

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

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2018****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2018 or fiscal plan year beginning 02/01/2018 and ending 01/31/2019

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form 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>CENTRAL PENSION FUND OF THE IUOE & PARTICIPATING EMPLOYERS</u> | 1b Three-digit plan number (PN) ▶ <u>001</u> |
| | 1c Effective date of plan <u>09/07/1960</u> |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF THE CPF OF THE IUOE AND PARTICIPATING EMPLOYERS</u> <u>4115 CHESAPEAKE STREET, NW</u> <u>WASHINGTON, DC 20016-4665</u> | 2b Employer Identification Number (EIN) <u>36-6052390</u> |
| | 2c Plan Sponsor's telephone number <u>202-362-1000</u> |
| | 2d Business code (see instructions) <u>525100</u> |
| | |

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

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

| | | | |
|------------------|--|-------------------|--|
| SIGN HERE | <u>Filed with authorized/valid electronic signature.</u> | <u>10/10/2019</u> | <u>JAMES T. CALLAHAN-UNION TRUSTEE</u> |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

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

Form 5500 (2018)
v. 171027

| | | |
|---|--|--------|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 | 209803 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | 6a(1) | 97519 |
| | 6a(2) | 99632 |
| | 6b | 52609 |
| | 6c | 41159 |
| | 6d | 193400 |
| | 6e | 20356 |
| | 6f | 213756 |
| | 6g | |
| | 6h | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | 6085 |

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) <input checked="" type="checkbox"/> Insurance | (1) <input type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

| | | |
|---|--|--|
| <p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p>2018</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|---|--|--|

For calendar plan year 2018 or fiscal plan year beginning 02/01/2018 and ending 01/31/2019

| | |
|--|--|
| <p>A Name of plan <u>CENTRAL PENSION FUND OF THE IUOE & PARTICIPATING EMPLOYERS</u></p> | <p>B Three-digit plan number (PN) ▶ <u>001</u></p> |
| <p>C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE CPF OF THE IUOE AND PARTICIPATING EMPLOYERS</u></p> | <p>D Employer Identification Number (EIN) <u>36-6052390</u></p> |

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.

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

| (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 |
| <u>22-1211670</u> | <u>68241</u> | <u>030412</u> | <u>213756</u> | <u>01/01/2018</u> | <u>12/31/2018</u> |

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 <u>0</u> | (b) Total amount of fees paid <u>0</u> |
|---|--|

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

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

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

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

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

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

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

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (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 | 144006363 |

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..... (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below) | 7c(1) | |
| | 7c(2) | |
| | 7c(3) | |
| | 7c(4) | |
| | 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..... (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below) | 7e(1) | |
| | 7e(2) | |
| | 7e(3) | |
| | 7e(4) | |
| | (5) Total deductions..... | 7e(5) |
| 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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... | | 9c(2) |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) |
| (2) Claim reserves | | 9d(2) |
| (3) Other reserves..... | | 9d(3) |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)..... | | 9e |

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2018

**This Form is Open to Public
Inspection**

For calendar plan year 2018 or fiscal plan year beginning 02/01/2018 and ending 01/31/2019

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

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

| | |
|--|---|
| A Name of plan CENTRAL PENSION FUND OF THE IUOE & PARTICIPATING EMPLOYERS | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF THE CPF OF THE IUOE AND PARTICIPATING EMPLOYERS | D Employer Identification Number (EIN) 36-6052390 |

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

1a Enter the valuation date: Month 02 Day 01 Year 2018

b Assets

| | | |
|---|--------------|-------------|
| (1) Current value of assets | 1b(1) | 18352499267 |
| (2) Actuarial value of assets for funding standard account..... | 1b(2) | 17041685734 |

| | | |
|--|--------------|-------------|
| c (1) Accrued liability for plan using immediate gain methods | 1c(1) | 17888464870 |
|--|--------------|-------------|

(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) | 17888464870 |
|---|--------------|-------------|

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) | 36267147260 |
|----------------------------|-----------------|-------------|

| | | |
|---|-----------------|------------|
| (b) Expected increase in current liability due to benefits accruing during the plan year..... | 1d(2)(b) | 1216624414 |
|---|-----------------|------------|

| | | |
|---|-----------------|------------|
| (c) Expected release from "RPA '94" current liability for the plan year | 1d(2)(c) | 1199640516 |
|---|-----------------|------------|

| | | |
|--|--------------|------------|
| (3) Expected plan disbursements for the plan year..... | 1d(3) | 1135764148 |
|--|--------------|------------|

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 | | 10/04/2019 |
| | Signature of actuary JONATHAN M. FELDMAN | Date 17-06980 |
| | Type or print name of actuary HORIZON ACTUARIAL SERVICES, LLC | Most recent enrollment number 240-247-4600 |
| | Firm name 8601 GEORGIA AVENUE, SUITE 700, SILVER SPRING, MD 20910 | Telephone number (including area code) |
| | 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

2 Operational information as of beginning of this plan year:

| | | |
|---|-----------------------------------|------------------------------|
| a Current value of assets (see instructions) | 2a | 18352499267 |
| b "RPA '94" current liability/participant count breakdown: | (1) Number of participants | (2) Current liability |
| (1) For retired participants and beneficiaries receiving payment | 74007 | 15248670075 |
| (2) For terminated vested participants | 40760 | 4616698431 |
| (3) For active participants: | | |
| (a) Non-vested benefits..... | | 1610104561 |
| (b) Vested benefits..... | | 14791674193 |
| (c) Total active..... | 87250 | 16401778754 |
| (4) Total | 202017 | 36267147260 |
| c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage | 2c | 50.60% |

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 |
|-----------------------|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|
| | 934605952 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ▶ | 3(b) | 3(c) |
| | | | | 934605952 | 0 |

4 Information on plan status:

| | | |
|---|-----------|--|
| a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) | 4a | 95.3% |
| b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5 | 4b | N |
| c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> |

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? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | 2.96% |
| | Pre-retirement | | Post-retirement | |
| b Rates specified in insurance or annuity contracts..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | |
| c Mortality table code for valuation purposes: | | | | |
| (1) Males | 6c(1) | A | A | |
| (2) Females | 6c(2) | A | A | |
| d Valuation liability interest rate | 6d | 7.75% | 7.75% | |
| e Expense loading | 6e | 5.0% | <input type="checkbox"/> N/A | <input checked="" type="checkbox"/> N/A |
| f Salary scale | 6f | % | <input checked="" type="checkbox"/> N/A | |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g | 7.6% | | |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | 18.7% | | |

7 New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1 | 81701569 | 8723851 |
| 4 | 237345709 | 25343069 |

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..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| (2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended | 8d(2) | |
| (3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) | 8e | |

9 Funding standard account statement for this plan year:

Charges to funding standard account:

| | | |
|---|---------------------|------------|
| a Prior year funding deficiency, if any | 9a | 0 |
| b Employer's normal cost for plan year as of valuation date..... | 9b | 421331356 |
| 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) | 5166834359 |
| (2) Funding waivers | 9c(2) | 0 |
| (3) Certain bases for which the amortization period has been extended | 9c(3) | 0 |
| d Interest as applicable on lines 9a, 9b, and 9c..... | 9d | 116104070 |
| e Total charges. Add lines 9a through 9d..... | 9e | 1614221099 |

Credits to funding standard account:

| | | | |
|-----------|--|---------------------|---|
| f | Prior year credit balance, if any..... | 9f | 3147504199 |
| g | Employer contributions. Total from column (b) of line 3..... | 9g | 934605952 |
| | | Outstanding balance | |
| h | Amortization credits as of valuation date..... | 9h | 1172551024 |
| i | Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... | 9i | 295769001 |
| j | Full funding limitation (FFL) and credits: | | |
| (1) | ERISA FFL (accrued liability FFL)..... | 9j(1) | 4757824829 |
| (2) | "RPA '94" override (90% current liability FFL)..... | 9j(2) | 16515655211 |
| (3) | FFL credit..... | 9j(3) | 0 |
| k | (1) Waived funding deficiency..... | 9k(1) | 0 |
| | (2) Other credits..... | 9k(2) | 0 |
| l | Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)..... | 9l | 4579446186 |
| m | Credit balance: If line 9l is greater than line 9e, enter the difference..... | 9m | 2965225087 |
| n | Funding deficiency: If line 9e is greater than line 9l, enter the difference..... | 9n | |
| 9o | Current year's accumulated reconciliation account: | | |
| (1) | Due to waived funding deficiency accumulated prior to the 2018 plan year..... | 9o(1) | 0 |
| (2) | Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code: | | |
| (a) | Reconciliation outstanding balance as of valuation date..... | 9o(2)(a) | 0 |
| (b) | Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))..... | 9o(2)(b) | 0 |
| (3) | Total as of valuation date..... | 9o(3) | 0 |
| 10 | Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)..... | 10 | |
| 11 | Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions..... | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|--|--|--|
| SCHEDULE C (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> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 2018 This Form is Open to Public Inspection. |
|--|--|--|

For calendar plan year 2018 or fiscal plan year beginning **02/01/2018** and ending **01/31/2019**

| | | |
|---|---|-----|
| A Name of plan CENTRAL PENSION FUND OF THE IUOE & PARTICIPATING EMPLOYERS | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE CPF OF THE IUOE AND PARTICIPATING EMPLOYERS | D Employer Identification Number (EIN) 36-6052390 | |

Part I Service Provider Information (see instructions)

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

QUANTUM ENERGY PARTNERS V, L.P.

26-2514715

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

LANDMARK REAL ESTATE PARTNERS VI,LP

37-1583015

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

EIF UNITED STATES POWER FUND IV, LP

27-2858420

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

ALMANAC REALTY SECURITIES FUND V, L

01-0902334

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

BLACKSTONE REAL ESTATE ASOC VII LP

45-3450248

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

DOVER STREET VIII, L.P.

30-0692313

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

WAYZATA OPPORTUNITIES FUND II, L.P.

26-0734590

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

WAYZATA OPPORTUNITIES FUND III, LP

26-4597364

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

BLUE SEA CAPITAL FUND I, LP

80-0910448

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

TORCHLIGHT DEBT OPPORTUNITY FUND IV

45-4794025

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

KKR GLOBAL INFRAST INVESTORS II LP

98-1203150

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

ALMANAC REALTY SECURITIES FUND VII

47-1721750

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

RAITH REAL ESTATE FUND I

47-2411496

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

LIGHTYEAR FUND III, L.P.

90-0652041

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

DOVER STREET IX LP

47-5125540

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

LANDMARK REAL ESTATE PARTNERS VII,

46-3206594

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

QUANTUM ENERGY PARTNERS VI, L.P.

47-3238186

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

TORCHLIGHT DEBT OPPORTUNITY FUND V

47-2593439

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

WARBURG PINCUS PRIVATE EQUITY XII,

47-4299035

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

GLOBAL ENERGY & POWER INFRASTRUCTUR

33-1223766

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

GLOBAL ENERGY & POWER INFRASTRUCTUR

42-1772315

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

LANDMARK REAL ESTATE PARTNERS VIII

06-1471488

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

NEW MOUNTAIN PARTNERS III

26-0471638

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

QUANTUM ENERGY PARTNERS VII, L.P.

81-4516497

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

VERITAS CAPITAL FUND VI, LP

38-4015958

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

WARBURG PINCUS PRIVATE EQUITY X, L.

26-0849130

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

WARBURG PINCUS PRIVATE EQUITY XI, L

45-3414550

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

AFL-CIO HOUSING INVESTMENT TRUST

53-0228172

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

OAKTREE REAL ESTATE DEBT FUND II

98-1294751

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

OAKTREE REAL ESTATE OPPORTUNITIES F

90-0820335

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

RAINE PARTNERS III, AIV 2 LP

80-0600921

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

ROCKWOOD CAPITAL REAL ESATATE PARTN

47-2793560

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

TA ASSOCIATES XI LP

26-4726952

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

TA ASSOCIATES XII

61-1758607

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

THE VERITAS CAPITAL FUND V, LP

36-4790243

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

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

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

WALTER SCOTT & PARTNERS LIMITED

98-0465834

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 | NONE | 2305555 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

LOOMIS, SAYLES & COMPANY

04-0320030

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 | NONE | 1886223 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

DOUBLELINE CAPITAL LP

30-0596331

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 | NONE | 1642288 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

PACIFIC INVESTMENT MANAGEMENT CO

33-0629048

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 | NONE | 1237430 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

ROBECO BOSTON PARTNERS

13-3959209

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 | NONE | 1144400 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

ACADIAN ASSET MANAGEMENT LLC

04-2929221

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 | NONE | 959607 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

MERGANSER CAPITAL MANAGEMENT

46-3651540

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 | NONE | 938744 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

AON HEWITT INVESTMENT CONSULTING IN

36-3109421

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 | NONE | 844726 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ANALYTIC INVESTORS LLC

95-2665790

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 | NONE | 822808 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

DODGE & COX

94-1441076

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 | NONE | 643953 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

CALIBRE CPA GROUP, PLLC

47-0900880

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 | NONE | 565489 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

GALLIARD CAPITAL MANAGEMENT

41-1813702

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 | NONE | 495769 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

MCGRANN SHEA CARNIVAL

41-1654544

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 | NONE | 491126 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

STATE STREET BANK & TRUST COMPANY

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? |
|------------------------|---|--|--|--|---|--|
| 19 28 99 | NONE | 345412 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SEGAL SELECT INSURANCE

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? |
|------------------------|---|--|--|--|---|--|
| 53 | NONE | 324469 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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)

CATHEDRAL CORPORATION

14-0576820

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 311310 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11 | NONE | 303956 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

CRABTREE, MICHAEL

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 303083 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

BECKER, MARC DOUGLAS

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 263365 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

CAREMARK LLC

1 CVS DRIVE
WOONSOCKET, RI 02895

95-3382344

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 23 | NONE | 241674 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SHELTON, JOSEPH J.

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 231800 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

LOCAL 138 BENEFITS FUND

11-1628170

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 | NONE | 209437 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

O'DONOGHUE & O'DONOGHUE, LLP

53-0120528

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 | NONE | 198958 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ROBERT HALF MANAGEMENT RESOURCES

94-1648752

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 198317 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

GUPTA, SUSHEAL

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 174672 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

THE BANK OF NEW YORK MELLON

13-5160382

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 28 99 | NONE | 173430 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

MARSHALL, JOHN

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 155447 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

DRAUCH, GREGORY

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 143524 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

CARDAY ASSOCIATES INC

53-0257019

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 | NONE | 130177 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

OPERATING ENGINEERS LOCAL 501 SECUR

95-6049026

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 | NONE | 128946 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

BUSOG, ANTHONY A.

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 121527 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BOWMAN, ABBY

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 117227 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

WILSON-MCSHANE CORPORATION

41-0956552

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 | NONE | 116924 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

NARDONE, MARIO

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 115971 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

MARBURY, RICARDO

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 112942 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

IUOE LOCAL 15 WELFARE FUND

13-6694320

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 | NONE | 111457 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

KARNIK, SUJATA

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 104668 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

FONG, SHANNON

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 104096 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

TAKAGI, KEN M.

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 100050 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

HUNTER, JOYCE

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 98500 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

IUOE LOCAL 94, 94A & 94B

13-6817367

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 | NONE | 93590 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

RIFKIND, RACHEL

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 91446 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

FIDUCIARY COUNSELORS, INC.

22-3709903

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 | NONE | 91357 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BULLOCK, PAMELA

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 90619 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

METROPOLITAN LIFE INSURANCE COMPANY

13-5581829

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 23 | NONE | 90276 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

PITNEY BOWES GLOBAL FINANCIAL SVCS,

84-1386389

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 89007 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

THOMPSON, HELEN

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 88726 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

THAVARAVEJ, CHAILAI

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 88582 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

CRUTE, JAMES

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 87650 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

RUIZ, CARLOS

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 84374 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

C&W SERVICES

77-0698582

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 83374 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

WILSON-DESSAURE, SHARON

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 83004 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

YOUNG, SUSSANA

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 80549 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

FRANKE, JOANNA

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 78006 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

ALEXANDER, PERCIVAL

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 77497 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

GREENFIELD, JOSEPH

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 76398 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

LAINIZ, SERGIO

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 76227 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

STATE STREET GLOBAL ADVISORS

81-4017137

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 18 51 19 | NONE | 76015 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

WALSH, DAN

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 75538 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

PRICE, JOHN G.

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 75371 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BONILLA SUAREZ, JOHN M.

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 74802 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

PRICE, JOHN A.

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 74313 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ROSS, GWENDOLYN

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 74221 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

GROSS, STANLEY

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 73793 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

PHOUKIEO, SORN

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 73726 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SULLIVAN, MICHAEL

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 73663 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

NAZIONALE, NANCY

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 73542 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

VELASQUEZ, SAMUEL

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 72739 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

JONES, WAYNE

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 72586 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

RUSS, JOANNE

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 72472 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BAILEY, LARISA

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 72076 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

O'NEILL, KUNTHIDA G.

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 69778 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

DUANGBUBPA, WALAYA

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 69736 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

THOMAS, TINA

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 69111 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BELL, RENEE

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 68496 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

THOMAS, PATSY

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 67402 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

TRUMBLE, KEVIN

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 67121 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ALEXIS, JOHN

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 66580 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

LOPEZ, CYNTHIA

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 66571 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

VAUGHAN, TERRY

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 65735 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

JOHNSON, NICOLE

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 65343 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

LEMUS, LILIAN E.

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 65238 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SAID, CHINAZ

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 64884 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

WALKER, MIKEL

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 64789 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

CHUNG, KEVIN

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 63907 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

WARNER, NADINE

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 63872 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

OWUSU, NAA

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 63832 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

SHEA, DENISE

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 63640 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

TEIGEN, KERRY

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 63635 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

CRAFTON, IRIS

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 63628 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

PHILLIPS, DEBRA S.

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 63484 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

KITTHANAWONG, JOY

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 63253 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BOONE, ALMAZ

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 62949 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

JIANG, JING

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 61585 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

KEBRAB, ALMAZ

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 61431 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

YONGYOSYING, SIRIKORN

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 60439 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

JOHNSON, SHERRY

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 60118 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

NESIAMA, Omayeli N.

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 59963 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

TSEHAYOU, KAHSAY Z.

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 59001 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

ABEBE, ESKNDER

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 58110 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

WEINMAN, JUDY

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 57051 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SYLVER, JAZLYNN R.

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 56747 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

KELLY PRESS, INC.

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? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 54556 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

INVESTMENT METRICS, LLC

38-3811752

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 | NONE | 54274 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

MID CENTRAL OPERATING ENGINEERS H&W

35-0917610

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 | NONE | 50587 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

MJ HUDSON - AMACES

90-0761297

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 | NONE | 48000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

CASEY, SAMANTHA

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 46044 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

RECOVERY POINT SYSTEMS

52-2212966

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 44895 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

IUOE LOCAL 94 - HEALTH BENEFIT TRUS

13-6674743

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 | NONE | 44290 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

GOVCONNECTION, INC.

52-1837891

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 43512 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BUPPHACHAT, RAPEEPORN

36-6052390

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 | NONE | 41422 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

ZENITH AMERICAN SOLUTIONS

52-1590516

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 | NONE | 39295 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

MOBILIZE NET

45-4811150

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 38000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

MUTUAL OF OMAHA LIFE INSURANCE COMP

47-0322111

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 23 | NONE | 33319 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

AUDIT SERVICES, INC.

81-0411241

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 | NONE | 32023 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

IMPACT OFFICE PRODUCTS

61-1435443

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 30776 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

IUOE LOCAL 181, 320, TVA H&W TRUST

23-7003337

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 | NONE | 29265 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

NEEDLES & ASSOCIATES, LLC

51-0435869

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 | NONE | 26770 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

UPSTATE NY ENGINEERS BENEFIT FUNDS

15-0582931

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 | NONE | 26557 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BAUM, SIGMAN, AUERBACH, NEUMAN, LTD

36-2744057

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 | NONE | 26228 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

HYLAND, LLC

43-1483169

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 25611 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

DIRECT ENERGY BUSINESS

98-0079816

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 24359 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

UNION INSURANCE GROUP

36-4226088

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 23 | NONE | 21748 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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)

OPTUMRX, INC.

33-0441200

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 23 | NONE | 20278 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

CONNER & WINTERS, LLP

73-1388566

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 | NONE | 19713 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

GRM

13-3468713

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 19662 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

OPERATING ENGINEERS WELFARE FUND LO

52-6072849

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 | NONE | 19111 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

EVESTMENT ALLIANCE, LLC

58-2540972

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 27 | NONE | 17766 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BANK OF AMERICA

56-0906609

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 17217 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

DC WATER & SEWER AUTHORITY

52-2201147

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 15549 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BENESYS

38-2383171

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 | NONE | 15530 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ATLANTECH ONLINE, INC.

52-1935879

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 14562 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

PATRICK J. THOMAS AGENCY

41-0908095

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 23 | NONE | 14492 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

MITEL CLOUD SERVICES, INC.

