Actuarial Value of Assets (1+2+3+4)	\$	6,404,344,385
6. Corridor for Actuarial Value of Assets		
a. 80% of Market Value of Plan Assets	\$	4,861,597,452
b. 120% of Market Value of Plan Assets	\$	7,292,396,178
7. Actuarial Value of Assets (Greater of 6 and 7a, but not greater than 7b)	\$	6,404,344,385

Development of Unit Credit Liabilities:

1. Unit Credit Liabilities from Actuarial Valuation as of July 1, 2019		
a. Active liability	\$	2,662,803,918
b. Inactive liability		5,682,918,826
2. Adjustments ²		
a. To active liability		35,006,305
b. To inactive liability		74,709,967
3. Unit Credit Liabilities as of June 30, 2019 [1a. + 1b. + 2a. + 2b.]	\$	8,455,439,016

FUNDED PERCENTAGE = Actuarial Value of Assets / Unit Credit Liabilities

75.74%

¹ The Market Value of Plan Assets is based on the estimated value of Plan assets at time of certification of \$5,977.0 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>
7/1/2020	\$ 702,915,838	\$ 527,815,924	\$ 34,599,426	\$ 452,230,681
7/1/2021	714,648,709	541,065,540	34,599,426	454,491,835
7/1/2022	716,273,082	558,329,411	34,599,426	456,764,294
7/1/2023	703,027,872	568,708,756	34,599,426	459,048,115
7/1/2024	680,693,747	564,024,952	34,599,426	461,343,356
7/1/2025	663,663,608	566,238,102	34,599,426	463,650,073
7/1/2026	645,449,774	567,975,345	34,599,426	465,968,323
7/1/2027	626,450,911	562,994,793	34,599,426	468,298,165
7/1/2028	613,337,526	564,507,073	34,599,426	470,639,655
7/1/2029	600,069,848	564,769,603	6,572,285	472,992,854
7/1/2030	559,870,623			

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>
7/1/2020	\$ 1,075,958,700	\$ 645,129,647	\$ 34,599,426	\$ 452,230,681
7/1/2021	998,356,062	643,128,429	34,599,426	454,491,835
7/1/2022	919,195,598	614,555,558	34,599,426	456,764,294
7/1/2023	864,943,430	594,488,818	34,599,426	459,048,115
7/1/2024	828,972,909	575,088,510	34,599,426	461,343,356
7/1/2025	812,000,149	571,517,186	34,599,426	463,650,073
7/1/2026	799,632,473	573,254,428	34,599,426	465,968,323
7/1/2027	786,918,229			

The projected funding standard account is based on the methods and assumptions set out in Appendix III. In addition, the projection of future contributions is based on the Trustees' estimate of future industry activity multiplied by the contribution rates contained in the collective bargaining agreements under which the Plan is maintained.

APPENDIX II - DETAIL FOR ACTUARIAL CERTIFICATION

2. Asset Projection (used in Tests 1, 5 and 7)

Date	Market Value Assets	Projected Contributions	Projected Benefits and Expenses	Projected Investment Earnings
7/1/2020	\$ 6,076,996,815	\$ 436,170,000	\$ 685,773,536	\$ 446,583,843
7/1/2021	6,273,977,121	438,350,850	708,005,352	460,619,048
7/1/2022	6,464,941,668	440,542,604	726,940,769	474,324,852
7/1/2023	6,652,868,355	442,745,317	743,083,616	487,906,049
7/1/2024	6,840,436,105	444,959,044	755,010,798	501,615,961
7/1/2025	7,032,000,312	447,183,839	765,884,176	515,664,818
7/1/2026	7,228,964,793	449,419,758	775,315,914	530,172,189
7/1/2027	7,433,240,827	451,666,857	782,994,107	545,292,908
7/1/2028	7,647,206,485	453,925,191	789,157,947	561,196,523
7/1/2029	7,873,170,252	456,194,817	794,873,840	578,016,907
7/1/2030	8,112,508,137	458,475,791	800,254,414	595,853,115
7/1/2031	8,366,582,628	460,768,170	805,137,847	614,813,294
7/1/2032	8,637,026,246	463,072,011	810,002,360	635,002,276

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 IV.

APPENDIX III – SCHEDULED PROGRESS

The Funding Improvement Period began July 1, 2012 and ends June 30, 2027. Based on the reasonably anticipated experience and actuarial assumptions, the Fund is projected to be 83.78% funded as of the end of the Funding Improvement Period. This is shown in the chart below. PPA defines the required funded status to be 81.45% by the end of this period.

In addition, Table B(1b) shows that there will not be an accumulated funding deficiency at the end of the Funding Improvement Period.

Based on the chart, 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.