76-0311713

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 13735 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SOUTHERN BENEFIT ADMINISTRATORS, IN

62-1116095

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 | NONE | 11496 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

LIFE STATUS 360, LLC

94-3389460

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 10620 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

KONICA MINOLTA

13-1921089

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 10172 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

BLOOMBERG BNA

53-0040540

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 9697 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

BENEFITS MANAGEMENT GROUP, INC

20-0188125

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 | NONE | 9000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SULLIVAN, WARD, ASHER & PATTON, PC

38-1880608

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 | NONE | 8607 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

THE HARTFORD

06-0383030

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 23 | NONE | 7688 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

IUOE LOCAL 98 BENEFITS FUND

04-2123707

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 | NONE | 6688 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SLAIT CONSULTING LLC

20-2709031

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 15 | NONE | 5863 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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

JOHNSON BANK

39-1141446

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 5294 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

OPEN TEXT, INC.

46-0525483

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 5225 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

HEALEY & BLOCK, PC

84-2139023

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 | NONE | 5199 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

SPENCER FANE LLP

44-0561981

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 | NONE | 5185 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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)

WELLS FARGO BANK

95-3692822

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 | NONE | 5125 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

(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 <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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 |
|---|--------------------------------------|---|
| OPTUMRX, INC. | 12 50 62 99 | 0 |

| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
|---|--|--|
| OPTUMRX, INC. 33-0441200 | \$.12 PER CLAIM. ORX BILLS DRUG MANUFACTURERS FOR REBATES BASED UPON ITS AGREEMENTS WITH THESE MANUFACTURERS. FROM THE TIME THAT ORX RECEIVES THE REBATES UNTIL IT DISTRIBUTES REBATES, IT ACCRUES INTEREST AT THE CURRENT BANK RATE. THIS RATE HAS BEEN LE | |

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--|-------------------------------|---|
| CAREFIRST BLUE CROSS BLUE SHIELD 840 FIRST ST NE WASHINGTON, DC 20065 53-0078070 | 23 | DID NOT RESPOND TO REQUEST FROM PLAN. |
| PEPCO 701 9TH ST NW WASHINGTON, DC 20068 53-0127880 | 49 | DID NOT RESPOND TO REQUEST FROM PLAN. |
| UPS 55 GLENLAKE PARKWAY NE ATLANTA, GA 30328 36-2407381 | 49 | DID NOT RESPOND TO REQUEST FROM PLAN. |
| ORACLE AMERICA, INC 7031 COLUMBIA GATEWAY DRIVE 1 COLUMBIA, MD 21046 94-2805249 | 49 | DID NOT RESPOND TO REQUEST FROM PLAN. |
| STANDARD INSURANCE COMPANY 4321 COLLINGTON RD BOWIE, MD 20716 93-0242990 | 23 | DID NOT RESPOND TO REQUEST FROM PLAN. |
| US BANK EQUIPMENT FINANCE 31-0841368 | 49 | |

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 <hr/> 2018 This Form is Open to Public Inspection. |
|---|--|--|

For calendar plan year 2018 or fiscal plan year beginning 02/01/2018 and ending 01/31/2019

| | | |
|---|--|------------|
| A Name of plan <u>CENTRAL PENSION FUND OF THE IUOE & PARTICIPATING EMPLOYERS</u> | B Three-digit plan number (PN) | <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE CPF OF THE IUOE AND PARTICIPATING EMPLOYERS</u> | D Employer Identification Number (EIN) <u>36-6052390</u> | |

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

| | | | | | |
|---|--|---|---|--|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI ACWI INDEX SL FUND (ZVC5)</u> | b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u> | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>90-0337987-143</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7649492232</u></td> </tr> </table> | c EIN-PN <u>90-0337987-143</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>7649492232</u> | | |
| c EIN-PN <u>90-0337987-143</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>7649492232</u> | | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMEDIATE US CREDIT INDEX NL FD</u> | b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u> | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>04-0025081-148</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>116837649</u></td> </tr> </table> | c EIN-PN <u>04-0025081-148</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>116837649</u> | | |
| c EIN-PN <u>04-0025081-148</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>116837649</u> | | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US TOTAL MARKET INDEX NL FUND</u> | b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u> | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>90-0337987-235</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>100107465</u></td> </tr> </table> | c EIN-PN <u>90-0337987-235</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>100107465</u> | | |
| c EIN-PN <u>90-0337987-235</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>100107465</u> | | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRISA</u> | b Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO</u> | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>22-1211690-038</u></td> <td style="width:15%;">d Entity code <u>P</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>144006363</u></td> </tr> </table> | c EIN-PN <u>22-1211690-038</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>144006363</u> | | |
| c EIN-PN <u>22-1211690-038</u> | d Entity code <u>P</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>144006363</u> | | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US ASSET BACKED INDEX NL FUND</u> | b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u> | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>04-0025081-151</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2922727</u></td> </tr> </table> | c EIN-PN <u>04-0025081-151</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>2922727</u> | | |
| c EIN-PN <u>04-0025081-151</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>2922727</u> | | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US COMMERCIAL MORTGAGE BACKED BOND</u> | b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u> | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>04-0025081-139</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11320906</u></td> </tr> </table> | c EIN-PN <u>04-0025081-139</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>11320906</u> | | |
| c EIN-PN <u>04-0025081-139</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>11320906</u> | | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US MORTGAGE BACKED INDEX NON-LENDIN</u> | b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u> | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">c EIN-PN <u>04-0025081-150</u></td> <td style="width:15%;">d Entity code <u>C</u></td> <td style="width:60%;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>162299623</u></td> </tr> </table> | c EIN-PN <u>04-0025081-150</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>162299623</u> | | |
| c EIN-PN <u>04-0025081-150</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>162299623</u> | | | |

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

| | | |
|---|--|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMED US GOVT BOND INDEX NI FUND | | |
| b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY | | |
| c EIN-PN 04-0025081-144 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 193186833 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |

**SCHEDULE G
(Form 5500)**

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning **02/01/2018** and ending **01/31/2019**

| | | | |
|---|--|---|-----|
| A Name of plan CENTRAL PENSION FUND OF THE IUOE & PARTICIPATING EMPLOYERS | | B Three-digit plan number (PN) ► | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE CPF OF THE IUOE AND PARTICIPATING EMPLOYERS | | D Employer Identification Number (EIN) 36-6052390 | |

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
|--------------------------|---|--|
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDINGS, INC. 277 PARK AVENUE NEW YORK, NY 10172 | 07/19/2017, 6.50% |

| (d) Original amount of loan | Amount received during reporting year | | (g) Unpaid balance at end of year | Amount overdue | |
|-----------------------------|---------------------------------------|--------------|-----------------------------------|----------------|--------------|
| | (e) Principal | (f) Interest | | (h) Principal | (i) Interest |
| 200000 | 0 | 0 | 200000 | 200000 | 0 |

| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
|--------------------------|---|--|
| <input type="checkbox"/> | LEHMAN BROTHERS HOLDINGS, INC. 277 PARK AVENUE NEW YORK, NY 10172 | 11/29/2049, 0.01% |

| (d) Original amount of loan | Amount received during reporting year | | (g) Unpaid balance at end of year | Amount overdue | |
|-----------------------------|---------------------------------------|--------------|-----------------------------------|----------------|--------------|
| | (e) Principal | (f) Interest | | (h) Principal | (i) Interest |
| 890000 | 0 | 0 | 890000 | 0 | 0 |

| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
|--------------------------|---|--|
| <input type="checkbox"/> | 1839688 ALBERTA VLC 105 WEST STREET SAULT STE. MARIE, ONTARIO A6 P6A 7B4 CA | 02/13/2020, 14.0% |

| (d) Original amount of loan | Amount received during reporting year | | (g) Unpaid balance at end of year | Amount overdue | |
|-----------------------------|---------------------------------------|--------------|-----------------------------------|----------------|--------------|
| | (e) Principal | (f) Interest | | (h) Principal | (i) Interest |
| 1501007 | 0 | 0 | 1501007 | 0 | 0 |

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

Schedule G (Form 5500) 2018
v. 171027

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | | |

| | Amount received during reporting year | | | Amount overdue | |
|------------------------------------|---------------------------------------|---------------------|--|----------------------|---------------------|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | | |

| | Amount received during reporting year | | | Amount overdue | |
|------------------------------------|---------------------------------------|---------------------|--|----------------------|---------------------|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | | |

| | Amount received during reporting year | | | Amount overdue | |
|------------------------------------|---------------------------------------|---------------------|--|----------------------|---------------------|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | | |

| | Amount received during reporting year | | | Amount overdue | |
|------------------------------------|---------------------------------------|---------------------|--|----------------------|---------------------|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| | | |
|--------------------------|--|---|
| (a) | (b) Identity and address of obligor | (c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items |
| <input type="checkbox"/> | | |

| | Amount received during reporting year | | | Amount overdue | |
|------------------------------------|---------------------------------------|---------------------|--|----------------------|---------------------|
| (d) Original amount of loan | (e) Principal | (f) Interest | (g) Unpaid balance at end of year | (h) Principal | (i) Interest |
| | | | | | |

| Part II Schedule of Leases in Default or Classified as Uncollectible | | | | | |
|---|------------------------------------|---|--|------------------|-----------------------|
| Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions) | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | | | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | | | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | | | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | | | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | | | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| | | | | | |
| (a) | (b) Identity of lessor/lessee | (c) Relationship to plan, employer, employee organization, or other party-in-interest | (d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased) | | |
| <input type="checkbox"/> | | | | | |
| (e) Original cost | (f) Current value at time of lease | (g) Gross rental receipts during the plan year | (h) Expenses paid during the plan year | (i) Net receipts | (j) Amount in arrears |
| | | | | | |

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

| (a) Identity of party involved | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price | | |
|--------------------------------|--|---|--------------------|----------------------------|--|
| | | | | | |
| (e) Selling price | (f) Lease rental | (g) Transaction expenses | (h) Cost of asset | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| | | | | | |

| (a) Identity of party involved | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price | | |
|--------------------------------|--|---|--------------------|----------------------------|--|
| | | | | | |
| (e) Selling price | (f) Lease rental | (g) Transaction expenses | (h) Cost of asset | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| | | | | | |

| (a) Identity of party involved | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price | | |
|--------------------------------|--|---|--------------------|----------------------------|--|
| | | | | | |
| (e) Selling price | (f) Lease rental | (g) Transaction expenses | (h) Cost of asset | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| | | | | | |

| (a) Identity of party involved | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price | | |
|--------------------------------|--|---|--------------------|----------------------------|--|
| | | | | | |
| (e) Selling price | (f) Lease rental | (g) Transaction expenses | (h) Cost of asset | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| | | | | | |

| (a) Identity of party involved | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price | | |
|--------------------------------|--|---|--------------------|----------------------------|--|
| | | | | | |
| (e) Selling price | (f) Lease rental | (g) Transaction expenses | (h) Cost of asset | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| | | | | | |

| (a) Identity of party involved | (b) Relationship to plan, employer, or other party-in-interest | (c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value | (d) Purchase price | | |
|--------------------------------|--|---|--------------------|----------------------------|--|
| | | | | | |
| (e) Selling price | (f) Lease rental | (g) Transaction expenses | (h) Cost of asset | (i) Current value of asset | (j) Net gain (or loss) on each transaction |
| | | | | | |

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018

This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning **02/01/2018** and ending **01/31/2019**

| | |
|--|--|
| A Name of plan CENTRAL PENSION FUND OF THE IUOE & PARTICIPATING EMPLOYERS | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE CPF OF THE IUOE AND PARTICIPATING EMPLOYERS | D Employer Identification Number (EIN) 36-6052390 |

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 | 20094806 | 0 |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions..... | 23905341 | 25809395 |
| (2) Participant contributions..... | | |
| (3) Other..... | 25419517 | 41621783 |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit)..... | 438901642 | 213452845 |
| (2) U.S. Government securities | 1287465650 | 1197725550 |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 405461157 | 501259277 |
| (B) All other..... | 925044977 | 933822664 |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 10152150 | 10954700 |
| (B) Common..... | 1837077450 | 2221299836 |
| (5) Partnership/joint venture interests | 2800906730 | 3066825716 |
| (6) Real estate (other than employer real property)..... | | |
| (7) Loans (other than to participants) | | |
| (8) Participant loans..... | | |
| (9) Value of interest in common/collective trusts | 9437924717 | 8236167435 |
| (10) Value of interest in pooled separate accounts | 133585789 | 144006363 |
| (11) Value of interest in master trust investment accounts | | |
| (12) Value of interest in 103-12 investment entities..... | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds)..... | 975812026 | 1172469903 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | | |
| (15) Other..... | 95357303 | 80941738 |

| | | (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 | 6658857 6609399 |
| f | Total assets (add all amounts in lines 1a through 1e) | 1f | 18423768112 17852966604 |
| Liabilities | | | |
| g | Benefit claims payable | 1g | |
| h | Operating payables | 1h | 7120085 10650876 |
| i | Acquisition indebtedness | 1i | 7358022 20021771 |
| j | Other liabilities | 1j | 56790738 |
| k | Total liabilities (add all amounts in lines 1g through 1j) | 1k | 71268845 30672647 |
| Net Assets | | | |
| l | Net assets (subtract line 1k from line 1f) | 1l | 18352499267 17822293957 |

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) | 934605952 |
| | (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) | 934605952 |
| b | Earnings on investments: | | |
| (1) | Interest: | | |
| | (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 1116876 |
| | (B) U.S. Government securities | 2b(1)(B) | 31379734 |
| | (C) Corporate debt instruments | 2b(1)(C) | 65362807 |
| | (D) Loans (other than to participants) | 2b(1)(D) | |
| | (E) Participant loans | 2b(1)(E) | |
| | (F) Other | 2b(1)(F) | 4714205 |
| | (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | 102573622 |
| (2) | Dividends: (A) Preferred stock | 2b(2)(A) | 689885 |
| | (B) Common stock | 2b(2)(B) | 52684671 |
| | (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 39706733 |
| | (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | 93081289 |
| (3) | Rents | 2b(3) | |
| (4) | Net gain (loss) on sale of assets: (A) Aggregate proceeds | 2b(4)(A) | 3709178233 |
| | (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | 4009433810 |
| | (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | -300255577 |
| (5) | Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | |
| | (B) Other | 2b(5)(B) | 2371103007 |
| | (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | 2371103007 |

| | | (a) Amount | (b) Total |
|--|--------|------------|-------------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | -2518765370 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | -66822151 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) | | -10059002 |
| c Other income..... | 2c | | 16719446 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 622181216 |

Expenses

| | | | |
|--|-------|------------|------------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1115411893 | |
| (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) | | 1115411893 |
| 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) | 2091404 | |
| (2) Contract administrator fees..... | 2i(2) | | |
| (3) Investment advisory and management fees..... | 2i(3) | 17405573 | |
| (4) Other | 2i(4) | 17477656 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4)..... | 2i(5) | | 36974633 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 1152386526 |

Net Income and Reconciliation

| | | | |
|--|-------|--|------------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -530205310 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan..... | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CALIBRE CPA GROUP, PLLC

(2) EIN: 47-0900880

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

| | Yes | No | Amount |
|----|-----|----|---------|
| 4a | | X | |
| 4b | X | | 2591007 |

| | Yes | No | Amount |
|---|-----|----|------------|
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)..... | 4d | X | |
| e Was this plan covered by a fidelity bond? | 4e | X | 2000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | X | 3210832079 |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | X | |
| l Has the plan failed to provide any benefit when due under the plan? | 4l | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | |
| 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 | | |

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4186788. (See instructions.)

| | | |
|--|---|---|
| SCHEDULE R (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> | Retirement Plan Information 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). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2018 This Form is Open to Public Inspection. |
|--|---|---|

For calendar plan year 2018 or fiscal plan year beginning 02/01/2018 and ending 01/31/2019

| | | |
|--|--|------------|
| A Name of plan <u>CENTRAL PENSION FUND OF THE IUOE & PARTICIPATING EMPLOYERS</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF THE CPF OF THE IUOE AND PARTICIPATING EMPLOYERS</u> | D Employer Identification Number (EIN) <u>36-6052390</u> | |

| | |
|---------------|----------------------|
| 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 3 747

| | |
|----------------|---|
| 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 | |
| 6 b Enter the amount contributed by the employer to the plan for this plan year..... | 6b | |
| 6 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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____
b EIN _____ **c** Dollar amount contributed by employer _____
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents) _____
 (2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____
b EIN _____ **c** Dollar amount contributed by employer _____
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents) _____
 (2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____
b EIN _____ **c** Dollar amount contributed by employer _____
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents) _____
 (2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____
b EIN _____ **c** Dollar amount contributed by employer _____
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents) _____
 (2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____
b EIN _____ **c** Dollar amount contributed by employer _____
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents) _____
 (2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____
b EIN _____ **c** Dollar amount contributed by employer _____
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
 (1) Contribution rate (in dollars and cents) _____
 (2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

| | | | |
|-----------|--|------------|--------|
| 14 | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for: | | |
| a | The current year..... | 14a | 17 |
| b | The plan year immediately preceding the current plan year..... | 14b | 1367 |
| c | The second preceding plan year..... | 14c | 1260 |
| 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 | 100.01 |
| b | The corresponding number for the second preceding plan year..... | 15b | 101.24 |
| 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 | 15 |
| b | If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers..... | 16b | 0 |
| 17 | If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. <input type="checkbox"/> | | |

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 <input type="checkbox"/> | | |
| 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: <u>56.2</u> % Investment-Grade Debt: <u>22.7</u> % High-Yield Debt: <u>3.2</u> % Real Estate: <u>6.7</u> % Other: <u>11.2</u> % | | |
| b | Provide the average duration of the combined investment-grade and high-yield debt: <input type="checkbox"/> 0-3 years <input checked="" type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more | | |
| c | What duration measure was used to calculate line 19(b)? <input checked="" type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): | | |

**CENTRAL PENSION FUND OF THE
INTERNATIONAL UNION OF OPERATING ENGINEERS
AND PARTICIPATING EMPLOYERS**

FINANCIAL STATEMENTS

JANUARY 31, 2019



**CENTRAL PENSION FUND OF THE
INTERNATIONAL UNION OF OPERATING ENGINEERS
AND PARTICIPATING EMPLOYERS**

FINANCIAL STATEMENTS

YEARS ENDED JANUARY 31, 2019 AND 2018

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

REPORT OF INDEPENDENT AUDITORS

To the Board of Trustees of the
Central Pension Fund of the International Union
of Operating Engineers and Participating Employers

We have audited the accompanying financial statements of the Central Pension Fund of the International Union of Operating Engineers and Participating Employers (the Plan), which comprise the statements of net assets available for benefits as of January 31, 2019 and 2018, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of January 31, 2018 and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 financial statements.



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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of January 31, 2019, and changes therein for the year then ended, and its financial status as of January 31, 2018, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Calibre CPA Group, PLLC

Bethesda, MD
September 27, 2019

**CENTRAL PENSION FUND OF THE
INTERNATIONAL UNION OF OPERATING ENGINEERS
AND PARTICIPATING EMPLOYERS**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JANUARY 31, 2019 AND 2018

| | 2019 | 2018 |
|---|----------------|------------|
| | (In thousands) | |
| ASSETS | | |
| INVESTMENTS - at fair value | | |
| Short-term investment funds | \$ 213,453 | \$ 402,205 |
| U.S. Government and government agency obligations | 1,164,426 | 1,280,055 |
| Corporate debt | 1,335,341 | 1,296,457 |
| Corporate stocks | 2,153,088 | 1,818,745 |
| Partnership/joint venture interests | 3,066,826 | 2,800,907 |
| Common collective trusts | 8,236,166 | 9,437,924 |
| Pooled separate account | 144,006 | 133,586 |
| Mutual funds | 1,172,470 | 975,812 |
| Other investments | 80,942 | 95,357 |
| Securities loaned to third parties | | |
| Corporate debt | 99,741 | 34,049 |
| U.S. Government and government agency obligations | 33,300 | 7,411 |
| Corporate stocks | 79,167 | 28,485 |
| Cash collateral held for securities on loan | - | 56,791 |
| Total investments | 17,778,926 | 18,367,784 |
| RECEIVABLES | | |
| Employer contributions | 25,809 | 23,906 |
| Interest | 19,367 | 22,150 |
| Dividends | 5,923 | 1,681 |
| Sales of securities | 15,969 | 1,175 |
| Total receivables | 67,068 | 48,912 |
| PROPERTY AND EQUIPMENT (net of accumulated depreciation of \$9,002 and \$8,880) | 1,016 | 810 |
| PREPAID EXPENSES AND DEPOSITS | 363 | 413 |
| Total assets | 17,847,373 | 18,417,919 |

See accompanying notes to financial statements.

**CENTRAL PENSION FUND OF THE
INTERNATIONAL UNION OF OPERATING ENGINEERS
AND PARTICIPATING EMPLOYERS**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)

JANUARY 31, 2019 AND 2018

| | 2019 | 2018 |
|--|----------------------|----------------------|
| | (In thousands) | |
| LIABILITIES AND NET ASSETS | | |
| LIABILITIES | | |
| Purchases of securities | \$ 20,022 | \$ 7,358 |
| Obligations to refund collateral | - | 56,791 |
| Accounts payable and accrued expenses | 10,651 | 7,120 |
| Total liabilities | 30,673 | 71,269 |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 17,816,700 | \$ 18,346,650 |

See accompanying notes to financial statements.