Date	Actuarial Value Assets	Unit Credit Liabilities	Unfunded Benefit Liabilities	Projected Funded Ratio
7/1/2020	\$ 6,404,344,385	\$ 8,455,439,016	\$ 2,051,094,631	75.74%
7/1/2021	6,519,694,474	8,548,288,314	2,028,593,839	76.27%
7/1/2022	6,587,766,029	8,626,271,504	2,038,505,475	76.37%
7/1/2023	6,675,129,393	8,691,724,689	2,016,595,296	76.80%
7/1/2024	6,850,901,403	8,746,637,948	1,895,736,546	78.33%
7/1/2025	7,035,726,731	8,794,627,296	1,758,900,565	80.00%
7/1/2026	7,229,984,247	8,836,302,890	1,606,318,643	81.82%
7/1/2027	7,433,634,136	8,872,724,036	1,439,089,900	83.78%

APPENDIX IV – 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 IV – 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 IV – METHODOLOGY AND ASSUMPTIONS

7. Spouse's Age

It was 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. 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, 2019. 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 \$22.5 million as of July 1, 2018 to \$24.0 million as of July 1, 2019 to better reflect anticipated experience.

APPENDIX IV – 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, 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 forward by six months to the valuation date.

APPENDIX IV – 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-2021	\$41,774

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 (July 1, 2020 – June 30, 2021). 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 On September 27, 2021, the Plan was certified as not being in endangered, critical or critical and declining status for the current Plan year (July 1, 2021 – June 30, 2022). Therefore, the Plan's Funding Improvement Plan (FIP) ended on June 30, 2021 (the close of the preceding plan year) in accordance with Section 432 of the Internal Revenue Code.

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, 2020				
Type of Base	Date Established	7/1/2020 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES				
1. Change Assumptions	7/1/2001	\$ 6,240,843	16	\$ 635,062
2. Experience Loss	7/1/2001	14,186,820	1	14,186,820
3. Plan Amendment	7/1/2001	193,571,739	16	19,697,708
4. Plan Amendment	7/1/2002	99,276,934	17	9,789,169
5. Experience Loss	7/1/2002	82,302,860	2	42,638,827
6. Plan Amendment	7/1/2003	102,759,440	18	9,848,557
7. Experience Loss	7/1/2003	87,874,902	3	31,433,683
8. Benefit Level Increase	7/1/2004	83,894,726	19	7,836,228
9. Experience Loss	7/1/2004	74,521,563	4	20,697,409
10. Experience Loss	7/1/2005	23,403,322	5	5,380,907
11. Benefit Change	7/1/2006	24,956,136	21	2,229,322
12. Plan Amendment	7/1/2007	15,683,446	22	1,374,116
13. Change Assumptions	7/1/2007	63,151,120	22	5,533,029
14. Plan Merger	7/1/2008	3,557,804	8	565,034
15. Experience Loss	7/1/2008	13,143,676	8	2,087,425
16. Plan Merger	7/1/2009	12,435,658	9	1,813,491
17. Recognized Eligible Net Investment Loss	7/1/2009	742,178,339	18	71,131,032
18. Bifurcation Base	7/1/2009	29,172,504	9	4,254,225
19. Recognized Eligible Net Investment Loss	7/1/2010	45,706,793	18	4,380,579
20. Recognized Eligible Net Investment Loss	7/1/2012	65,244,479	18	6,253,088
21. Bifurcation Base	7/1/2012	34,419,924	7	6,045,109
22. Recognized Eligible Net Investment Loss	7/1/2013	220,600,690	18	21,142,566
23. Change Assumptions	7/1/2014	8,101,156	9	1,181,391
24. Recognized Eligible Net Investment Loss	7/1/2014	232,609,659	18	22,293,517
25. Change Assumptions	7/1/2015	3,503,545	10	474,807
26. Experience Loss	7/1/2015	178,490,181	10	24,189,310
27. Plan Merger	7/1/2016	8,732,443	11	1,110,421
28. Experience Loss	7/1/2016	222,948,862	11	28,350,276
29. Experience Loss	7/1/2017	180,891,112	12	21,753,684
30. Experience Loss	7/1/2018	303,600,508	13	34,755,677
31. Experience Loss	7/1/2019	132,389,950	14	14,507,152
32. Experience Loss	7/1/2020	30,504,285	15	3,214,648
TOTAL CHARGES		\$ 3,340,055,419		\$ 440,784,269

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, 2020				
Type of Base	Date Established	7/1/2020 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CREDITS				
1. Bifurcation Base	7/1/2014	178,781,963	9	26,071,759
2. Change Assumptions	7/1/2016	48,079,054	11	6,113,753
TOTAL CREDITS		<u>\$ 226,861,017</u>		<u>\$ 32,185,512</u>
NET CHARGE		\$ 3,113,194,402		\$ 408,598,757

Exhibit 8

Schedule MB, Line 11 - Justification for Changes in Actuarial Assumptions

The interest assumption for the measurement of the current liabilities for minimum funding was decreased from 3.07% to 2.68%. Pursuant to regulation, the mortality table for RPA '94 current liability calculations was also changed.