**CENTRAL PENSION FUND OF THE
INTERNATIONAL UNION OF OPERATING ENGINEERS
AND PARTICIPATING EMPLOYERS**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JANUARY 31, 2019 AND 2018

| | 2019 | 2018 |
|--|----------------|---------------|
| | (In thousands) | |
| ADDITIONS | | |
| Investment income (loss) | | |
| Interest | \$ 120,282 | \$ 99,169 |
| Dividends | 96,727 | 91,624 |
| Net appreciation (depreciation) in fair value of investments | (529,329) | 2,732,632 |
| | (312,320) | 2,923,425 |
| Less: investment expenses | (16,944) | (17,848) |
| Investment income (loss) - net | (329,264) | 2,905,577 |
| Employer contributions | 934,606 | 885,629 |
| Total additions | 605,342 | 3,791,206 |
| DEDUCTIONS | | |
| Benefits | 1,115,412 | 1,059,403 |
| Administrative expenses | 19,880 | 19,887 |
| Total deductions | 1,135,292 | 1,079,290 |
| NET CHANGE | (529,950) | 2,711,916 |
| NET ASSETS AVAILABLE FOR BENEFITS | | |
| Beginning of year | 18,346,650 | 15,634,734 |
| End of year | \$ 17,816,700 | \$ 18,346,650 |

See accompanying notes to financial statements.

**CENTRAL PENSION FUND OF THE
INTERNATIONAL UNION OF OPERATING ENGINEERS
AND PARTICIPATING EMPLOYERS**

STATEMENT OF ACCUMULATED PLAN BENEFITS

JANUARY 31, 2018

| | (In Thousands) |
|---|--------------------------|
| ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS | |
| Vested benefits | |
| Active participants | \$ 5,840,488 |
| Deferred vested | 1,863,140 |
| Retired participants and beneficiaries | <u>9,506,730</u> |
| Total | 17,210,358 |
| Non-vested benefits | <u>678,107</u> |
| TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS | <u>\$ 17,888,465</u> |

See accompanying notes to financial statements.

**CENTRAL PENSION FUND OF THE
INTERNATIONAL UNION OF OPERATING ENGINEERS
AND PARTICIPATING EMPLOYERS**

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

YEAR ENDED JANUARY 31, 2018

| | (In Thousands) |
|--|-----------------------------|
| ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR | <u>\$ 17,001,335</u> |
| CHANGE DURING THE YEAR ATTRIBUTED TO | |
| Interest | 1,303,834 |
| Changes in assumptions | 237,346 |
| Benefits accumulated and plan experience | 405,353 |
| Benefit payments during the year ended January 31, 2018 | <u>(1,059,403)</u> |
| Net change | <u>887,130</u> |
| ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR | <u><u>\$ 17,888,465</u></u> |

See accompanying notes to financial statements.

**CENTRAL PENSION FUND OF THE
INTERNATIONAL UNION OF OPERATING ENGINEERS
AND PARTICIPATING EMPLOYERS**

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JANUARY 31, 2019 AND 2018

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies followed by the Central Pension Fund of the International Union of Operating Engineers and Participating Employers (the Plan).

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting. Revenue is recognized when earned. Expenses are recognized when incurred except for benefit payments which are recognized when approved for payment.

Investments - Investments in U.S. Government and government agency obligations, corporate debt, corporate stocks, common collective trusts, mutual funds, other investments and short-term investments are carried at market value, which is based on the last reported market sales or bid price, as applicable, on the last business day of the fiscal year. Interests in the partnership/joint venture interests are reported at the unit value or percentage of ownership as disclosed in the partnerships' most recent audited financial statements times the number of shares owned by the Plan. Interest in the commingled real estate fund, which is included in mutual funds in the statements of net assets available for benefits, is carried at the estimated fair value reported by the investment custodian. Interest in the pooled separate account is carried at the estimated fair values reported by the insurance company. Purchases and sales of securities are reflected on a trade-date basis.

Net Appreciation (Depreciation) in Investments - The Plan presents in the statements of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments.

Contributions Receivable - Contributions receivable represent amounts received during February 2019 and 2018, attributable to contributions for hours worked by participants during the month of January 2019 and 2018, respectively. No allowance for uncollectible contributions receivable is deemed necessary for the years ended January 31, 2019 or 2018, respectively.

Property and Equipment - Property and equipment is carried at cost. Depreciation is computed on the straight-line method over the estimated useful lives of the assets, which range from three to forty years.

NOTE 1. SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Investment Income - Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned on an accrual basis.

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

NOTE 2. DESCRIPTION OF THE PLAN

The following abbreviated description of the Plan is provided for general information purposes only. Participants should refer to the Plan of Benefits for complete information.

General - The Plan is noncontributory and operates as a trust under the law of the District of Columbia to provide retirement, disability and death benefits to the employees represented by participating local unions of the International Union of Operating Engineers and their beneficiaries. Administration of the Plan is the responsibility of the Board of Trustees. The investments of the Plan are placed, by action of the Board of Trustees, with investment managers and custodial institutions. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA) as amended to date. The Plan was established in 1960.

Pension Benefits - Participants who have completed five years of vesting service and had contributions made on 1,000 hours of service or more, with at least one hour after January 1, 1989, are entitled to a monthly pension benefit beginning at normal retirement age (65) equal to:

- 3.5% of contributions for hours of service prior to January 1, 2001;
- 3.3% of contributions for hours of service between January 1, 2001 and prior to August 1, 2005;
- 3.0% of contributions for hours of service between August 1, 2005 and prior to April 1, 2009;
- 1.0% of contributions for hours or service between April 1, 2009 and April 1, 2015, provided they have either attained 1,000 hours of credited future service in calendar year 2000, or attain 1,000 hours of such service in any subsequent year; and
- 1.25% of any contributions for hours of service thereafter.

For participants who did not attain 1,000 hours of credited future service in calendar year 2000, and did not do so in any subsequent year, the benefit is equal to:

- 3.4% of contributions for hours of service prior to January 1, 1999;
- 3.3% of contributions for hours of service between January 1, 1999 and July 31, 2005;
- 3% of contributions for hours of service between July 31, 2005 and April 1, 2009;
- 1% of any contributions for hours of service between April 1, 2009 and April 1, 2015; and
- 1.25% of any contributions for hours of service thereafter.

NOTE 2. DESCRIPTION OF THE PLAN (CONTINUED)

The Plan permits: (1) a reduced early retirement benefit at any time after age 55, provided the participant has completed 10 years of vesting service or (2) an unreduced retirement benefit at age 62, provided the participant has completed 25 years of credited service.

Married participants who retired prior to August 1, 2005 receive their pension benefits in the form of a qualified joint and survivor annuity with sixty (60) payments guaranteed. This annuity is a reduced form of payment that provides an annuity for the participant's spouse after the participant's (retiree's) death unless the participant elects, with spousal consent, another form of payment. Unmarried participants or married participants so electing will receive a life annuity with a 60 payment guarantee. Under this method of payment, if the participant dies and has not received 60 monthly payments, then the spouse, or designated beneficiaries, will receive the remainder of the 60 monthly payments in monthly payments or in a discounted lump sum.

If the participant dies after the 60 payments have been made, the spouse, or the other beneficiaries, do not receive any payments. For all retirement benefits accrued on and after August 1, 2005, such benefits will be paid in the form of a lifetime annuity for the participant, participant and spouse, or participant and contingent annuitant, depending upon the option selected. However, there will no longer be a guarantee of at least 60 minimum monthly payments with respect to that portion of the benefit accrued on or after August 1, 2005.

Disability Benefits - Active participants, who became permanently and totally disabled prior to August 1, 2005, who have 15 years of vesting service, with at least 1,000 hours of credited future service and are eligible for Social Security Disability Benefits receive a monthly disability benefit that is equal to the normal retirement benefit they have accumulated as of the time they became disabled. Upon attaining normal retirement age or the special retirement age and eligibility, the employee must choose one of the methods of pension payments described above. If death occurs while receiving disability benefits and after age 55, but prior to normal or special retirement, and the participant has been married for one year at date of death, the surviving qualified spouse is entitled to a monthly benefit in an amount equal to 50% of the participant's accrued benefit. If the participant does not have a qualified spouse and commenced receiving disability pension after age 55, the beneficiary is entitled to the 60 payment guarantee on a lump-sum basis calculated at the date of disability, less disability benefits received. If death occurs prior to age 55 while the participant is receiving disability benefits, and the participant has been married for at least one year at date of death, the surviving qualified spouse is entitled to an amount equal to 50% of the participant's accrued benefit or to a return of contribution as described below, less the disability benefits received. If the participant does not have a qualified surviving spouse and the participant commenced receiving disability benefits prior to age 55, the beneficiary is entitled to a return of contribution less the disability benefits received. For participants with a disability onset date on and after August 1, 2005, the amount of the disability benefit will be equivalent to the participant's accrued early retirement benefit, instead of the normal retirement benefit. Furthermore, the disability benefit will be converted to an early retirement benefit at age 55, instead of converting to a normal or special retirement benefit at normal retirement age. Disability benefits will not be paid to participants who are otherwise eligible to begin receiving early, normal or special retirement benefits.

NOTE 2. DESCRIPTION OF THE PLAN (CONTINUED)

Death Benefits - Upon the death of a vested participant, the surviving qualified spouse shall be entitled to a life annuity commencing immediately. The annuity equals 50% of the accrued benefit at the date of death of the participant. Eligible beneficiaries of participants who die without a surviving qualified spouse receive a payment equal to the contributions made on the participant's behalf.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations.

Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan becomes insolvent. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 4. FUNDING POLICY

The Plan is funded by the contributions of participating employers. An employer is a participating employer if it is required to make payments to the Plan on the participants' behalf on the basis of a participating agreement, a bargaining agreement or a non-bargaining unit participating agreement. The participating agreements generally require the employer to contribute a fixed amount per hour for each hour that a participant works or receives wages pursuant to a collective bargaining agreement. The employers' contributions for the years ended January 31, 2019 and 2018, exceeded the minimum funding requirements of ERISA.

NOTE 5. ACTUARIAL INFORMATION

Accumulated plan benefits are those future periodic payments and lump-sum death benefit distributions that are attributable under the Plan’s provisions to the service participants have rendered to the benefit valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or vested terminated participants or their beneficiaries, (b) beneficiaries of participants who have died and (c) present active participants or their beneficiaries. Benefits under the Plan are based on employers’ contributions made on behalf of the participants during their years of credited service. The accumulated plan benefits for active participants are based on (a) the employers’ contributions received through the valuation date and (b) the participants’ periods of credited past service using the average hourly rate of contributions made on the participants’ behalf through the valuation date. Benefits payable under all circumstances are included to the extent that they are deemed attributable to participant credited service rendered to the valuation date.

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

The significant actuarial assumptions used in the determination of the funding requirements as of January 31, 2018, were:

- a. Life expectancy for participants - The Sex-Distinct RP-2014 Mortality Table with Blue Collar adjustment, adjusted to base year 2006, with fully generational projection using 25% of the Projection Scale MP-2016.

For disabled participants - The Sex-Distinct RP-2014 Mortality Table, adjusted to base year 2006, with 2-year set forward and no future improvement.

- b. Termination - Rate varying by age and worker classification.
- c. Retirement age assumption - The following rates of retirement were assumed based on years of service:

| <u>Age</u> | <u>Less than 25 years</u> | <u>25 years or greater</u> |
|------------|-------------------------------|--------------------------------|
| 55 | 4.0% | 11.0% |
| 56 | 2.0% | 7.0% |
| 57 | 2.0% | 7.0% |
| 58 | 3.0% | 9.0% |
| 59 | 4.0% | 10.0% |
| 60 | 5.0% | 13.0% |
| 61 | 9.0% | 18.0% |

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

| <u>Age</u> | <u>Less than 25 years</u> | <u>25 years or greater</u> |
|------------|-------------------------------|--------------------------------|
| 62 | 24.0% | 45.0% |
| 63 | 14.0% | 21.0% |
| 64 | 15.0% | 23.0% |
| 65 | 36.0% | 40.0% |
| 66 | 24.0% | 31.0% |
| 67 | 20.0% | 23.0% |
| 68 | 20.0% | 22.0% |
| 69 | 21.0% | 25.0% |
| 70+ | 100.0% | 100.0% |

For terminated vested participants, the assumed retirement age is the earlier of age 65 or 62 with 25 years of credited service.

- d. Investment return - 7.75% compounded annually.
- e. Cost of living adjustments - None.
- f. Form of payment - Single participants are assumed to elect a Life Annuity with 60 monthly payments guaranteed. Married participants are assumed to elect a Joint and 50% Survivor Benefit with 60 monthly payments guaranteed, including the “Pop-Up” feature.
- g. Cost method - Traditional Unit Credit Cost Method was used.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue to exist. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the funding requirements.

Since the information on the accumulated plan benefits at January 31, 2019, and the changes therein for the year then ended are not included in the statement of accumulated plan benefits or in the statement of changes in accumulated plan benefits, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of January 31, 2019, and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended January 31, 2019. The complete financial status is presented as of January 31, 2018.

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

The Plan elected to apply the following special rules to the Plan under the Pension Relief Act of 2010:

- a. Special amortization rule - As permitted under Section 431(b)(8)(A) of the Internal Revenue Code (IRC), net investment losses incurred in the plan year beginning February 1, 2008 and ending January 1, 2009 will be amortized in the funding standard account over a period ending January 31, 2038. If not for the special rule, the losses would have been amortized over a period of 15 years.
- b. Special asset valuation rule - As permitted under Section 431(b)(8)(B) of the IRC, the asset valuation method has been changed so that the difference between expected and actual returns for the plan year beginning February 1, 2008 and ending January 31, 2009 is being spread over a period of 10 years. If not for the special rule, the losses would have been spread over a period of 5 years.

The special rules apply retroactively to the plan year beginning February 1, 2009. For purposes of determining the amounts of the eligible net investment losses to be recognized in the funding standard account under the special amortization rule, the “prospective” method described in Internal Revenue Service (IRS) Notice 2010-83 was used.

The current valuation reflects the Trustees' decision to stop applying the special amortization rule under the Pension Relief Act of 2010, effective for the February 1, 2012 valuation. The investment losses for the Plan year ending January 31, 2009 have been fully recognized in the actuarial value of assets as of February 1, 2018.

There were several changes to the actuarial assumption used to create the actuarial valuation as of February 1, 2018. These changes were:

- The non-disabled mortality assumption was changed from the Sex-Distinct 1983 Group Annuity Mortality Tables with no future improvement to the Sex Distinct RP-2014 Mortality Tables with Blue Collar adjustment, adjusted to base year 2006, with fully generational projection using 25% of Projection Scale MP-2016.
- The disabled mortality assumption was changed from the Social Security Administration 2004 table for disabled lives with no future improvement to the Sex Distinct RP-2014 Disabled Mortality Tables, adjusted to base year 2006, with 2-year set forward and no future improvement.
- The active retirement rates were updated, and the categories of rates were reduced from four (less than 15 years, 15-19 years, 20-24 years, 25 years or greater) to only two (less than 25 years, 25 years or greater).
- The withdrawal rates for stationary, hosting and portable participants were updated.

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

- The assumption for future hours worked for benefit accruals was changed from the assumption that each active participant will work the same number of hours per year as worked during the Plan year preceding the valuation date to the assumption that each active participant will work the same number of hours per year as worked during the Plan year preceding the valuation date, adjusted by the ratio of the 3-year average of total hours (as provided by the Fund Office) to the 3-year average of total hours worked from the valuation data.
- The assumption for future contributions for benefit accruals was changed from the assumption that the Plan will receive contributions on behalf of each active participant equal to the contributions received during the Plan year preceding the valuation date to the assumption that the Plan will receive contributions on behalf of each active participant equal to the contributions received during the Plan year preceding the valuation date, adjusted by the ratio of the 3-year average of total hours worked from the valuation data.
- The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the IRS prescribed assumptions.

NOTE 6. FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include other significant observable inputs including:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

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 relevant 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 January 31, 2019 and 2018.

Level 1

- Common stocks, U.S. Government and government agency obligations, certain mutual funds and certain other investments are stated at fair value based on quoted market prices as of the last business day of the fiscal year.
- Short-term investment funds are valued at cost which approximates fair value.

Level 2

- 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.
- Daily closing price as reported by the investment fund.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of January 31, 2019:

| | Total Fair value | Quote Prices (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|--|----------------------|---------------------------|---|--|
| | (in thousands) | | | |
| Short-term investment funds | \$ 213,453 | \$ 213,453 | \$ - | \$ - |
| U.S. Government and government agency obligations | 1,197,726 | 463,217 | 734,509 | - |
| Corporate debt | 1,435,082 | - | 1,435,082 | - |
| Corporate stocks | 2,232,255 | 2,232,255 | - | - |
| Mutual funds | 146,809 | 146,809 | - | - |
| Other investments | 80,942 | - | 80,942 | - |
| Total | <u>5,306,267</u> | <u>\$ 3,055,734</u> | <u>\$ 2,250,533</u> | <u>\$ -</u> |
| Investments measured at net asset value* | <u>12,472,659</u> | | | |
| Total | <u>\$ 17,778,926</u> | | | |

NOTE 6. 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 January 31, 2018:

| | Total Fair value | Quote Prices (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|--|----------------------|---------------------------|---|--|
| | (in thousands) | | | |
| Short-term investment funds | \$ 402,205 | \$ 186,795 | \$ 215,410 | \$ - |
| U.S. Government and government agency obligations | 1,287,466 | 532,817 | 754,649 | - |
| Corporate debt | 1,330,506 | - | 1,330,506 | - |
| Corporate stocks | 1,847,230 | 1,847,230 | - | - |
| Mutual funds | 132,589 | 132,589 | - | - |
| Other investments | 95,357 | - | 95,357 | - |
| Collateral held for securities on loan - cash | 56,791 | 56,791 | - | - |
| Total | <u>5,152,144</u> | <u>\$ 2,756,222</u> | <u>\$ 2,395,922</u> | <u>\$ -</u> |
| Investments measured at net asset value* | <u>13,215,640</u> | | | |
| Total | <u>\$ 18,367,784</u> | | | |

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

The Plan has a common collective trust investment in the MSCI ACWI Index Securities Lending Fund which represents approximately 43% and 48%, respectively, of plan investments as of January 31, 2019 and 2018.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table summarizes the Plan’s investments in certain entities that calculate NAV per share as fair value measurement as of January 31, 2019 and 2018 by investment strategy:

| | 2019 Fair Value (in millions) | 2018 Fair Value (in millions) | 2019 Unfunded Commitments (in millions) | Redemption Frequency | Redemption Notice Period |
|--|--|--|--|---|--------------------------------|
| a. Common collective trusts | \$ 8,236.2 | \$ 9,437.9 | \$ - | Daily; Semi-monthly | 1 day; 2 days |
| b. Pooled separate account | 144.0 | 133.6 | - | Quarterly | 90 days |
| c. Mutual funds | 1,025.7 | 843.2 | - | Monthly; Daily | 15 days; 1 days |
| d. Partnership/joint venture interests | 3,066.8 | 2,800.9 | 1,275.9 | Cannot redeem; Quarterly, subject to available cash | N/A; 1-45 days |
| | <u>\$ 12,472.7</u> | <u>\$ 13,215.6</u> | | | |

The following summarizes the investment strategy for each of the Plan’s investments in the table presented above:

- a. All report as direct filing entities (DFEs) and can be redeemed either daily or semi-monthly.
- b. All report as DFEs and can be redeemed quarterly.
- c. The Plan’s investment in the mutual funds’ category consist of approximately 76% of investments that have a principal investment objective to seek maximum total return, consistent with preservation of capital and prudent investment management. These investments can be redeemed daily with a one-day notice period.

The remaining approximately 24% in this category is an investment that has a strategy to construct and manage a portfolio composed primarily of mortgage securities, with higher yield, higher credit quality and similar interest risk versus the Barclays Capital Aggregate Bond Index. The investee uses a variety of strategies to maintain a risk profile comparable to its benchmark index. These strategies include, but are not limited to, managing the duration (a measure of interest rate sensitivity) of the investee’s portfolio within a range comparable to the benchmark index and managing prepayment risk by negotiating prepayment restrictions for mortgage securities backed by multifamily housing projects, including market-rate housing, low-income housing, housing for the elderly or handicapped, intermediate care facilities, assisted living facilities and nursing homes (collectively, Multifamily Projects). This investment can be redeemed monthly with a 15-day notice period.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

- d. The Plan's investments in the partnership/joint venture interests' category consists of 19% of investments that earn income directly and indirectly from infrastructure assets and assets with similar characteristics located predominately in the United States and Canada. These investments cannot be redeemed by the Plan.

The Plan also has 42% of investments in limited partnerships that earn income directly and indirectly from private equity buyouts and private distressed debt buyouts. These investments cannot be redeemed by the Plan.

The remaining 39% of investments in the limited partnership category earn income from investing primarily in core stable institutional quality office, retail, industrial and multi-family residential properties that are substantially leased and have minimal deferred maintenance or functional obsolescence as well as public or private real estate companies. Three of the investments in this category can be redeemed on a quarterly basis with a notice period of 1, 30, or 45 days. The other investments cannot be redeemed by the Plan.

NOTE 7. SECURITIES LENDING

The Trustees of the Plan have entered into an agreement with the custodial bank which authorizes 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. Borrowers are further required to deliver collateral for each loan equal to (i) in the case of loaned securities denominated in United States dollars or whose primary trading market is located in the United States or sovereign debt issued by foreign governments, 102% of the market value of the loaned securities; and (ii) in the case of loaned securities not denominated in United States dollars or whose primary trading market is not located in the United States, 105% of the market value of the loaned securities. 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.

During the year ended January 31, 2019 the Plan changed its custodial bank. It is the practice of the custodial bank to use any cash collateral received from these transactions to purchase certain allowable fixed income securities. During the year ended January 31, 2018, the custodial bank's practice was to hold cash collateral received in the custodian's Short-Term Investment (Quality A) Fund. Under the prior agreement, if the value of the Short-Term Investment Fund dipped below \$1.00 a share, the Plan would realize those losses. Under the terms of the new agreement, if, on the date that the collateral must be returned to the borrower, these securities that were purchased with cash collateral have depreciated below the original collateral received, then the Plan is liable for any difference due to the borrower. However, if non-cash collateral that is received by the custodial bank depreciates below the original cost basis as of the date that they must be returned to the borrower, the custodial bank will be liable for this difference.

NOTE 7. SECURITIES LENDING (CONTINUED)

The Plan receives 70%, and the bank receives 30%, of the revenue derived from all securities lending activities. The bank pays all program expenses. Total income earned by the Plan from securities lending activities was \$625,000 and \$816,000 for the years ended January 31, 2019 and 2018, respectively.

Although the Plan's securities lending activities are collateralized as described above, and although the terms of the securities lending agreement with the custodial banks 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. There is also the risk to the Plan that the securities purchased by the custodial bank with the cash collateral received will depreciate before becoming due back to the borrower.

As of January 31, 2019 and 2018, the Plan's investments on loan at fair value were as follows:

| | <u>2019</u> | <u>2018</u> |
|--|-----------------------|----------------------|
| | (in thousands) | |
| Corporate stocks | \$ 79,167 | \$ 28,485 |
| U.S. Government and government agency obligations | 33,300 | 7,411 |
| Corporate debt | <u>99,741</u> | <u>34,049</u> |
| Total | <u>\$ 212,208</u> | <u>\$ 69,945</u> |

In accordance with U.S. generally accepted accounting principles, the Plan has segregated securities on loan to third parties from other investments on the statements of net assets available for benefits and has also reported the cash collateral held for securities on loan, and a corresponding liability to return the collateral.

As of January 31, 2019 and 2018, the Plan was holding the following collateral at fair value:

| | <u>2019</u> | <u>2018</u> |
|--|-----------------------|----------------------|
| | (in thousands) | |
| Cash | \$ - | \$ 56,791 |
| Securities purchased with cash collateral | 216,482 | - |
| Securities | <u>1,980</u> | <u>14,791</u> |
| Total | <u>\$ 218,462</u> | <u>\$ 71,582</u> |

NOTE 8. PROPERTY AND EQUIPMENT

Property and equipment at January 31, 2019 and 2018 are comprised of:

| | <u>2019</u> | <u>2018</u> |
|--------------------------------|-----------------|----------------|
| | (in thousands) | |
| Land | \$ 250 | \$ 250 |
| Building | 460 | 460 |
| Building improvement | 1,324 | 1,024 |
| Furniture and equipment | <u>7,984</u> | <u>7,956</u> |
| | 10,018 | 9,690 |
| Less: accumulated amortization | <u>(9,002)</u> | <u>(8,880)</u> |
| Total | <u>\$ 1,016</u> | <u>\$ 810</u> |

Depreciation expense was \$122,327 and \$135,849 for the fiscal years ended January 31, 2019 and 2018, respectively.

NOTE 9. EMPLOYEE BENEFIT PLAN

The Plan has a defined benefit pension plan covering substantially all of its employees, the Staff Employee Pension Plan (SEPP). SEPP covers full-time managerial and supervisory employees, secretarial, clerical and cleaning staff employees and provides pension benefits based on years of service and highest consecutive 36 months' monthly earnings during the final ten years of employment. The Plan made contributions of \$1,120,376 and \$1,264,093 into the SEPP for the years ended January 31, 2019 and 2018, respectively.

In addition to providing pension benefits, the Plan also provides certain health care insurance benefits for retired employees.

NOTE 10. TAX STATUS

The plan obtained its latest determination letter on January 25, 2016, in which the IRS stated that the Plan, as formally amended through February 1, 2014, was in compliance with the applicable requirements under Section 401 of the IRC. The Plan approved additional amendments to the Plan document which are not covered under the current determination letter. However, the Plan's Chief Executive Officer and the Plan's Legal Counsel believe that the Plan is currently designed and being operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 10. TAX STATUS (CONTINUED)

The Plan follows the authoritative guidance relating to accounting for uncertainty in income taxes included in Accounting Standards Codification (ASC) Topic *Income Taxes*. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribe a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The Plan performed an evaluation of uncertain tax positions for the years ended January 31, 2019 and 2018, and determined that there were no matters that would require recognition in the financial statements or that may have an effect on its tax-exempt status. As of January 31, 2019, the statute of limitations for tax years 2015 through 2017 remains open with the U.S. federal jurisdiction and the various states and local jurisdictions in which the Plan files returns. It is the Plan's policy to recognize interest and/or penalties related to uncertain tax positions, if any, in unrelated business income tax expense.

NOTE 11. FINANCIAL INSTRUMENTS WITH OFF-BALANCE-SHEET RISK

Off-balance-sheet risk refers to the possibility that a loss, in an amount exceeding amounts recognized as assets or liabilities in the financial statements, may occur in the future. The use of such instruments is subject to guidelines which the Plan has in place. These guidelines include the use of these instruments only if they are more attractive than a direct investment or if they diversify risk in the portfolio. These instruments are not used for speculation. They are also not used to leverage or increase the dollar value of an underlying position in the portfolio. These instruments are to be used only when their possible impact can be quantified, can enhance the risk-return profile of a portfolio, and can only be used by managers who are authorized to do so. Additionally, options and futures are limited to liquid instruments actively traded on major exchanges, or over-the-counter options or forward positions entailing counterparty risk are used, these transactions are to be executed with major dealers.

The Plan has ownership in certain investments that, at times, contain exposure to financial instruments with off-balance-sheet risk. These interests vary as to amount and risk throughout the fiscal year.

NOTE 12. COMMITMENT TO PURCHASE INVESTMENTS

The Plan has entered into subscription agreements for investments in real estate, infrastructure and private equity partnerships/joint venture interests and an insurance company pooled separate account. Commitments made as of January 31, 2019 are:

| Investments | Total Commitment | Invested as of January 31, 2019 |
|-------------------------------------|-------------------------|---------------------------------------|
| Partnership/joint venture interests | | |
| Real estate | \$ 1,469,550,000 | \$ 1,408,476,000 |
| Infrastructure | 925,000,000 | 695,727,000 |
| Private equity | 2,517,659,000 | 1,532,080,000 |
| Pooled separate accounts | <u>135,000,000</u> | <u>135,000,000</u> |
| | <u>\$ 5,047,209,000</u> | <u>\$ 3,771,283,000</u> |

NOTE 13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the Plan's buildings and other property used in plan operations per the accompanying financial statements to the Form 5500 as of January 31, 2019:

| | (in thousands) |
|---|---------------------|
| Total property per the financial statements | \$ 1,016 |
| Add: fair market value increase in property | <u>5,593</u> |
| Total property per the Form 5500 | <u>\$ 6,609</u> |

The Plan has also recognized the increase in the fair market value of the property in net income on the Form 5500. The following is a reconciliation of the Plan's total additions, total deductions and net change per the accompanying financial statements to the Form 5500 as of January 31, 2019:

| | Total Additions | Total Deductions | Net Change |
|---|-----------------------|-------------------------|-------------------------|
| | | (in thousands) | |
| Per the financial statements | \$ 605,342 | \$ 1,135,292 | \$ (529,950) |
| Investment expenses | 16,944 | 16,944 | - |
| Expense reimbursements | 150 | 150 | - |
| Fair market value decrease in property | <u>(256)</u> | <u>-</u> | <u>(256)</u> |
| Total per the Form 5500 | <u>\$ 622,180</u> | <u>\$ 1,152,386</u> | <u>\$ (530,206)</u> |

NOTE 14. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 27, 2019, which is the date the financial statements were available to be issued. The review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

**Schedule MB, Line 6 –
Summary of Plan Provisions**

Plan Name Central Pension Fund of the International Union
of Operating Engineers and Participating Employers

Plan Sponsor The Board of Trustees of the Central Pension Fund of the International Union
of Operating Engineers and Participating Employers

EIN / PN 36-6052390 / 001

Effective Date and Most Recent Amendment The original effective date of the Plan is October 1, 1960.

The most recent amendment to the Plan was adopted on June 29, 2016 and was effective April 1, 2015.

Plan Year The twelve-month period beginning February 1 and ending January 31.

Employers A participating Employer is any person or entity that has been accepted for participation in the Plan and that is required to contribute to the Plan pursuant to a collective bargaining agreement or participation agreement.

Eligibility Immediate participation beginning on the date contributions are first due on the participant’s behalf.

Credited Service *Past Service:* Continuous service prior to January 1, 1981 with a covered employer or as an active union member between 35th birthday and initial participation in the Plan, up to a maximum of 30 years.

Future Service: Service subsequent to initial participation date for which employer contributions are made, in accordance with the following:

| Hours of Service During Plan Year | Future Credited Service |
|--------------------------------------|----------------------------|
| 1,000 or more | 1.0 |
| 900 or more but less than 1,000 | 0.9 |
| 800 or more but less than 900 | 0.8 |
| 700 or more but less than 800 | 0.7 |
| 600 or more but less than 700 | 0.6 |
| 500 or more but less than 600 | 0.5 |
| 400 or more but less than 500 | 0.4 |
| Less than 400 | 0.0 |



Schedule MB, Line 6 – Summary of Plan Provisions

Vesting Five years of vesting service.

Retirement Dates **Normal:** Later of 65th birthday and 5th anniversary of participation in the Plan.

Deferred: At the participant's option, any time subsequent to Normal Retirement Date.

Early: At the participant's option, any time subsequent to 55th birthday and 10 years of vesting service.

Special: 62nd birthday and 25 years of credited service.

Special Early: At the participant's option, any time subsequent to 55th birthday and 25 years of credited service.

Disability: Upon completion of 15 years of vesting service and satisfying the plan's definition of "Total and Permanent Disability." Effective January 1, 1996, the definition of "Total and Permanent Disability" is based on the participant's eligibility to receive Social Security disability benefits. Prior to January 1, 1996, only disablements occurring prior to age 40 were required to be eligible to receive Social Security disability benefits. Vesting service is determined without the age 35 restriction on credited past service.

**Schedule MB, Line 6 –
Summary of Plan Provisions**

**Monthly Retirement
Benefit**

Normal and Deferred: Past Service Benefit plus Future Service Benefit.

Past Service Benefit: For Participants with an Initial Participation Date prior to January 1, 1981, \$1.00 for each 5 cents of average contribution rate multiplied by years of credited past service.

Future Service Benefit: For work performed on or after April 1, 2015, the future accrual rate is 1.25% of contributions, increased from 1.00%. The future service benefit percentage has changed since plan inception according to the table below:

| Effective Date | Stationary | Hoisting & Portable |
|------------------|-------------|---------------------|
| October 1, 1960 | 1.25% | 1.75% |
| March 1, 1967 | 1.60% | 2.00% |
| January 1, 1969 | 2.00% | 2.00% |
| January 1, 1982 | 2.20% | 2.20% |
| March 1, 1984 | 2.35% | 2.35% |
| May 1, 1986 | 2.60% | 2.60% |
| February 1, 1989 | 3.00% | 3.00% |
| May 1, 1991 | 3.30% | 3.30% |
| January 1, 1999 | 3.40%/3.30% | 3.40%/3.30% |
| January 1, 2001 | 3.50%/3.30% | 3.50%/3.30% |
| August 1, 2005 | 3.00% | 3.00% |
| April 1, 2009 | 1.00% | 1.00% |
| April 1, 2015 | 1.25% | 1.25% |

Schedule MB, Line 6 – Summary of Plan Provisions

Monthly Retirement Benefit (Cont.)

Participants in recently merged locals may temporarily have a different accrual rate.

Early: Normal Retirement Benefit accrued to Early Retirement Date reduced by $\frac{1}{4}$ of 1% for each month that Early Retirement Date precedes Normal Retirement Date.

Disability: Normal Retirement Benefit accrued to Disability Retirement Date. For disability onset after August 1, 2005, the amount will be the reduced Early Retirement Benefit, rather than the unreduced Normal Retirement Benefit.

Special: Normal Retirement Benefit accrued to Special Retirement Date.

Special Early: Normal Retirement Benefit accrued to Special Retirement Date reduced by $\frac{1}{4}$ of 1% for each month that Early Retirement Date precedes age 62.

Vested: Normal Benefit accrued to date of termination, payable at Normal Retirement Date or a reduced benefit payable as early as age 55 and 10 years of vesting service.

Minimum: The minimum monthly benefit payable at Special, Normal, Deferred or Disability Retirement Date to an eligible participant will be \$25.00. In the case of early retirement, the appropriate factor will be applied.

Death Benefit

An amount equal to the contributions made on the Participant's behalf. For Participants who die in service after 62 with 25 years of service, the death benefit is equal to the Special Early Benefit and is payable for 60 months. The death benefit is not payable if the Participant is survived by a spouse entitled to a spouse's benefit. The death benefit may be paid as a lump sum.

Spouse's Benefit

Upon the death of a married active vested, terminated vested or disabled Participant, the surviving spouse shall be entitled to a life annuity commencing immediately, unreduced for early payment. The annuity equals 50% of the Participant's accrued benefit.

**Schedule MB, Line 6 –
Summary of Plan Provisions**

Forms of Payment

Normal Form

- (a) *Unmarried Participant* – Life Annuity with 60 monthly payments guaranteed. For work performed after August 1, 2005, the accrued benefit will not include a 60-payment guarantee.
- (b) *Married Participant* – Joint and 50% Survivor Benefit with 60 monthly payments guaranteed, including the “Pop-Up” feature, actuarially reduced. The pop-up applies to retirements on or after January 1, 1990. For work performed after August 1, 2005, the accrued benefit will not include a 60-payment guarantee.

Optional Forms

- (a) *Contingent Annuitant* – Joint and 50%, 66-2/3%, or 100% Survivor Benefit actuarially reduced.
- (b) *100% Joint and Survivor Annuity* – Joint and 66-2/3%, or 100% Survivor Benefit, including the “Pop-Up” feature, actuarially reduced; Life Annuity. The pop-up applies to retirements on or after January 1, 1990.

Changes in Plan Provisions

None.

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390

Plan No. 001

| (a) (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|--|--|-------------|----------------------|
| INTEREST BEARING CASH | | | |
| AUD (AUSTRALIAN DOLLARS) | SHORT TERM | 143,347 \$ | 104,522 \$ |
| BANK OF AMERICA | SHORT TERM | 207,603,579 | 207,603,578 |
| BANK OF NEW YORK MELLON | SHORT TERM | (13,711) | (13,711) |
| BMO HARRIS BANK | SHORT TERM | 365,693 | 365,693 |
| CAD (CANADIAN DOLLARS) | SHORT TERM | 261,994 | 198,189 |
| CHF (SWISS FRANC) | SHORT TERM | 238,469 | 243,231 |
| DKK (DANISH KRONE) | SHORT TERM | 22,906 | 3,703 |
| EUR (EURO) | SHORT TERM | 213,166 | 242,928 |
| EUR CURRENCY AT BROKER | SHORT TERM | 17,696 | 20,192 |
| FIFTH THIRD BANK | SHORT TERM | 1,501 | 1,501 |
| FIRST FIDELITY BANK | SHORT TERM | 337,929 | 337,929 |
| FIRST FINANCIAL BANK | SHORT TERM | 57,900 | 57,900 |
| GBP (GREAT BRITISH POUNDS) | SHORT TERM | 116,037 | 151,432 |
| HKD (HONG KONG DOLLARS) | SHORT TERM | 3,015,842 | 384,839 |
| ILS (ISRAELI SHEKEL) | SHORT TERM | 127,133 | 34,792 |
| JOHNSON BANK | SHORT TERM | 1,429,415 | 1,429,415 |
| JP MORGAN CHASE BANK | SHORT TERM | (565,632) | (565,632) |
| JPY (JAPANESE YEN) | SHORT TERM | 28,694,641 | 261,656 |
| LEHMAN RECEIVABLE | SHORT TERM | 134,485 | 134,485 |
| NOK (NORWEGIAN KRONE) | SHORT TERM | 7,148,391 | 842,810 |
| NZD (NEW ZEALAND DOLLAR) | SHORT TERM | 904,900 | 613,029 |
| PNC BANK | SHORT TERM | 301,323 | 301,323 |
| SEK (SWEDISH KRONA) | SHORT TERM | 92,702 | 10,264 |
| SGD (SINGAPORE DOLLARS) | SHORT TERM | 58,100 | 42,432 |
| UNION BANK | SHORT TERM | 283,181 | 283,181 |
| WELLS FARGO BANK | SHORT TERM | 339,016 | 339,016 |
| SUB TOTAL- INTEREST BEARING CASH | | 213,426,788 | 213,452,845 |
| U.S. GOVERNMENT SECURITIES | | | |
| FEDERAL FARM CR BK CONS BD | VAR RT | 9/25/2020 | 6,000,000 |
| FHLMC POOL #1B-8810 | VAR RT | 11/1/2041 | 511,967 |
| FHLMC POOL #1Q-1101 | VAR RT | 8/1/2037 | 1,206,191 |
| FHLMC POOL #1Q-1313 | VAR RT | 9/1/2037 | 61,194 |
| FHLMC POOL #2B-4503 | VAR RT | 8/1/2045 | 1,510,197 |
| FHLMC POOL #84-0286 | VAR RT | 5/1/2046 | 1,856,848 |
| FHLMC POOL #84-8847 | VAR RT | 6/1/2036 | 397,401 |
| FHLMC POOL #84-9278 | VAR RT | 4/1/2044 | 544,333 |
| FHLMC POOL #84-9312 | VAR RT | 5/1/2044 | 315,240 |
| FHLMC POOL #84-9399 | VAR RT | 5/1/2044 | 1,505,318 |
| FHLMC POOL #84-9505 | VAR RT | 10/1/2044 | 479,507 |
| FHLMC POOL #84-9625 | VAR RT | 1/1/2045 | 926,061 |
| FHLMC POOL #84-9849 | VAR RT | 10/1/2045 | 531,472 |
| FHLMC POOL #C9-1800 | 4.00% | 11/1/2034 | 7,199,315 |
| FHLMC POOL #D9-9683 | 3.00% | 11/1/2032 | 627,226 |
| FHLMC POOL #G0-1749 | 5.50% | 1/1/2035 | 492,926 |
| FHLMC POOL #G0-2117 | 7.50% | 3/1/2033 | 1,130,519 |
| FHLMC POOL #G0-2385 | 6.00% | 11/1/2036 | 255,165 |
| FHLMC POOL #G0-6801 | 4.50% | 9/1/2041 | 1,441,588 |
| FHLMC POOL #G0-7074 | 5.50% | 1/1/2040 | 789,871 |
| FHLMC POOL #G0-7686 | 4.50% | 3/1/2044 | 384,286 |
| FHLMC POOL #G0-7843 | 4.50% | 6/1/2042 | 918,875 |
| FHLMC POOL #G0-7849 | 3.50% | 5/1/2044 | 5,259,918 |
| FHLMC POOL #G0-7857 | 4.50% | 4/1/2040 | 268,481 |
| FHLMC POOL #G0-7921 | 3.50% | 4/1/2043 | 5,328,313 |
| FHLMC POOL #G0-8693 | 3.50% | 2/1/2046 | 969,843 |
| FHLMC POOL #G0-8768 | 4.50% | 6/1/2047 | 21,221,828 |
| FHLMC POOL #G0-8772 | 4.50% | 7/1/2047 | 9,634,728 |
| FHLMC POOL #G0-8775 | 4.00% | 7/1/2047 | 12,769,072 |
| FHLMC POOL #G0-8776 | 4.50% | 7/1/2047 | 3,690,555 |
| FHLMC POOL #G0-8827 | 4.50% | 6/1/2048 | 5,014,653 |
| FHLMC POOL #G1-2511 | 6.00% | 2/1/2022 | 123,029 |
| FHLMC POOL #G1-3338 | 6.00% | 11/1/2023 | 25,817 |
| FHLMC POOL #G1-3346 | 6.00% | 3/1/2023 | 856 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390