The assumed administrative expenses were also increased by assumed inflation of 3% from \$24.0 million as of July 1, 2019 to \$24.72 million as of July 1, 2020.

Exhibit 4
Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

A. Actuarial Assumptions

years and generational mortality improvement using 75% of Scale AA.

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.

The Fund's investment consultant recently updated their expectation to be a long-term annual return of 7.1%. However, this expectation includes a lower inflation of 2.1% per year.

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:

2020 Current Liability Mortality Table pursuant to Internal Revenue Service

1. Rate of Investment Return

Funding and disclosure purposes: 7.50% compounded annually

Current Liability under RPA 1994: Minimum funding 2.68%

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

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

\$24,720,000 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 \$158.07 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, 2020. We were provided information on those employers adopting the higher contribution rate for their members to be eligible for accrual under Schedule D of the Plan. Employers who did not adopt the higher contribution rate for their members would be eligible for accrual under Schedule G of the Plan, which is a 75% reduction of the accrual under Schedule D. We assumed that this rate remained the same for benefit accrual on future service.

13. Changes in Assumptions Since Last Valuation

The interest assumption for the measurement of the current liabilities for minimum funding was decreased from 3.07% to 2.68%. 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 by assumed inflation of 3% from \$24.0 million as of July 1, 2019 to \$24.72 million as of July 1, 2020.

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, 2020
- (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
2021	\$ 649,131,782
2022	\$ 671,981,479
2023	\$ 690,193,647
2024	\$ 702,973,827
2025	\$ 712,438,178
2026	\$ 716,321,461
2027	\$ 718,430,363
2028	\$ 717,790,766
2029	\$ 714,683,030
2030	\$ 709,826,683

Notes on the Expected Annual Benefit Payments:

- Based on the 2020 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions, they do not include additional accruals, new entrants or expected expenses

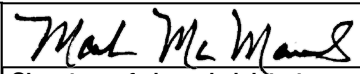
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
	☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description)

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

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		03/24/2022	Mark McManus
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		03/24/2022	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.

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3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

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
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5 Total number of participants at the beginning of the plan year	5	171,919
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)	79,370
a (2) Total number of active participants at the end of the plan year	6a(2)	79,779
b Retired or separated participants receiving benefits	6b	44,706
c Other retired or separated participants entitled to future benefits	6c	42,319
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	166,804
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	7,751
f Total. Add lines 6d and 6e	6f	174,555
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	4,414

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

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

a Pension Schedules

- (1)** ☒ **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

2020**This Form is Open to Public
Inspection**

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021

▶ **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 2020**b** Assets

(1) Current value of assets	1b(1)	6,084,624,326
(2) Actuarial value of assets for funding standard account	1b(2)	6,382,367,911
c (1) Accrued liability for plan using immediate gain methods	1c(1)	8,446,874,688
(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)	8,446,874,688

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)	17,026,454,381
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	420,789,067
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	638,698,977
(3) Expected plan disbursements for the plan year	1d(3)	674,762,148

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

Type or print name of actuary

Cheiron, Inc.

Firm name

9115 Harris Corners Parkway
Suite 380
Charlotte

NC 28269

Address of the firm

3/25/2022

Date

20-07086

Most recent enrollment number
(703) 893-1456

Telephone number (including area code)

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

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

Schedule MB (Form 5500) 2020
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	6,084,624,326
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	52,174	8,127,753,220
(2) For terminated vested participants	27,552	2,180,220,059
(3) For active participants:		
(a) Non-vested benefits.....		377,850,248
(b) Vested benefits.....		6,340,630,854
(c) Total active	76,664	6,718,481,102
(4) Total	156,390	17,026,454,381
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	35.74 %

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
01/01/2021	390,424,307				
Totals ▶			3(b)	390,424,307	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	75.6 %
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	2.68 %
	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	18.3 % ☐ N/A ☒ N/A
f Salary scale	6f	% ☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	1.8 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	30,504,285	3,214,648

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	-117,313,715

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	159,528,648
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)	3,340,055,419
(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	45,023,469
e Total charges. Add lines 9a through 9d.....	9e	645,336,386

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	1,048,687,625
g Employer contributions. Total from column (b) of line 3.....	9g	390,424,307

Outstanding balance

h Amortization credits as of valuation date.....	9h	226,861,017	32,185,512
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i		95,441,716

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....	9j(1)	3,838,251,633
(2) "RPA '94" override (90% current liability FFL)	9j(2)	9,371,674,897

(3) FFL credit	9j(3)	0
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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	1,566,739,160
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	921,402,774
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	
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9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2020 plan year	9o(1)	0
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(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
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(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
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(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
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(3) Total as of valuation date	9o(3)	0
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10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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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