Plan No. 001

| (a) (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | | | (d) Cost | (e) Current Value |
|--|--|------------|------------|------------|----------------------|
| FHLMC POOL #G1-4550 | 4.50% | 9/1/2026 | 627,282 | \$ 673,740 | \$ 646,495 |
| FHLMC POOL #G1-4554 | 4.50% | 7/1/2026 | 187,244 | 200,117 | 192,545 |
| FHLMC POOL #G1-8588 | 3.50% | 2/1/2031 | 1,095,610 | 1,159,292 | 1,117,171 |
| FHLMC POOL #G6-0034 | 4.50% | 2/1/2045 | 428,490 | 465,064 | 446,714 |
| FHLMC POOL #G6-0250 | 3.50% | 10/1/2045 | 3,512,370 | 3,649,023 | 3,556,696 |
| FHLMC POOL #G6-7702 | 4.00% | 1/1/2047 | 595,995 | 622,115 | 616,539 |
| FHLMC POOL #G6-7706 | 3.50% | 12/1/2047 | 890,263 | 881,867 | 899,433 |
| FHLMC POOL #G6-7713 | 4.00% | 6/1/2048 | 4,105,747 | 4,167,654 | 4,231,875 |
| FHLMC POOL #J1-1367 | 4.50% | 1/1/2025 | 1,006,252 | 1,066,942 | 1,037,175 |
| FHLMC POOL #K9-2173 | 3.50% | 11/1/2034 | 1,063,029 | 1,110,533 | 1,084,778 |
| FHLMC POOL #Q0-5292 | 4.00% | 12/1/2041 | 1,771,741 | 1,881,367 | 1,831,218 |
| FHLMC POOL #Q1-4875 | 3.00% | 1/1/2043 | 1,000,130 | 1,036,541 | 988,348 |
| FHLMC POOL #Q2-5717 | 4.50% | 4/1/2044 | 643,030 | 686,635 | 670,526 |
| FHLMC POOL #Q2-5866 | 4.00% | 4/1/2044 | 760,708 | 789,354 | 787,075 |
| FHLMC POOL #Q2-5867 | 4.00% | 4/1/2044 | 805,989 | 835,962 | 833,788 |
| FHLMC POOL #Q2-8562 | 4.50% | 9/1/2044 | 617,557 | 670,435 | 643,704 |
| FHLMC POOL #Q3-1312 | 3.50% | 2/1/2045 | 1,978,276 | 2,084,608 | 2,003,242 |
| FHLMC POOL #Q3-8474 | 4.00% | 1/1/2046 | 1,046,227 | 1,115,131 | 1,079,455 |
| FHLMC POOL #Q4-1085 | 3.50% | 6/1/2046 | 1,447,412 | 1,522,384 | 1,460,381 |
| FHLMC POOL #Q4-1744 | 3.00% | 7/1/2046 | 1,265,012 | 1,322,135 | 1,245,493 |
| FHLMC POOL #Q4-1930 | 3.00% | 7/1/2046 | 1,562,766 | 1,640,782 | 1,540,106 |
| FHLMC POOL #Q4-1931 | 3.00% | 7/1/2046 | 2,121,751 | 2,221,871 | 2,089,012 |
| FHLMC POOL #Q4-4662 | 4.00% | 11/1/2046 | 354,904 | 376,198 | 364,834 |
| FHLMC POOL #Q4-6277 | 3.50% | 2/1/2047 | 1,397,664 | 1,384,888 | 1,409,893 |
| FHLMC POOL #Q4-6291 | 4.50% | 2/1/2047 | 2,626,943 | 2,814,113 | 2,736,644 |
| FHLMC POOL #Q5-0695 | 4.00% | 9/1/2047 | 917,327 | 978,243 | 943,095 |
| FHLMC POOL #Q5-1461 | 3.50% | 10/1/2047 | 18,581,772 | 19,171,888 | 18,693,448 |
| FHLMC POOL #Q5-9717 | 4.50% | 11/1/2048 | 1,019,343 | 1,046,578 | 1,068,180 |
| FHLMC POOL #Q5-9721 | 4.50% | 11/1/2048 | 1,735,841 | 1,785,746 | 1,824,352 |
| FHLMC POOL #T6-5102 | 2.50% | 10/1/2042 | 9,434,392 | 9,121,877 | 8,959,747 |
| FHLMC POOL #U5-9002 | 3.50% | 9/1/2032 | 874,481 | 953,236 | 891,594 |
| FHLMC POOL #U8-0076 | 3.50% | 10/1/2032 | 52,551 | 57,223 | 53,612 |
| FHLMC POOL #V8-3156 | 4.50% | 4/1/2047 | 2,767,487 | 2,971,589 | 2,883,057 |
| FHLMC MULTICLASS CTF 4281 BC | VAR RT | 12/15/2043 | 3,489,140 | 3,888,756 | 3,659,166 |
| FHLMC MULTICLASS MT | VAR RT | 3/25/2023 | 6,293,755 | 451,973 | 272,457 |
| FHLMC MULTICLASS MT | VAR RT | 5/15/2042 | 7,607,591 | 1,186,309 | 557,408 |
| FHLMC MULTICLASS MTG | 3.00% | 2/15/2043 | 10,661,071 | 9,473,080 | 9,943,367 |
| FHLMC MULTICLASS MTG 1591 B | 0.00% | 9/15/2023 | 13,642 | 9,364 | 12,891 |
| FHLMC MULTICLASS MTG 177 F | 8.50% | 7/15/2021 | 343 | 295 | 345 |
| FHLMC MULTICLASS MTG 314 F2 | VAR RT | 9/15/2043 | 1,267,518 | 1,267,518 | 1,278,635 |
| FHLMC MULTICLASS MTG 3793 PC | 4.00% | 1/15/2041 | 684,333 | 700,372 | 718,064 |
| FHLMC MULTICLASS MTG 3840 KT | 3.50% | 3/15/2026 | 676,566 | 713,566 | 685,767 |
| FHLMC MULTICLASS MTG 3967 VQ | 4.00% | 8/15/2028 | 2,000,000 | 2,160,625 | 2,091,980 |
| FHLMC MULTICLASS MTG 4377 LZ | 3.00% | 8/15/2044 | 12,556,393 | 11,288,515 | 11,492,615 |
| FHLMC MULTICLASS MTG 4471 BA | 3.00% | 12/15/2041 | 6,352,629 | 6,559,089 | 6,268,647 |
| FHLMC MULTICLASS MTG 4481 B | 3.00% | 12/15/2042 | 5,218,977 | 5,239,363 | 5,163,342 |
| FHLMC MULTICLASS MTG 4745 EC | 3.00% | 12/15/2044 | 5,243,731 | 5,137,217 | 5,170,476 |
| FHLMC MULTICLASS MTG 4750 PA | 3.00% | 7/15/2046 | 11,236,453 | 11,272,445 | 11,035,321 |
| FHLMC MULTICLASS MTG 59 1A2 | 7.00% | 10/25/2043 | 94,068 | 100,932 | 108,601 |
| FHLMC MULTICLASS MTG 62 1A1 | VAR RT | 10/25/2044 | 165,429 | 163,826 | 166,205 |
| FHLMC MULTICLASS MTG K056 A2 | 2.53% | 5/25/2026 | 2,020,000 | 1,992,935 | 1,947,401 |
| FHLMC MULTICLASS MTG K080 A2 | VAR RT | 7/25/2028 | 2,400,000 | 2,471,990 | 2,529,384 |
| FHLMC MULTICLASS MTG K726 A2 | 2.91% | 4/25/2024 | 2,915,000 | 3,002,358 | 2,924,794 |
| FHLMC MULTICLASS MTG KJ07 A2 | 2.31% | 12/25/2022 | 2,000,000 | 1,980,547 | 1,965,520 |
| FHLMC MULTICLASS MTG KJ11 A2 | 2.93% | 1/25/2023 | 1,540,265 | 1,571,004 | 1,551,586 |
| FHLMC MULTICLASS MTG KJ13 A2 | 2.86% | 8/25/2022 | 4,000,000 | 4,088,337 | 4,014,880 |
| FHLMC MULTICLASS MTG KJ17 A1 | 2.40% | 10/25/2024 | 5,475,372 | 5,475,356 | 5,420,345 |
| FNMA POOL #0020096 | VAR RT | 9/1/2024 | 476 | 479 | 469 |
| FNMA POOL #0021534 | VAR RT | 6/1/2024 | 2,574 | 2,591 | 2,549 |
| FNMA POOL #0064733 | VAR RT | 1/1/2028 | 291 | 293 | 294 |
| FNMA POOL #0065583 | VAR RT | 9/1/2028 | 140 | 141 | 148 |
| FNMA POOL #0072164 | VAR RT | 3/1/2028 | 2,405 | 2,420 | 2,454 |
| FNMA POOL #0074098 | VAR RT | 10/1/2027 | 5,428 | 5,462 | 5,368 |
| FNMA POOL #00AE087 | 5.50% | 1/1/2025 | 617,850 | 667,375 | 639,870 |
| FNMA POOL #0116533 | VAR RT | 11/1/2020 | 56 | 56 | 55 |
| FNMA POOL #0555743 | 5.00% | 9/1/2033 | 215,508 | 227,580 | 230,796 |
| FNMA POOL #0725027 | 5.00% | 11/1/2033 | 472,096 | 502,484 | 507,168 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390

Plan No. 001

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | | | (d) Cost | (e) Current Value |
|------|--|--|-----------|-----------|--------------|----------------------|
| FNMA | POOL #0725229 | 6.00% | 3/1/2034 | 1,384,324 | \$ 1,516,897 | \$ 1,516,568 |
| FNMA | POOL #0745275 | 5.00% | 2/1/2036 | 1,265,551 | 1,366,551 | 1,355,595 |
| FNMA | POOL #0849077 | 5.50% | 1/1/2036 | 498,845 | 535,947 | 543,068 |
| FNMA | POOL #0888367 | 7.00% | 3/1/2037 | 934,844 | 1,059,295 | 1,064,320 |
| FNMA | POOL #0888829 | 5.83% | 6/1/2037 | 107,081 | 112,669 | 116,414 |
| FNMA | POOL #0972060 | VAR RT | 6/1/2041 | 173,846 | 177,608 | 180,860 |
| FNMA | POOL #0995288 | VAR RT | 9/1/2038 | 138,987 | 147,152 | 145,115 |
| FNMA | POOL #0AB1763 | 4.00% | 11/1/2030 | 382,691 | 407,566 | 394,550 |
| FNMA | POOL #0AB6280 | 3.00% | 9/1/2042 | 8,000,496 | 7,987,995 | 7,901,369 |
| FNMA | POOL #0AB7342 | 3.00% | 12/1/2032 | 1,238,871 | 1,310,106 | 1,241,795 |
| FNMA | POOL #0AD0284 | 5.50% | 1/1/2024 | 15,889 | 17,148 | 16,155 |
| FNMA | POOL #0AE0467 | 5.50% | 3/1/2024 | 611 | 659 | 631 |
| FNMA | POOL #0AE0471 | 5.50% | 9/1/2024 | 53,314 | 57,834 | 54,606 |
| FNMA | POOL #0AE0688 | 7.00% | 11/1/2038 | 341,804 | 381,111 | 388,299 |
| FNMA | POOL #0AH0607 | 4.00% | 12/1/2040 | 4,113,650 | 4,382,966 | 4,246,645 |
| FNMA | POOL #0A11935 | 5.00% | 5/1/2041 | 1,929,082 | 2,158,160 | 2,056,228 |
| FNMA | POOL #0AL0278 | 5.50% | 1/1/2025 | 277,301 | 300,958 | 288,854 |
| FNMA | POOL #0AL0778 | 6.50% | 1/1/2049 | 346,622 | 376,046 | 391,177 |
| FNMA | POOL #0AL2527 | 3.50% | 8/1/2032 | 1,591,026 | 1,734,467 | 1,609,832 |
| FNMA | POOL #0AL2528 | 3.50% | 6/1/2032 | 707,047 | 763,721 | 721,089 |
| FNMA | POOL #0AL2602 | 2.65% | 10/1/2022 | 860,013 | 851,648 | 856,049 |
| FNMA | POOL #0AL3414 | 4.50% | 9/1/2041 | 1,894,681 | 2,063,574 | 1,991,556 |
| FNMA | POOL #0AL4002 | VAR RT | 8/1/2043 | 217,446 | 220,598 | 223,272 |
| FNMA | POOL #0AL4147 | 4.50% | 1/1/2025 | 376,442 | 399,676 | 387,224 |
| FNMA | POOL #0AL4165 | 4.50% | 1/1/2031 | 1,302,312 | 1,393,474 | 1,367,819 |
| FNMA | POOL #0AL4248 | VAR RT | 4/1/2038 | 766,131 | 809,465 | 802,576 |
| FNMA | POOL #0AL5145 | 4.00% | 10/1/2033 | 1,435,305 | 1,534,206 | 1,490,449 |
| FNMA | POOL #0AL5362 | 5.00% | 9/1/2039 | 2,270,065 | 2,501,328 | 2,430,741 |
| FNMA | POOL #0AL5440 | 4.50% | 2/1/2041 | 347,020 | 377,438 | 365,638 |
| FNMA | POOL #0AL5861 | 4.50% | 1/1/2031 | 414,441 | 451,352 | 435,270 |
| FNMA | POOL #0AL5931 | 3.50% | 9/1/2028 | 394,780 | 418,097 | 402,214 |
| FNMA | POOL #0AL6137 | 4.49% | 7/1/2021 | 257,875 | 276,894 | 262,716 |
| FNMA | POOL #0AL6208 | VAR RT | 4/1/2044 | 270,623 | 281,956 | 278,888 |
| FNMA | POOL #0AL6240 | VAR RT | 12/1/2044 | 4,537,310 | 4,693,812 | 4,563,127 |
| FNMA | POOL #0AL6576 | 3.06% | 6/1/2022 | 883,236 | 915,730 | 888,412 |
| FNMA | POOL #0AL7384 | 4.50% | 9/1/2045 | 1,067,034 | 1,170,570 | 1,120,279 |
| FNMA | POOL #0AL8054 | VAR RT | 12/1/2037 | 1,416,201 | 1,500,730 | 1,491,372 |
| FNMA | POOL #0AL8749 | VAR RT | 1/1/2045 | 1,631,751 | 1,676,624 | 1,679,088 |
| FNMA | POOL #0AL8840 | 4.50% | 6/1/2046 | 1,650,960 | 1,803,932 | 1,725,039 |
| FNMA | POOL #0AL8938 | 2.76% | 4/1/2022 | 3,795,520 | 4,001,234 | 3,797,456 |
| FNMA | POOL #0AL9128 | 4.50% | 2/1/2046 | 953,746 | 1,047,034 | 1,002,397 |
| FNMA | POOL #0AL9368 | 4.50% | 2/1/2045 | 4,073,384 | 4,474,995 | 4,280,883 |
| FNMA | POOL #0AL9407 | 4.50% | 9/1/2042 | 606,788 | 666,471 | 637,740 |
| FNMA | POOL #0AL9502 | 4.00% | 11/1/2045 | 539,612 | 563,473 | 558,881 |
| FNMA | POOL #0AM7538 | 2.88% | 12/1/2021 | 1,478,662 | 1,514,473 | 1,476,577 |
| FNMA | POOL #0AM7892 | 2.82% | 1/1/2023 | 1,417,206 | 1,426,063 | 1,412,472 |
| FNMA | POOL #0AM9550 | 2.75% | 9/1/2023 | 1,414,065 | 1,417,600 | 1,410,304 |
| FNMA | POOL #0AN0460 | 2.85% | 12/1/2023 | 1,890,000 | 1,897,088 | 1,886,447 |
| FNMA | POOL #0AN0502 | 3.35% | 1/1/2028 | 770,000 | 772,888 | 778,855 |
| FNMA | POOL #0AN0665 | 3.07% | 2/1/2026 | 940,000 | 940,588 | 941,316 |
| FNMA | POOL #0AN0695 | 2.72% | 1/1/2023 | 2,350,000 | 2,358,445 | 2,342,786 |
| FNMA | POOL #0AN0754 | 3.08% | 1/1/2026 | 920,000 | 925,031 | 921,886 |
| FNMA | POOL #0AN1993 | 2.05% | 7/1/2021 | 2,000,000 | 2,037,500 | 1,963,840 |
| FNMA | POOL #0AO0810 | VAR RT | 4/1/2042 | 747,866 | 774,158 | 771,259 |
| FNMA | POOL #0AO1130 | 3.50% | 5/1/2032 | 154,882 | 162,651 | 157,958 |
| FNMA | POOL #0AO1131 | 3.50% | 5/1/2032 | 167,554 | 175,749 | 170,882 |
| FNMA | POOL #0AO7669 | VAR RT | 7/1/2042 | 366,741 | 378,087 | 378,620 |
| FNMA | POOL #0AP7121 | 3.50% | 10/1/2042 | 9,321,791 | 9,621,837 | 9,400,840 |
| FNMA | POOL #0AP9631 | 3.50% | 10/1/2032 | 76,927 | 83,922 | 77,929 |
| FNMA | POOL #0AQ3755 | 3.50% | 11/1/2042 | 864,535 | 924,242 | 874,529 |
| FNMA | POOL #0AQ4651 | 3.50% | 11/1/2042 | 26,232 | 28,220 | 26,536 |
| FNMA | POOL #0AQ4697 | 3.50% | 11/1/2042 | 42,014 | 44,936 | 42,501 |
| FNMA | POOL #0AQ6731 | 3.50% | 11/1/2032 | 943,469 | 1,009,807 | 962,216 |
| FNMA | POOL #0AS3342 | 3.00% | 9/1/2034 | 5,429,841 | 5,665,276 | 5,442,656 |
| FNMA | POOL #0AS3400 | 4.00% | 9/1/2044 | 9,921,559 | 10,568,011 | 10,208,292 |
| FNMA | POOL #0AS4227 | 4.00% | 1/1/2045 | 1,501,771 | 1,605,956 | 1,550,608 |
| FNMA | POOL #0AS5137 | 4.00% | 6/1/2045 | 2,698,753 | 2,891,882 | 2,772,645 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390

Plan No. 001

| (a) (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | | | (d) Cost | (e) Current Value |
|--|--|------------|------------|--------------|----------------------|
| FNMA POOL #0AS6311 | 3.50% | 12/1/2045 | 1,505,488 | \$ 1,556,768 | \$ 1,518,947 |
| FNMA POOL #0AS6520 | 3.50% | 1/1/2046 | 842,776 | 870,956 | 850,175 |
| FNMA POOL #0AS6937 | 3.50% | 4/1/2046 | 744,831 | 784,632 | 751,415 |
| FNMA POOL #0AS7189 | 4.00% | 5/1/2046 | 2,920,979 | 3,075,243 | 3,000,196 |
| FNMA POOL #0AS7613 | 3.00% | 7/1/2046 | 1,239,797 | 1,300,818 | 1,221,225 |
| FNMA POOL #0AS7696 | 2.50% | 8/1/2031 | 1,710,743 | 1,775,965 | 1,683,901 |
| FNMA POOL #0AT7040 | VAR RT | 9/1/2044 | 308,334 | 316,837 | 310,159 |
| FNMA POOL #0AT8535 | 3.00% | 9/1/2043 | 12,916,839 | 12,943,076 | 12,755,378 |
| FNMA POOL #0AV6755 | 4.00% | 4/1/2044 | 1,541,376 | 1,603,754 | 1,600,164 |
| FNMA POOL #0AV6756 | 4.00% | 4/1/2044 | 1,331,519 | 1,383,948 | 1,379,361 |
| FNMA POOL #0AW2058 | 4.00% | 4/1/2044 | 923,904 | 961,582 | 957,109 |
| FNMA POOL #0AW2747 | 4.00% | 4/1/2044 | 1,371,415 | 1,430,129 | 1,423,721 |
| FNMA POOL #0AX0669 | 4.00% | 6/1/2044 | 3,450,744 | 3,675,582 | 3,550,471 |
| FNMA POOL #0AX2525 | VAR RT | 12/1/2044 | 980,465 | 1,016,926 | 984,132 |
| FNMA POOL #0AX2833 | 4.00% | 10/1/2044 | 5,197,425 | 5,536,069 | 5,347,630 |
| FNMA POOL #0AX3246 | VAR RT | 12/1/2044 | 1,107,111 | 1,140,498 | 1,109,846 |
| FNMA POOL #0AX4938 | 4.00% | 10/1/2044 | 1,457,586 | 1,552,556 | 1,499,710 |
| FNMA POOL #0AZ5938 | VAR RT | 10/1/2045 | 902,888 | 932,655 | 903,159 |
| FNMA POOL #0BE7188 | 4.00% | 3/1/2047 | 8,679,858 | 9,178,950 | 8,920,811 |
| FNMA POOL #0BF0078 | 4.00% | 4/1/2056 | 774,077 | 813,567 | 796,146 |
| FNMA POOL #0BF0107 | 4.50% | 6/1/2056 | 1,168,848 | 1,258,703 | 1,226,343 |
| FNMA POOL #0BF0108 | 4.50% | 6/1/2056 | 1,244,917 | 1,329,410 | 1,308,071 |
| FNMA POOL #0BF0118 | 4.50% | 6/1/2056 | 3,751,255 | 4,016,025 | 3,935,779 |
| FNMA POOL #0BF0125 | 4.00% | 7/1/2056 | 765,729 | 810,477 | 787,177 |
| FNMA POOL #0BF0130 | 3.50% | 8/1/2056 | 1,207,804 | 1,235,357 | 1,211,875 |
| FNMA POOL #0BF0132 | 4.00% | 7/1/2056 | 2,982,967 | 3,156,771 | 3,066,520 |
| FNMA POOL #0BF0136 | 5.00% | 8/1/2056 | 1,702,194 | 1,877,600 | 1,808,598 |
| FNMA POOL #0BF0157 | 4.00% | 8/1/2046 | 1,021,071 | 1,082,336 | 1,055,277 |
| FNMA POOL #0BF0172 | 4.00% | 1/1/2041 | 271,980 | 280,692 | 280,493 |
| FNMA POOL #0BF0193 | 4.00% | 4/1/2041 | 1,933,534 | 1,998,262 | 1,994,073 |
| FNMA POOL #0BF0198 | 4.00% | 11/1/2040 | 1,633,237 | 1,680,271 | 1,684,406 |
| FNMA POOL #0BF0201 | 4.00% | 8/1/2051 | 3,520,688 | 3,588,569 | 3,613,669 |
| FNMA POOL #0BF0202 | 4.50% | 1/1/2051 | 3,557,961 | 3,678,881 | 3,709,637 |
| FNMA POOL #0BH7071 | 4.50% | 12/1/2047 | 2,653,170 | 2,761,265 | 2,758,872 |
| FNMA POOL #0BH9323 | 4.00% | 9/1/2047 | 5,317,757 | 5,479,783 | 5,462,347 |
| FNMA POOL #0BJ2763 | 4.50% | 5/1/2048 | 3,179,843 | 3,290,889 | 3,305,129 |
| FNMA POOL #0BJ9262 | 4.50% | 6/1/2048 | 3,151,109 | 3,281,954 | 3,276,208 |
| FNMA POOL #0BK4770 | 4.50% | 8/1/2048 | 3,646,838 | 3,789,862 | 3,791,325 |
| FNMA POOL #0BK7939 | 4.50% | 11/1/2048 | 4,407,762 | 4,528,114 | 4,616,249 |
| FNMA POOL #0BL1165 | 3.62% | 1/1/2026 | 890,000 | 890,278 | 917,074 |
| FNMA POOL #0BL1166 | 3.62% | 1/1/2026 | 850,000 | 850,266 | 875,857 |
| FNMA POOL #0BL1326 | 3.12% | 1/1/2024 | 720,000 | 720,225 | 728,482 |
| FNMA POOL #0BM1134 | 4.50% | 2/1/2046 | 2,651,915 | 2,865,726 | 2,787,084 |
| FNMA POOL #0BM1357 | 4.50% | 1/1/2043 | 2,403,553 | 2,604,663 | 2,526,062 |
| FNMA POOL #0BM1687 | 4.00% | 1/1/2047 | 2,254,870 | 2,327,096 | 2,317,014 |
| FNMA POOL #0BM3352 | 2.55% | 12/1/2026 | 7,246,218 | 7,059,401 | 7,010,136 |
| FNMA POOL #0BM4984 | 3.50% | 8/1/2047 | 1,205,551 | 1,217,606 | 1,215,436 |
| FNMA POOL #0CA1909 | 4.50% | 6/1/2048 | 2,815,915 | 2,880,593 | 2,927,622 |
| FNMA POOL #0MA0634 | 4.50% | 1/1/2031 | 510,665 | 553,434 | 536,367 |
| FNMA POOL #0MA0878 | 4.00% | 10/1/2031 | 3,896,546 | 4,105,985 | 4,017,378 |
| FNMA POOL #0MA0952 | 4.00% | 1/1/2032 | 685,442 | 721,455 | 706,698 |
| FNMA POOL #0MA1366 | 3.00% | 3/1/2033 | 1,362,615 | 1,429,894 | 1,365,831 |
| FNMA POOL #0MA1557 | 3.00% | 8/1/2028 | 456,465 | 465,594 | 459,209 |
| FNMA POOL #0MA1680 | 4.50% | 11/1/2033 | 2,002,594 | 2,159,047 | 2,101,102 |
| FNMA POOL #0MA2480 | 4.00% | 12/1/2035 | 1,181,040 | 1,263,897 | 1,226,439 |
| FNMA POOL #0MA2909 | 3.50% | 2/1/2037 | 8,771,263 | 9,085,795 | 8,877,220 |
| FNMA POOL #0MA2923 | 3.50% | 3/1/2037 | 2,230,592 | 2,288,100 | 2,257,047 |
| FNMA POOL #0MA2962 | 3.50% | 4/1/2037 | 2,140,030 | 2,218,943 | 2,158,798 |
| FNMA POOL #0MA3307 | 4.50% | 2/1/2048 | 13,700,862 | 14,104,930 | 14,243,279 |
| FNMA POOL #0MA3463 | 4.00% | 8/1/2033 | 5,676,690 | 5,829,251 | 5,843,982 |
| FNMA POOL #0MA3894 | 4.00% | 9/1/2031 | 744,908 | 794,258 | 768,008 |
| FNMA GTD REM PT 2013-12 CS IO | VAR RT | 9/25/2040 | 7,348,026 | 1,944,878 | 1,138,577 |
| FNMA GTD REMIC P/T | VAR RT | 11/25/2044 | 4,528,411 | 1,076,752 | 674,914 |
| FNMA GTD REMIC P/T 03-130 DF | VAR RT | 1/25/2034 | 2,039,398 | 2,084,010 | 2,079,554 |
| FNMA GTD REMIC P/T 06-W1 1A4 | 8.00% | 12/25/2045 | 575,834 | 704,670 | 662,307 |
| FNMA GTD REMIC P/T 07-47 PE | 5.00% | 5/25/2037 | 353,591 | 381,878 | 373,866 |
| FNMA GTD REMIC P/T 10-2 WA | 4.50% | 12/25/2049 | 451,985 | 476,420 | 458,679 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390
Plan No. 001

| (a) (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | | | (d) Cost | (e) Current Value |
|--|--|------------|-------------|--------------|----------------------|
| FNMA GTD REMIC P/T 12-93 CY | 1.50% | 9/25/2027 | 2,700,000 | \$ 2,373,891 | \$ 2,396,493 |
| FNMA GTD REMIC P/T 12-M2 X | VAR RT | 2/25/2022 | 42,452,001 | 709,744 | 683,053 |
| FNMA GTD REMIC P/T 13-6 ZJ | 3.00% | 2/25/2043 | 19,493,460 | 17,073,922 | 17,596,161 |
| FNMA GTD REMIC P/T 13-M3 X2 | VAR RT | 11/25/2022 | 116,001,848 | 478,055 | 392,086 |
| FNMA GTD REMIC P/T 14-1 DA | 4.00% | 6/25/2043 | 1,529,521 | 1,620,336 | 1,571,965 |
| FNMA GTD REMIC P/T 14-14 CV | 3.00% | 10/25/2023 | 674,013 | 705,607 | 675,610 |
| FNMA GTD REMIC P/T 14-56 AD | 3.00% | 1/25/2040 | 1,502,237 | 1,532,281 | 1,482,272 |
| FNMA GTD REMIC P/T 14-73 CQ | 3.00% | 6/25/2040 | 5,775,478 | 5,937,011 | 5,760,462 |
| FNMA GTD REMIC P/T 14-82 YA | 3.00% | 4/25/2041 | 10,439,499 | 10,707,012 | 10,388,972 |
| FNMA GTD REMIC P/T 14-82 YZ | 3.00% | 12/25/2044 | 11,329,717 | 9,895,342 | 10,344,598 |
| FNMA GTD REMIC P/T 14-M12 ASV2 | VAR RT | 10/25/2021 | 1,332,890 | 1,346,138 | 1,325,746 |
| FNMA GTD REMIC P/T 15-95 AP | 3.00% | 8/25/2042 | 3,530,923 | 3,611,472 | 3,500,062 |
| FNMA GTD REMIC P/T 15-M11 A2 | VAR RT | 4/25/2025 | 3,445,000 | 3,514,707 | 3,420,024 |
| FNMA GTD REMIC P/T 15-M13 A2 | VAR RT | 6/25/2025 | 3,000,000 | 2,925,625 | 2,950,680 |
| FNMA GTD REMIC P/T 16-M10 A1 | 2.10% | 7/25/2028 | 1,892,117 | 1,840,305 | 1,812,667 |
| FNMA GTD REMIC P/T 16-M11 A2 | VAR RT | 7/25/2026 | 6,000,000 | 5,809,688 | 5,686,920 |
| FNMA GTD REMIC P/T 16-M6 A2 | 2.49% | 5/25/2026 | 7,100,000 | 7,136,755 | 6,805,563 |
| FNMA GTD REMIC P/T 17-107 GA | 3.00% | 8/25/2045 | 5,510,804 | 5,392,839 | 5,429,740 |
| FNMA GTD REMIC P/T 17-61 TA | 3.00% | 2/25/2043 | 8,759,790 | 8,887,080 | 8,682,441 |
| FNMA GTD REMIC P/T 17-M10 AV2 | VAR RT | 7/25/2024 | 5,375,000 | 5,423,363 | 5,278,358 |
| FNMA GTD REMIC P/T 17-M13 A2 | VAR RT | 9/25/2027 | 5,620,000 | 5,668,782 | 5,502,542 |
| FNMA GTD REMIC P/T 17-M15 AV2 | VAR RT | 11/25/2024 | 7,200,000 | 7,210,922 | 7,080,840 |
| FNMA GTD REMIC P/T 18-27 JA | 3.00% | 12/25/2047 | 6,418,452 | 6,211,859 | 6,274,230 |
| FNMA GTD REMIC P/T 18-33 C | 3.00% | 5/25/2048 | 7,365,528 | 7,142,261 | 7,209,379 |
| FNMA GTD REMIC P/T 18-36 A | 3.00% | 6/25/2048 | 12,139,631 | 11,657,839 | 11,980,116 |
| FNMA GTD REMIC P/T 2014-64 CA | 3.00% | 1/25/2041 | 10,030,015 | 10,318,378 | 9,986,285 |
| FRESB 2018-SB45 MORT SB45 A10F | VAR RT | 11/25/2027 | 2,611,617 | 2,623,129 | 2,576,334 |
| GNMA POOL #0345096 | 7.50% | 3/15/2026 | 489 | 503 | 517 |
| GNMA POOL #0353493 | 7.50% | 5/15/2027 | 820 | 843 | 831 |
| GNMA POOL #0419121 | 7.50% | 3/15/2026 | 552 | 568 | 553 |
| GNMA POOL #0425842 | 7.50% | 1/15/2028 | 638 | 656 | 690 |
| GNMA POOL #0452939 | 7.50% | 8/15/2027 | 122 | 126 | 122 |
| GNMA POOL #0461975 | 8.50% | 12/15/2030 | 3,357 | 3,481 | 3,476 |
| GNMA POOL #0465906 | 7.50% | 1/15/2028 | 526 | 541 | 527 |
| GNMA POOL #0511617 | 8.50% | 8/15/2030 | 2,545 | 2,638 | 2,609 |
| GNMA POOL #0517538 | 8.50% | 2/15/2030 | 5,221 | 5,412 | 5,232 |
| GNMA POOL #0523015 | 8.50% | 7/15/2030 | 2,488 | 2,579 | 2,515 |
| GNMA POOL #0526030 | 8.50% | 8/15/2030 | 5,455 | 5,655 | 5,497 |
| GNMA POOL #0529721 | 8.50% | 12/15/2030 | 1,295 | 1,343 | 1,298 |
| GNMA POOL #0533235 | 8.50% | 7/15/2030 | 37,126 | 38,483 | 41,294 |
| GNMA POOL #0AK7613 | 4.10% | 9/15/2037 | 5,332,371 | 5,545,666 | 5,437,632 |
| GNMA GTD REMIC P/T 09-9 FB | VAR RT | 2/16/2039 | 1,713,336 | 1,747,068 | 1,754,234 |
| GNMA GTD REMIC P/T 11-71 ZC | 5.50% | 7/16/2034 | 1,054,212 | 1,206,015 | 1,152,527 |
| GNMA GTD REMIC P/T 13-113 SCIO | VAR RT | 3/20/2043 | 4,456,071 | 911,688 | 473,057 |
| GNMA GTD REMIC P/T 14-H18 FA | VAR RT | 9/20/2064 | 2,712,030 | 2,718,758 | 2,723,719 |
| GNMA GTD REMIC P/T 15-91 QA | VAR RT | 5/20/2045 | 4,870,000 | 5,280,100 | 4,914,512 |
| GNMA GTD REMIC P/T 16-H13 GA | 2.00% | 12/20/2064 | 1,309,836 | 1,311,063 | 1,267,004 |
| GNMA GTD REMIC P/T 17-H17 FQ | VAR RT | 9/20/2067 | 4,307,148 | 4,312,528 | 4,307,923 |
| GNMA GTD REMIC P/T 17-H22 FH | VAR RT | 11/20/2067 | 5,063,687 | 5,064,874 | 5,055,281 |
| GNMA GTD REMIC P/T 18-H04 FK | VAR RT | 3/20/2068 | 4,304,317 | 4,278,818 | 4,249,222 |
| GNMA GTD REMIC P/T 18-H17 DF | VAR RT | 10/20/2068 | 3,253,112 | 3,237,504 | 3,224,290 |
| GNMA II POOL #0002897 | 8.00% | 3/20/2030 | 5,110 | 5,348 | 6,046 |
| GNMA II POOL #0003056 | 8.00% | 3/20/2031 | 9,508 | 9,950 | 10,726 |
| GNMA II POOL #0008530 | VAR RT | 10/20/2024 | 16,841 | 17,062 | 17,244 |
| GNMA II POOL #0008770 | VAR RT | 12/20/2025 | 7,309 | 7,447 | 7,516 |
| GNMA II POOL #0008777 | VAR RT | 12/20/2025 | 14,018 | 14,316 | 14,174 |
| GNMA II POOL #0008928 | VAR RT | 7/20/2026 | 1,077 | 1,110 | 1,107 |
| GNMA II POOL #0710071 | VAR RT | 3/20/2061 | 10,003 | 10,553 | 10,090 |
| GNMA II POOL #0731509 | VAR RT | 4/20/2061 | 404,298 | 450,343 | 422,883 |
| GNMA II POOL #0751383 | VAR RT | 11/20/2060 | 314,472 | 345,611 | 317,353 |
| GNMA II POOL #0752603 | 4.00% | 10/20/2030 | 321,451 | 340,336 | 333,991 |
| GNMA II POOL #0756674 | VAR RT | 6/20/2061 | 141,440 | 101,468 | 142,788 |
| GNMA II POOL #0771852 | VAR RT | 8/20/2065 | 1,150,522 | 1,278,912 | 1,213,352 |
| GNMA II POOL #0795477 | VAR RT | 5/20/2062 | 38,470 | 43,188 | 38,930 |
| GNMA II POOL #0891615 | VAR RT | 5/20/2058 | 702,645 | 689,586 | 710,803 |
| GNMA II POOL #0AR2401 | VAR RT | 5/20/2066 | 1,868,813 | 2,118,076 | 1,992,379 |
| GNMA II POOL #0AT2417 | VAR RT | 7/20/2066 | 3,982,080 | 4,484,824 | 4,255,092 |

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|--|--|------------|------------|----------------------|----------------------|
| IRAQ GOVERNMENT AID BOND | 2.15% | 1/18/2022 | 1,095,000 | \$ 1,095,000 | \$ 1,080,842 |
| SBA GTD LN POOL CTFS #521866 | VAR RT | 3/25/2024 | 384,207 | 429,352 | 400,321 |
| SBA GTD LN POOL CTFS #522061 | VAR RT | 5/25/2026 | 1,133,463 | 1,278,688 | 1,202,808 |
| SBA GTD LN POOL CTFS #522085 | VAR RT | 1/25/2027 | 1,221,593 | 1,378,873 | 1,301,632 |
| SBA GTD PARTN CTFS 2005-20A 1 | 4.86% | 1/1/2025 | 77,481 | 82,105 | 80,202 |
| SBA GTD PARTN CTFS 2006-20I 1 | 5.54% | 9/1/2026 | 59,236 | 64,030 | 62,100 |
| SBA GTD PARTN CTFS 2008-20G 1 | 5.87% | 7/1/2028 | 222,756 | 242,316 | 238,442 |
| SBA GTD PARTN CTFS 2008-20I 1 | 5.60% | 9/1/2028 | 122,045 | 131,961 | 131,058 |
| SBA GTD PARTN CTFS 2008-20J 1 | 5.63% | 10/1/2028 | 171,604 | 186,244 | 184,112 |
| SBA GTD PARTN CTFS 2010-10B A | 3.22% | 9/10/2020 | 432,960 | 422,271 | 434,943 |
| SBA GTD PARTN CTFS 2011-10A 1 | 4.08% | 3/10/2021 | 493,354 | 493,354 | 501,578 |
| SBA GTD PARTN CTFS 2012-20B 1 | 2.63% | 2/1/2032 | 1,769,381 | 1,758,806 | 1,739,797 |
| SBA GTD PARTN CTFS 2014-10B 1 | 3.02% | 9/10/2024 | 2,847,118 | 2,847,118 | 2,877,582 |
| SBA GTD PARTN CTFS 2015-10B 1 | 2.83% | 9/10/2025 | 1,275,084 | 1,275,084 | 1,280,019 |
| SBA GTD PARTN CTFS 2015-20C 1 | 2.72% | 3/1/2035 | 1,122,546 | 1,122,546 | 1,097,524 |
| SBA GTD PARTN CTFS 2015-20E 1 | 2.77% | 5/1/2035 | 1,561,271 | 1,561,271 | 1,529,655 |
| SBA GTD PARTN CTFS 2015-20F 1 | 2.98% | 6/1/2035 | 1,919,773 | 1,919,773 | 1,903,148 |
| SBA GTD PARTN CTFS 2015-20J 1 | 2.72% | 10/1/2035 | 1,566,045 | 1,566,045 | 1,529,760 |
| SBA GTD PARTN CTFS 2016-10A 1 | 2.51% | 3/10/2026 | 1,041,844 | 1,041,844 | 1,034,072 |
| SBA GTD PARTN CTFS 2017-10A 1 | 2.85% | 3/10/2027 | 2,238,623 | 2,238,623 | 2,246,391 |
| SBA GTD PARTN CTFS 2017-10B 1 | 2.52% | 9/10/2027 | 1,058,394 | 1,058,394 | 1,042,888 |
| SBA GTD PARTN CTFS 2017-20F 1 | 2.81% | 6/1/2037 | 810,151 | 810,151 | 795,471 |
| SBA GTD PARTN CTFS 2017-20G 1 | 2.98% | 7/1/2037 | 606,036 | 606,036 | 599,528 |
| SBA GTD PARTN CTFS 2018-10B 1 | 3.55% | 9/10/2028 | 1,780,000 | 1,780,000 | 1,836,853 |
| U S TREASURY BILL | 0.00% | 4/4/2019 | 10,000,000 | 9,959,338 | 9,959,300 |
| U S TREASURY BILL | 0.00% | 4/25/2019 | 8,000,000 | 7,933,099 | 7,956,880 |
| U S TREASURY BILL | 0.00% | 5/30/2019 | 70,000,000 | 69,438,668 | 69,453,300 |
| U S TREASURY BOND | 2.75% | 11/15/2047 | 15,000,000 | 14,779,688 | 14,235,900 |
| U S TREASURY BOND | 3.00% | 8/15/2048 | 15,005,000 | 13,920,948 | 14,966,887 |
| U S TREASURY NOTE | 1.00% | 3/15/2019 | 800 | 794 | 799 |
| U S TREASURY NOTE | 1.50% | 8/15/2020 | 425,000 | 425,915 | 418,625 |
| U S TREASURY NOTE | 1.75% | 6/30/2022 | 47,000,000 | 46,298,086 | 45,957,070 |
| U S TREASURY NOTE | 1.75% | 11/15/2020 | 3,250,000 | 3,234,396 | 3,208,368 |
| U S TREASURY NOTE | 2.00% | 10/31/2022 | 61,440,000 | 61,112,944 | 60,480,307 |
| U S TREASURY NOTE | 2.13% | 11/30/2023 | 13,570,000 | 13,382,321 | 13,372,285 |
| U S TREASURY NOTE | 2.13% | 11/30/2024 | 9,730,000 | 9,449,610 | 9,540,752 |
| U S TREASURY NOTE | 2.25% | 2/15/2027 | 40,000,000 | 39,701,953 | 39,034,400 |
| U S TREASURY NOTE | 2.25% | 8/15/2027 | 76,191,200 | 72,274,773 | 74,140,895 |
| U S TREASURY NOTE | 2.25% | 11/15/2025 | 2,175,000 | 2,217,463 | 2,137,373 |
| U S TREASURY NOTE | 2.38% | 5/15/2027 | 600,000 | 606,218 | 590,718 |
| U S TREASURY NOTE | 2.50% | 12/31/2020 | 28,250,000 | 28,218,810 | 28,265,538 |
| U S TREASURY NOTE | 2.63% | 12/31/2025 | 6,000,000 | 6,007,266 | 6,039,120 |
| U S TREASURY NOTE | 2.75% | 6/30/2025 | 9,000,000 | 8,952,891 | 9,127,620 |
| U S TREASURY NOTE | 2.75% | 11/30/2020 | 17,850,000 | 17,861,854 | 17,935,859 |
| U S TREASURY NOTE | 2.88% | 4/30/2025 | 3,860,000 | 3,814,163 | 3,942,179 |
| U S TREASURY NOTE | 2.88% | 7/31/2025 | 8,000,000 | 7,960,313 | 8,172,480 |
| U S TREASURY NOTE | 3.13% | 11/15/2028 | 7,546,000 | 7,798,023 | 7,862,555 |
| VAR RT | | 10/31/2019 | 15,332,300 | 15,338,564 | 15,336,900 |
| SUB TOTAL - U.S. GOVERNMENT SECURITIES | | | | 1,210,312,611 | 1,197,725,550 |
| CORPORATE DEBT - PREFERRED | | | | | |
| ABB TREASURY CENTER USA I 144A | 4.00% | 6/15/2021 | 900,000 | 893,922 | 919,575 |
| ADVOCATE HEALTH & HOSPITALS CO | 3.83% | 8/15/2028 | 435,000 | 435,000 | 445,022 |
| AEP TEXAS CENTRAL TRANSIT A A5 | 5.31% | 7/1/2021 | 1,740,641 | 2,019,455 | 1,767,482 |
| AEP TEXAS INC | 2.40% | 10/1/2022 | 245,000 | 244,574 | 236,312 |
| AIMCO CLO SERIES 20 AA AR 144A | VAR RT | 1/15/2028 | 500,000 | 500,000 | 494,501 |
| ALLIANT ENERGY FINANCE LL 144A | 3.75% | 6/15/2023 | 280,000 | 279,860 | 281,778 |
| AMERICA MOVIL SAB DE CV | 6.45% | 12/5/2022 | 17,900,000 | 1,383,369 | 847,859 |
| AMERICAN EXPRESS CO | 3.40% | 2/27/2023 | 500,000 | 499,545 | 501,730 |
| AMERICAN EXPRESS CO | 4.20% | 11/6/2025 | 310,000 | 309,312 | 321,073 |
| AMERICAN EXPRESS CREDIT AC 3 A | 1.77% | 11/15/2022 | 7,375,000 | 7,373,633 | 7,287,975 |
| AMERICAN EXPRESS CREDIT AC 6 A | 2.04% | 5/15/2023 | 1,921,000 | 1,905,842 | 1,898,755 |
| AMERICAN HONDA FINANCE CORP | 2.60% | 11/16/2022 | 315,000 | 315,000 | 307,330 |
| AMERICAN HONDA FINANCE CORP | 3.45% | 7/14/2023 | 230,000 | 229,602 | 231,937 |
| AMERICREDIT AUTOMOBILE REC 1 C | 2.71% | 8/18/2022 | 1,320,000 | 1,319,717 | 1,309,440 |

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|--|--|------------|------------|--------------|----------------------|
| AMERICREDIT AUTOMOBILE REC 3 D | 3.13% | 10/8/2020 | 1,000,000 | \$ 1,020,195 | \$ 1,000,050 |
| AMERICREDIT AUTOMOBILE REC 4 C | 2.88% | 7/8/2021 | 1,380,000 | 1,379,743 | 1,378,192 |
| AMERIQUEST MORTGAGE SEC 11 AV4 | VAR RT | 12/25/2033 | 847,306 | 830,360 | 845,518 |
| ANHEUSER-BUSCH COS LLC / 144A | 3.65% | 2/1/2026 | 470,000 | 445,579 | 461,775 |
| ANHEUSER-BUSCH INBEV WORLDWIDE | 3.75% | 1/15/2022 | 875,000 | 907,409 | 891,091 |
| ANHEUSER-BUSCH INBEV WORLDWIDE | 4.15% | 1/23/2025 | 180,000 | 179,820 | 184,873 |
| ANHEUSER-BUSCH INBEV WORLDWIDE | 4.75% | 1/23/2029 | 1,400,000 | 1,395,590 | 1,452,934 |
| APPLE INC | 1.55% | 2/7/2020 | 620,000 | 618,028 | 615,288 |
| APPLE INC | 3.00% | 2/9/2024 | 200,000 | 199,912 | 200,998 |
| ASSURANT CLO III LTD 2A A 144A | VAR RT | 10/20/2031 | 500,000 | 500,000 | 494,937 |
| ATLAS SENIOR LOAN F 10A A 144A | VAR RT | 1/15/2031 | 500,000 | 497,125 | 493,640 |
| AVALONBAY COMMUNITIES INC | 2.95% | 9/15/2022 | 450,000 | 408,623 | 443,925 |
| AVIS BUDGET RENTAL C 1A A 144A | 2.50% | 7/20/2021 | 2,500,000 | 2,503,906 | 2,479,375 |
| BA CREDIT CARD TRUST A1 A1 | 1.95% | 8/15/2022 | 1,885,000 | 1,884,458 | 1,868,695 |
| BAKER HUGHES A GE CO LLC / BAK | 2.77% | 12/15/2022 | 180,000 | 180,000 | 175,973 |
| BANCO DEL ESTADO DE CHILE 144A | 3.88% | 2/8/2022 | 2,700,000 | 2,700,000 | 2,699,892 |
| BANK 2017-BNK6 BNK6 XA | VAR RT | 7/15/2060 | 9,814,303 | 606,110 | 511,816 |
| BANK OF AMERICA CORP | VAR RT | 3/5/2024 | 3,505,000 | 3,501,303 | 3,484,155 |
| BANK OF AMERICA CORP | VAR RT | 4/24/2028 | 480,000 | 480,000 | 473,266 |
| BANK OF AMERICA CORP | VAR RT | 7/23/2024 | 170,000 | 170,000 | 172,815 |
| BANK OF AMERICA CORP | VAR RT | 7/23/2029 | 520,000 | 520,000 | 535,798 |
| BANK OF AMERICA CORP | VAR RT | 12/20/2023 | 5,960,000 | 6,088,112 | 5,883,950 |
| BANK OF AMERICA CORP | VAR RT | 12/20/2028 | 3,686,000 | 3,500,714 | 3,556,363 |
| BANK OF MONTREAL 144A | 2.50% | 1/11/2022 | 1,300,000 | 1,296,243 | 1,286,714 |
| BANK OF NEW YORK MELLON CORP/T | 2.60% | 2/7/2022 | 630,000 | 628,652 | 623,593 |
| BANK OF NEW YORK MELLON CORP/T | 3.45% | 8/11/2023 | 270,000 | 269,951 | 274,382 |
| BANK OF NEW YORK MELLON CORP/T | 3.50% | 4/28/2023 | 330,000 | 329,640 | 335,257 |
| BANK OF NOVA SCOTIA/THE | 2.15% | 7/14/2020 | 18,535,000 | 18,532,405 | 18,352,801 |
| BANK OF NOVA SCOTIA/THE | 2.70% | 3/7/2022 | 2,000,000 | 1,998,000 | 1,973,000 |
| BARCLAYS BANK PLC | VAR RT | 8/7/2020 | 3,165,000 | 3,165,000 | 3,158,132 |
| BAYER US FINANCE II LLC 144A | 4.38% | 12/15/2028 | 2,910,000 | 2,899,480 | 2,854,681 |
| BAYVIEW FINANCIAL MORTGAG D M3 | VAR RT | 8/28/2044 | 461,390 | 455,623 | 460,814 |
| BB&T CORP | 2.63% | 6/29/2020 | 4,555,000 | 4,590,495 | 4,539,148 |
| BB&T CORP | 2.85% | 10/26/2024 | 100,000 | 99,918 | 97,956 |
| BBCMS 2017-DELC MO DELC C 144A | VAR RT | 8/15/2036 | 184,000 | 184,000 | 181,117 |
| BBCMS TRUST 2018-BX BXH A 144A | VAR RT | 10/15/2037 | 36,000 | 36,000 | 35,331 |
| BBCMS TRUST 2018-CB CBM A 144A | VAR RT | 7/15/2037 | 618,000 | 618,000 | 612,382 |
| BB-UBS TRUST 2012 SHOW XA 144A | VAR RT | 11/5/2036 | 47,686,000 | 1,422,764 | 1,183,715 |
| BECTON DICKINSON AND CO | 3.36% | 6/6/2024 | 4,450,000 | 4,450,000 | 4,360,822 |
| BENCHMARK 2018-B8 MORTGA B8 A5 | 4.23% | 1/15/2052 | 3,400,000 | 3,501,992 | 3,589,244 |
| BLACKBIRD CAPITAL AI 1A A 144A | VAR RT | 12/16/2041 | 4,375,000 | 4,374,981 | 4,367,256 |
| BMW US CAPITAL LLC 144A | 2.70% | 4/6/2022 | 540,000 | 539,525 | 531,657 |
| BMW US CAPITAL LLC 144A | 3.40% | 8/13/2021 | 110,000 | 109,888 | 110,420 |
| BNP PARIBAS SA 144A | 4.40% | 8/14/2028 | 640,000 | 636,570 | 637,491 |
| BNP PARIBAS SA 144A | VAR RT | 1/10/2025 | 420,000 | 420,000 | 428,740 |
| BP CAPITAL MARKETS PLC | 3.99% | 9/26/2023 | 870,000 | 870,000 | 898,858 |
| BRAEMAR HOTELS & R PRME A 144A | VAR RT | 6/15/2035 | 612,000 | 612,000 | 607,624 |
| BRANCH BANKING & TRUST CO | 2.63% | 1/15/2022 | 350,000 | 349,759 | 347,249 |
| BROOKFIELD FINANCE INC | 4.25% | 6/2/2026 | 1,670,000 | 1,668,898 | 1,649,476 |
| BROWN-FORMAN CORP | 3.50% | 4/15/2025 | 2,360,000 | 2,349,451 | 2,381,783 |
| BURLINGTON NORTHERN AND SANTA | 4.97% | 4/1/2023 | 532,290 | 563,105 | 549,642 |
| BURLINGTON NORTHERN AND SANTA | 5.63% | 4/1/2024 | 285,866 | 311,242 | 301,105 |
| BURLINGTON NORTHERN AND SANTA | 6.73% | 7/15/2022 | 395,055 | 457,371 | 413,576 |
| BURLINGTON NORTHERN SANTA FE L | 3.05% | 9/1/2022 | 2,080,000 | 2,020,831 | 2,080,728 |
| BURLINGTON NORTHERN SANTA FE L | 4.70% | 10/1/2019 | 2,140,000 | 2,398,462 | 2,165,830 |
| BURLINGTON NORTHERN SANTA FE L | 8.13% | 4/15/2020 | 2,240,000 | 2,814,593 | 2,382,016 |
| CAESARS PALACE LAS VICI D 144A | VAR RT | 10/15/2034 | 610,000 | 619,526 | 614,886 |
| CALIFORNIA STREET C 9A AR 144A | VAR RT | 10/16/2028 | 1,000,000 | 1,003,000 | 1,001,460 |
| CANADIAN IMPERIAL BANK OF COMM | 2.10% | 10/5/2020 | 1,500,000 | 1,493,100 | 1,478,445 |
| CARMAX AUTO OWNER TRUST 20 1 B | 2.22% | 8/16/2021 | 1,900,000 | 1,899,737 | 1,884,724 |
| CARMAX AUTO OWNER TRUST 20 3 C | 2.68% | 6/15/2021 | 1,100,000 | 1,099,832 | 1,096,469 |
| CATERPILLAR FINANCIAL SERVICES | 3.65% | 12/7/2023 | 295,000 | 294,853 | 302,198 |
| CCG RECEIVABLES TRUST 1 B 144A | 3.09% | 6/16/2025 | 3,750,000 | 3,734,833 | 3,740,550 |
| CD 2017-CD3 MORTGAGE TR CD3 XA | VAR RT | 2/10/2050 | 5,858,007 | 460,003 | 368,820 |
| CD 2017-CD4 MORTGAGE TR CD4 AM | 3.75% | 5/10/2050 | 2,000,000 | 2,059,984 | 1,999,440 |
| CD 2017-CD4 MORTGAGE TR CD4 XA | VAR RT | 5/10/2050 | 5,020,816 | 483,818 | 386,302 |
| CENT CLO 19 LTD 19A A1A 144A | VAR RT | 10/29/2025 | 186,706 | 184,634 | 186,585 |

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|--|--|------------|------------|------------|----------------------|
| CENTERPOINT ENERGY TRANSI 1 A2 | 2.16% | 10/15/2021 | 406,540 | \$ 406,539 | \$ 404,479 |
| CFCRE COMMERCIAL MORTGAG C4 XA | VAR RT | 5/10/2058 | 1,622,987 | 169,309 | 151,360 |
| CFCRE COMMERCIAL MORTGAG C8 A3 | 3.31% | 6/15/2050 | 3,020,000 | 2,909,109 | 2,963,707 |
| CHARLES SCHWAB CORP/THE | 3.00% | 3/10/2025 | 2,295,000 | 2,273,119 | 2,258,372 |
| CHARLES SCHWAB CORP/THE | 3.85% | 5/21/2025 | 260,000 | 259,826 | 268,016 |
| CHARTER COMMUNICATIONS OPERATI | VAR RT | 2/1/2024 | 4,500,000 | 4,500,000 | 4,455,045 |
| CHEVRON CORP | 2.36% | 12/5/2022 | 350,000 | 327,310 | 344,894 |
| CHEVRON CORP | 3.19% | 6/24/2023 | 630,000 | 630,000 | 637,925 |
| CHILDREN'S HOSPITAL MEDICAL CE | 2.85% | 11/15/2026 | 700,000 | 700,000 | 670,747 |
| CHRISTUS HEALTH | 4.34% | 7/1/2028 | 550,000 | 550,000 | 570,906 |
| CIGNA CORP 144A | 3.75% | 7/15/2023 | 1,235,000 | 1,229,041 | 1,251,525 |
| CITIBANK CREDIT CARD ISS A3 A3 | 1.92% | 4/7/2022 | 1,193,000 | 1,196,185 | 1,181,201 |
| CITIGROUP COMMERCIAL M GC21 A5 | 3.86% | 5/10/2047 | 980,000 | 989,341 | 1,010,654 |
| CITIGROUP COMMERCIAL M GC25 XA | VAR RT | 10/10/2047 | 6,195,025 | 511,902 | 293,892 |
| CITIGROUP COMMERCIAL MO GC27 B | 3.77% | 2/10/2048 | 675,000 | 695,199 | 671,814 |
| CITIGROUP INC | 2.75% | 4/25/2022 | 5,355,000 | 5,178,981 | 5,287,581 |
| CLI FUNDING V LLC 1A NOTE 144A | 2.83% | 3/18/2028 | 1,635,740 | 1,616,607 | 1,602,011 |
| CNH EQUIPMENT TRUST 2015- A A4 | 1.85% | 4/15/2021 | 804,046 | 803,963 | 802,760 |
| CNH EQUIPMENT TRUST 2017-C C B | 2.54% | 5/15/2025 | 2,250,000 | 2,249,199 | 2,225,228 |
| COLD STORAGE TRUST ICE3 A 144A | VAR RT | 4/15/2036 | 294,000 | 294,000 | 292,795 |
| COLD STORAGE TRUST ICE3 C 144A | VAR RT | 4/15/2036 | 359,000 | 359,000 | 356,634 |
| COLLEGE LOAN CORP T 1 A7A 144A | VAR RT | 4/25/2046 | 500,000 | 483,750 | 497,495 |
| COMCAST CORP | 3.00% | 2/1/2024 | 460,000 | 459,121 | 455,520 |
| COMCAST CORP | 3.13% | 7/15/2022 | 475,000 | 462,579 | 476,596 |
| COMCAST CORP | 3.38% | 2/15/2025 | 3,325,000 | 3,322,074 | 3,337,336 |
| COMCAST CORP | 3.95% | 10/15/2025 | 1,820,000 | 1,818,323 | 1,883,463 |
| COMM 2010-C1 MORTGA C1 A3 144A | 4.21% | 7/10/2046 | 1,446,789 | 1,551,229 | 1,465,409 |
| COMM 2012-CCRE5 MORTGAG CR5 A4 | 2.77% | 12/10/2045 | 1,340,000 | 1,348,951 | 1,327,605 |
| COMM 2013-CCRE10 MORTG CR10 XA | VAR RT | 8/10/2046 | 9,781,290 | 535,672 | 263,312 |
| COMM 2013-CCRE12 MORTG CR12 XA | VAR RT | 10/10/2046 | 5,724,162 | 394,748 | 250,203 |
| COMM 2013-CCRE13 MORTG CR13 A4 | VAR RT | 11/10/2046 | 800,000 | 868,906 | 836,272 |
| COMM 2015-DC1 MORTGAGE DC1 XA | VAR RT | 2/10/2048 | 8,897,680 | 727,773 | 391,053 |
| COMM 2015-DC1 MORTGAGE T DC1 C | VAR RT | 2/10/2048 | 750,000 | 765,001 | 734,775 |
| COMMERCIAL MORTGAGE TRU GG7 AM | VAR RT | 7/10/2038 | 177,827 | 187,802 | 178,277 |
| COMMONWEALTH EDISON CO | 3.40% | 9/1/2021 | 1,000,000 | 1,043,010 | 1,008,970 |
| COOPERATIVE RABOBANK UA | 3.88% | 2/8/2022 | 200,000 | 198,444 | 204,404 |
| CORE INDUSTRIAL TR CALW A 144A | 3.04% | 2/10/2034 | 1,233,273 | 1,253,002 | 1,232,755 |
| CORNING INC | 2.90% | 5/15/2022 | 340,000 | 339,204 | 333,832 |
| CREDIT SUISSE AG/NEW YORK NY | 3.63% | 9/9/2024 | 500,000 | 497,180 | 501,935 |
| CSAIL 2015-C1 COMMERCIAL C1 XA | VAR RT | 4/15/2050 | 10,614,109 | 743,034 | 420,319 |
| CSAIL 2017-CX10 COMMERC CX10 C | VAR RT | 11/15/2050 | 611,000 | 621,471 | 596,648 |
| CSC HOLDINGS LLC 144A | 5.38% | 2/1/2028 | 490,000 | 467,950 | 471,013 |
| CSMC TRUST 2015-GL GLPA A 144A | 3.88% | 11/15/2037 | 2,055,259 | 2,105,597 | 2,109,210 |
| CSMC TRUST 2015-GL GLPB A 144A | 3.64% | 11/15/2034 | 4,630,000 | 4,824,243 | 4,709,451 |
| CSWF 2018-TOP TOP A 144A | VAR RT | 8/15/2035 | 190,000 | 190,000 | 189,225 |
| CVP CLO 2017-2 LTD 2A A 144A | VAR RT | 1/20/2031 | 1,000,000 | 1,000,350 | 992,732 |
| CWABS INC ASSET-BACKED C 6 1A1 | VAR RT | 12/25/2034 | 641,866 | 603,354 | 628,792 |
| DAIMLER FINANCE NORTH AME 144A | 3.35% | 2/22/2023 | 780,000 | 767,590 | 776,950 |
| DEERE & CO | 2.60% | 6/8/2022 | 900,000 | 897,714 | 894,303 |
| DELL EQUIPMENT FINANC 2 C 144A | 2.73% | 10/24/2022 | 1,500,000 | 1,499,983 | 1,489,590 |
| DELL EQUIPMENT FINANC 2 C 144A | 3.72% | 10/22/2023 | 2,500,000 | 2,499,994 | 2,534,600 |
| DIAGEO CAPITAL PLC | 3.50% | 9/18/2023 | 340,000 | 339,242 | 345,947 |
| DOW CHEMICAL CO/THE 144A | 4.80% | 11/30/2028 | 875,000 | 912,118 | 914,961 |
| DUKE ENERGY PROGRESS LLC | 2.80% | 5/15/2022 | 500,000 | 498,875 | 496,280 |
| DUKE ENERGY PROGRESS LLC | 3.00% | 9/15/2021 | 344,000 | 343,408 | 345,269 |
| DUKE ENERGY PROGRESS LLC | 3.38% | 9/1/2023 | 140,000 | 139,990 | 141,987 |
| ECOLAB INC | 2.38% | 8/10/2022 | 180,000 | 179,906 | 175,176 |
| ECOLAB INC | 3.25% | 12/1/2027 | 2,000,000 | 1,993,900 | 1,967,880 |
| ELEVATION CLO 2018- 9A A1 144A | VAR RT | 7/15/2031 | 500,000 | 500,000 | 494,923 |
| ENEL FINANCE INTERNATIONA 144A | 4.63% | 9/14/2025 | 650,000 | 645,899 | 641,869 |
| ENERGY TRANSFER OPERATING LP | 4.50% | 4/15/2024 | 2,550,000 | 2,540,973 | 2,597,507 |
| ENTERGY TEXAS INC | 4.00% | 3/30/2029 | 5,200,000 | 5,190,328 | 5,206,396 |
| EXXON MOBIL CORP | 2.73% | 3/1/2023 | 1,050,000 | 1,050,000 | 1,047,795 |
| FIFTH THIRD BANK/CINCINNATI OH | 3.95% | 7/28/2025 | 305,000 | 305,000 | 313,964 |
| FLAGSHIP CREDIT AUTO 4 C 144A | 2.92% | 11/15/2023 | 2,000,000 | 1,999,670 | 1,976,100 |
| FORD CREDIT AUTO OWNE 1 A 144A | 2.62% | 8/15/2028 | 930,000 | 929,802 | 918,468 |
| FORD CREDIT AUTO OWNE 1 B 144A | 3.34% | 7/15/2031 | 5,400,000 | 5,392,320 | 5,327,964 |

**Central Pension Fund of the
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Form 5500, Schedule H, Line 4i

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Plan No. 001

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|--|--|------------|-----------|--------------|----------------------|
| FORD CREDIT AUTO OWNE 2 A 144A | 2.36% | 3/15/2029 | 1,050,000 | \$ 1,049,884 | \$ 1,021,902 |
| FORD CREDIT AUTO OWNER TR C A3 | 2.01% | 3/15/2022 | 334,000 | 333,940 | 331,114 |
| FORD CREDIT AUTO OWNER TRU A C | 2.41% | 7/15/2023 | 3,610,000 | 3,609,901 | 3,562,168 |
| FORD CREDIT AUTO OWNER TRU C C | 2.50% | 5/15/2024 | 3,980,000 | 3,979,368 | 3,916,161 |
| FORD MOTOR CREDIT CO LLC | 3.47% | 4/5/2021 | 200,000 | 199,976 | 194,502 |
| FORD MOTOR CREDIT CO LLC | 5.60% | 1/7/2022 | 7,045,000 | 7,045,000 | 7,138,417 |
| FOX CORP 144A | 4.71% | 1/25/2029 | 615,000 | 615,000 | 641,574 |
| GE CAPITAL CREDIT CARD MAS 7 B | 2.21% | 9/15/2022 | 2,841,000 | 2,840,135 | 2,823,784 |
| GENERAL DYNAMICS CORP | 3.50% | 5/15/2025 | 60,000 | 59,264 | 61,001 |
| GENERAL ELECTRIC CO | 4.65% | 10/17/2021 | 86,000 | 85,816 | 87,935 |
| GENERAL ELECTRIC CO | 5.50% | 1/8/2020 | 215,000 | 229,403 | 219,519 |
| GENERAL ELECTRIC CO | VAR RT | 3/15/2023 | 4,145,000 | 4,155,331 | 3,914,538 |
| GENERAL ELECTRIC CO | VAR RT | 4/15/2023 | 1,252,000 | 1,262,454 | 1,183,891 |
| GENERAL MOTORS FINANCIAL CO IN | 4.15% | 6/19/2023 | 1,735,000 | 1,733,525 | 1,708,489 |
| GILEAD SCIENCES INC | 2.55% | 9/1/2020 | 2,505,000 | 2,500,491 | 2,490,797 |
| GLAXOSMITHKLINE CAPITAL INC | 3.38% | 5/15/2023 | 330,000 | 328,452 | 334,778 |
| GLAXOSMITHKLINE CAPITAL INC | 3.63% | 5/15/2025 | 400,000 | 397,312 | 409,320 |
| GM FINANCIAL CONSUMER AUTO 1 C | 3.52% | 9/16/2024 | 2,540,000 | 2,539,186 | 2,550,719 |
| GOLDMAN SACHS GROUP INC/THE | 3.00% | 4/26/2022 | 310,000 | 309,104 | 306,609 |
| GOLDMAN SACHS GROUP INC/THE | 3.85% | 1/26/2027 | 510,000 | 508,572 | 503,222 |
| GOLDMAN SACHS GROUP INC/THE | 5.25% | 7/27/2021 | 710,000 | 755,745 | 744,549 |
| GOLDMAN SACHS GROUP INC/THE | 5.38% | 3/15/2020 | 1,580,000 | 1,564,494 | 1,620,574 |
| GOLDMAN SACHS GROUP INC/THE | 5.75% | 1/24/2022 | 400,000 | 446,108 | 429,216 |
| GPMT 2018-FL1 LTD FL1 A 144A | VAR RT | 11/21/2035 | 610,000 | 610,000 | 606,513 |
| GREYWOLF CLO VII LT 2A A1 144A | VAR RT | 10/20/2031 | 500,000 | 500,000 | 496,853 |
| GS MORTGAGE SECURI 3PCK A 144A | VAR RT | 9/15/2031 | 622,000 | 622,000 | 622,323 |
| GS MORTGAGE SECURITIES GC16 A4 | 4.27% | 11/10/2046 | 1,500,000 | 1,631,074 | 1,573,230 |
| GS MORTGAGE SECURITIES GC26 A5 | 3.63% | 11/10/2047 | 1,160,000 | 1,152,795 | 1,181,321 |
| GS MORTGAGE SECURITIES GC26 C | VAR RT | 11/10/2047 | 700,000 | 716,734 | 692,993 |
| GS MORTGAGE SECURITIES GC28 XA | VAR RT | 2/10/2048 | 9,354,696 | 736,512 | 387,471 |
| GS MORTGAGE SECURITIES GC34 XA | VAR RT | 10/10/2048 | 4,385,535 | 432,370 | 286,726 |
| GS MORTGAGE SECURITIES GS3 XA | VAR RT | 10/10/2049 | 4,412,632 | 415,604 | 309,679 |
| GS MORTGAGE SECURITIES GS7 XA | VAR RT | 8/10/2050 | 5,744,379 | 493,443 | 414,342 |
| GS MORTGAGE SECURITIES GS8 XA | VAR RT | 11/10/2050 | 8,043,675 | 610,036 | 520,667 |
| GS MORTGAGE SECURITIES T GS8 C | VAR RT | 11/10/2050 | 610,000 | 627,517 | 605,718 |
| HALCYON LOAN ADVIS 1A A1R 144A | VAR RT | 4/18/2026 | 109,728 | 109,728 | 109,546 |
| HALLIBURTON CO | 3.80% | 11/15/2025 | 420,000 | 418,820 | 421,588 |
| HONDA AUTO RECEIVABLES 20 2 A3 | 3.01% | 5/18/2022 | 1,185,000 | 1,184,974 | 1,187,666 |
| HSBC HOLDINGS PLC | 2.95% | 5/25/2021 | 4,000,000 | 4,047,480 | 3,984,920 |
| HSBC HOLDINGS PLC | 4.25% | 8/18/2025 | 1,900,000 | 1,987,609 | 1,916,397 |
| HSBC HOLDINGS PLC | 4.30% | 3/8/2026 | 4,600,000 | 4,593,330 | 4,694,898 |
| HSBC HOLDINGS PLC | 5.10% | 4/5/2021 | 130,000 | 129,718 | 135,508 |
| HSBC HOLDINGS PLC | VAR RT | 5/18/2024 | 380,000 | 380,000 | 385,312 |
| HSBC HOLDINGS PLC | VAR RT | 6/19/2029 | 200,000 | 200,000 | 204,402 |
| HSBC HOLDINGS PLC | VAR RT | 9/12/2026 | 380,000 | 380,000 | 384,670 |
| HSBC HOLDINGS PLC | VAR RT | 11/22/2023 | 200,000 | 200,000 | 196,852 |
| HUNTINGTON NATIONAL BANK/THE | 3.55% | 10/6/2023 | 410,000 | 409,098 | 412,267 |
| IMT TRUST 2017-A APTS AFX 144A | 3.48% | 6/15/2034 | 5,990,000 | 5,950,691 | 6,042,413 |
| INTERNATIONAL BUSINESS MACHINE | 1.63% | 5/15/2020 | 2,695,000 | 2,679,315 | 2,654,764 |
| J.P. MORGAN CHASE MAUI C 144A | VAR RT | 7/15/2034 | 425,000 | 425,000 | 421,133 |
| JAMESTOWN CLO IV 4A A1AR 144A | VAR RT | 7/15/2026 | 269,044 | 269,044 | 267,797 |
| JELD-WEN INC 144A | 4.63% | 12/15/2025 | 9,512,000 | 9,025,759 | 8,632,140 |
| JP MORGAN CHASE CO FL10 B 144A | VAR RT | 6/15/2032 | 117,000 | 117,000 | 116,436 |
| JP MORGAN CHASE CO FL10 C 144A | VAR RT | 6/15/2032 | 89,000 | 89,000 | 88,766 |
| JP MORGAN CHASE COM C2 A3 144A | 4.07% | 11/15/2043 | 995,257 | 1,042,730 | 1,007,668 |
| JP MORGAN CHASE COMMER JP4 ASB | VAR RT | 12/15/2049 | 5,200,000 | 5,355,979 | 5,254,184 |
| JP MORGAN CHASE COMMER LC11 A4 | 2.69% | 4/15/2046 | 709,241 | 691,953 | 698,765 |
| JP MORGAN CHASE COMMERCI C8 XA | VAR RT | 10/15/2045 | 3,005,371 | 329,259 | 152,252 |
| JPMBB COMMERCIAL MORTG C19 ASB | 3.58% | 4/15/2047 | 1,399,983 | 1,441,974 | 1,414,599 |
| JPMBB COMMERCIAL MORTGA C15 A5 | 4.13% | 11/15/2045 | 1,300,000 | 1,440,766 | 1,353,495 |
| JPMBB COMMERCIAL MORTGA C18 XA | VAR RT | 2/15/2047 | 6,078,327 | 420,269 | 217,239 |
| JPMBB COMMERCIAL MORTGA C25 XA | VAR RT | 11/15/2047 | 7,559,030 | 536,108 | 282,708 |
| JPMBB COMMERCIAL MORTGA C26 A4 | 3.49% | 1/15/2048 | 605,000 | 596,327 | 612,272 |
| JPMBB COMMERCIAL MORTGA C26 XA | VAR RT | 1/15/2048 | 6,244,110 | 476,688 | 258,444 |
| JPMBB COMMERCIAL MORTGA C28 XA | VAR RT | 10/15/2048 | 9,342,342 | 740,286 | 400,973 |
| JPMBB COMMERCIAL MORTGA C31 A3 | 3.80% | 8/15/2048 | 2,690,000 | 2,814,565 | 2,757,411 |
| JPMBB COMMERCIAL MORTGAG C25 C | VAR RT | 11/15/2047 | 500,000 | 502,542 | 502,765 |

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|--|--|------------|-----------|------------|----------------------|
| JPMDB COMMERCIAL MORTGAG C2 XA | VAR RT | 6/15/2049 | 4,169,752 | \$ 462,951 | \$ 320,320 |
| JPMORGAN CHASE & CO | 2.70% | 5/18/2023 | 870,000 | 870,435 | 852,835 |
| JPMORGAN CHASE & CO | 3.20% | 6/15/2026 | 650,000 | 650,956 | 631,222 |
| JPMORGAN CHASE & CO | 3.25% | 9/23/2022 | 310,000 | 286,307 | 312,486 |
| JPMORGAN CHASE & CO | 4.50% | 1/24/2022 | 250,000 | 248,668 | 260,475 |
| JPMORGAN CHASE & CO | VAR RT | 2/1/2028 | 300,000 | 300,000 | 298,806 |
| JPMORGAN CHASE & CO | VAR RT | 4/23/2024 | 130,000 | 130,000 | 130,719 |
| JPMORGAN CHASE & CO | VAR RT | 7/23/2024 | 2,660,000 | 2,668,250 | 2,704,475 |
| JPMORGAN CHASE & CO | VAR RT | 7/23/2029 | 160,000 | 160,000 | 163,814 |
| JPMORGAN CHASE & CO | VAR RT | 12/5/2029 | 580,000 | 580,000 | 607,625 |
| KANSAS CITY POWER & LIGHT CO | 7.15% | 4/1/2019 | 475,000 | 600,889 | 478,206 |
| KEYBANK NA/CLEVELAND OH | 2.50% | 12/15/2019 | 1,750,000 | 1,749,230 | 1,744,873 |
| KREF 2018-FL1 LTD FL1 A 144A | VAR RT | 6/15/2036 | 619,000 | 619,000 | 614,977 |
| KUBOTA CREDIT OWNER 1A A3 144A | 1.50% | 7/15/2020 | 801,360 | 801,164 | 797,009 |
| LABRADOR AVIATION F 1A A1 144A | 4.30% | 1/15/2042 | 5,250,000 | 5,148,136 | 5,300,453 |
| LAKE COUNTRY MORTG HE1 M4 144A | VAR RT | 12/25/2032 | 1,417,806 | 1,396,539 | 1,417,593 |
| LOCKHEED MARTIN CORP | 3.10% | 1/15/2023 | 360,000 | 357,700 | 361,256 |
| MADISON PARK FUNDI 15A CR 144A | VAR RT | 1/27/2026 | 500,000 | 500,000 | 500,243 |
| MARATHON CLO V LTD 5A AIR 144A | VAR RT | 11/21/2027 | 1,000,000 | 1,000,000 | 991,807 |
| MAXIM INTEGRATED PRODUCTS INC | 3.45% | 6/15/2027 | 130,000 | 129,901 | 122,340 |
| MCDONALD'S CORP | 3.35% | 4/1/2023 | 350,000 | 349,890 | 353,024 |
| MEDTRONIC INC | 3.15% | 3/15/2022 | 360,000 | 359,248 | 363,240 |
| METLIFE INC | 3.60% | 4/10/2024 | 1,800,000 | 1,799,856 | 1,837,962 |
| METLIFE INC | VAR RT | 12/15/2022 | 2,000,000 | 1,986,180 | 2,000,480 |
| MICROCHIP TECHNOLOGY INC 144A | 4.33% | 6/1/2023 | 370,000 | 370,000 | 364,506 |
| MIDOCCEAN CREDIT CLO 9A A1 144A | VAR RT | 7/20/2031 | 1,000,000 | 998,900 | 987,992 |
| MID-STATE CAPITAL CORP 200 1 A | 6.01% | 8/15/2037 | 327,043 | 337,672 | 349,815 |
| MID-STATE CAPITAL TRU 1 B 144A | 7.00% | 12/15/2045 | 1,689,338 | 1,769,041 | 1,786,114 |
| MISSISSIPPI HIGHER EDUCAT 1 A1 | VAR RT | 10/25/2035 | 769,291 | 763,748 | 770,083 |
| MISSOURI HIGHER EDUCATION 1 A2 | VAR RT | 2/25/2036 | 693,248 | 701,697 | 693,179 |
| MITSUBISHI UFJ FINANCIAL GROUP | 2.67% | 7/25/2022 | 280,000 | 280,000 | 274,224 |
| MITSUBISHI UFJ FINANCIAL GROUP | 3.76% | 7/26/2023 | 430,000 | 430,671 | 437,796 |
| MMAF EQUIPMENT FINA AA A4 144A | 1.59% | 2/8/2022 | 1,286,058 | 1,285,659 | 1,274,586 |
| MMAF EQUIPMENT FINA AA A4 144A | 1.93% | 7/16/2021 | 596,908 | 596,743 | 594,777 |
| MMAF EQUIPMENT FINA AA A5 144A | 2.68% | 7/16/2027 | 1,900,000 | 1,898,756 | 1,876,877 |
| MMAF EQUIPMENT FINAN A A4 144A | 3.39% | 1/10/2025 | 525,000 | 524,924 | 529,914 |
| MONDELEZ INTERNATIONAL INC | 3.63% | 5/7/2023 | 350,000 | 349,097 | 354,466 |
| MORGAN STANLEY | 2.63% | 11/17/2021 | 470,000 | 467,598 | 463,505 |
| MORGAN STANLEY | 2.75% | 5/19/2022 | 190,000 | 189,603 | 187,167 |
| MORGAN STANLEY | 3.13% | 7/27/2026 | 8,000,000 | 7,882,800 | 7,673,040 |
| MORGAN STANLEY | 3.63% | 1/20/2027 | 640,000 | 628,035 | 629,088 |
| MORGAN STANLEY | 3.70% | 10/23/2024 | 200,000 | 199,652 | 201,482 |
| MORGAN STANLEY | 3.88% | 4/29/2024 | 170,000 | 169,463 | 173,303 |
| MORGAN STANLEY BANK OF A C27 C | VAR RT | 12/15/2047 | 115,000 | 106,782 | 113,581 |
| MORGAN STANLEY BANK OF A C31 C | VAR RT | 11/15/2049 | 490,000 | 494,039 | 483,351 |
| MORGAN STANLEY BANK OF A C7 A3 | 2.66% | 2/15/2046 | 1,626,425 | 1,627,632 | 1,597,881 |
| MORGAN STANLEY BANK OF C14 XA | VAR RT | 2/15/2047 | 6,360,688 | 452,089 | 232,420 |
| MORGAN STANLEY BANK OF C15 ASB | 3.65% | 4/15/2047 | 1,400,000 | 1,441,969 | 1,423,562 |
| MORGAN STANLEY BANK OF C19 A4 | 3.53% | 12/15/2047 | 815,000 | 805,449 | 824,804 |
| MORGAN STANLEY BANK OF C20 XA | VAR RT | 2/15/2048 | 6,375,040 | 641,915 | 362,676 |
| MORGAN STANLEY BANK OF C28 A3 | 3.27% | 1/15/2049 | 2,420,000 | 2,397,785 | 2,401,656 |
| MORGAN STANLEY BANK OF C34 A4 | 3.54% | 11/15/2052 | 1,800,000 | 1,779,609 | 1,799,388 |
| MPLX LP | 4.00% | 3/15/2028 | 180,000 | 179,192 | 173,572 |
| NATIXIS COMMERCIAL FL1 A 144A | VAR RT | 6/15/2035 | 616,000 | 616,000 | 607,284 |
| NELNET STUDENT LOAN 4A A 144A | VAR RT | 9/27/2038 | 901,283 | 908,324 | 903,257 |
| NEW YORK AND PRESBYTERIAN HOSP | 3.56% | 8/1/2036 | 730,000 | 729,978 | 682,557 |
| NORTHERN STATES POWER CO/MN | 7.13% | 7/1/2025 | 4,955,000 | 5,967,108 | 5,991,784 |
| NOVARTIS CAPITAL CORP | 2.40% | 5/17/2022 | 220,000 | 218,788 | 216,509 |
| NY SOCIETY FOR RELIEF OF RUPTU | 3.74% | 4/1/2028 | 120,000 | 120,000 | 121,448 |
| OCCIDENTAL PETROLEUM CORP | 2.70% | 2/15/2023 | 330,000 | 317,849 | 325,248 |
| ONCOR ELECTRIC DELIVERY CO LLC | 2.15% | 6/1/2019 | 1,820,000 | 1,820,000 | 1,816,378 |
| ORACLE CORP | 2.50% | 5/15/2022 | 1,000,000 | 1,010,887 | 988,180 |
| ORACLE CORP | 2.95% | 11/15/2024 | 300,000 | 299,526 | 297,201 |
| ORLANDO HEALTH OBLIGATED GROUP | 3.78% | 10/1/2028 | 245,000 | 246,257 | 247,222 |
| PARK AVENUE INSTTT 1A AIR 144A | VAR RT | 8/23/2031 | 1,000,000 | 1,000,000 | 991,732 |
| PENNSYLVANIA HIGHER EDUCA 1 A3 | VAR RT | 10/25/2035 | 1,297,928 | 1,278,053 | 1,268,906 |
| PETROBRAS GLOBAL FINANCE BV | 6.00% | 1/27/2028 | 2,600,000 | 2,488,451 | 2,594,800 |

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|--|--|------------|------------|------------|----------------------|
| PNC BANK NA | 2.63% | 2/17/2022 | 600,000 | \$ 599,718 | \$ 591,300 |
| PNC BANK NA | 3.50% | 6/8/2023 | 320,000 | 319,635 | 324,237 |
| PROVIDENCE ST JOSEPH HEALTH OB | 2.75% | 10/1/2026 | 500,000 | 456,929 | 467,455 |
| PRUDENTIAL PLC 1A A 144A | VAR RT | 7/15/2031 | 500,000 | 499,400 | 496,991 |
| READY CAPITAL MORTGAG 5 A 144A | 3.78% | 2/25/2052 | 628,000 | 627,998 | 630,427 |
| REALTY INCOME CORP | 3.00% | 1/15/2027 | 160,000 | 157,874 | 150,536 |
| REALTY INCOME CORP | 3.88% | 4/15/2025 | 160,000 | 159,200 | 161,027 |
| ROCKFORD TOWER CLO 2 1A A 144A | VAR RT | 5/20/2031 | 500,000 | 500,000 | 493,512 |
| ROPER TECHNOLOGIES INC | 3.00% | 12/15/2020 | 650,000 | 649,753 | 648,148 |
| ROSSLYN PORTFOLIO ROSS A 144A | VAR RT | 6/15/2033 | 492,000 | 492,000 | 491,152 |
| SANOFI | 3.38% | 6/19/2023 | 640,000 | 638,893 | 648,915 |
| SCHLUMBERGER FINANCE CANA 144A | 2.65% | 11/20/2022 | 4,350,000 | 4,346,955 | 4,275,224 |
| SEQUOIA MORTGAGE TRUST 2 1 1A1 | VAR RT | 2/25/2043 | 469,645 | 469,645 | 438,864 |
| SFAVE COMMERCIAL M SAVE C 144A | VAR RT | 1/5/2043 | 2,130,000 | 1,898,904 | 1,869,373 |
| SHELL INTERNATIONAL FINANCE BV | 3.25% | 5/11/2025 | 600,000 | 598,170 | 605,820 |
| SHELL INTERNATIONAL FINANCE BV | 3.40% | 8/12/2023 | 880,000 | 878,152 | 899,774 |
| SHERWIN-WILLIAMS CO/THE | 3.45% | 6/1/2027 | 3,750,000 | 3,736,388 | 3,580,988 |
| SIEMENS FINANCIERINGSMAAT 144A | 2.70% | 3/16/2022 | 1,040,000 | 1,037,639 | 1,028,196 |
| SIERRA TIMESHARE 201 1A A 144A | 2.40% | 3/22/2032 | 204,886 | 204,835 | 203,759 |
| SIMON PROPERTY GROUP LP | 3.38% | 10/1/2024 | 800,000 | 798,432 | 799,984 |
| SLC STUDENT LOAN TRUST 201 1 A | VAR RT | 11/25/2042 | 226,779 | 225,787 | 227,695 |
| SLM STUDENT LOAN T 3A A6A 144A | VAR RT | 10/25/2064 | 4,079,000 | 4,063,704 | 4,072,474 |
| SLM STUDENT LOAN TRUST 2 5 A6A | VAR RT | 10/25/2040 | 2,141,000 | 2,082,123 | 2,086,790 |
| SLM STUDENT LOAN TRUST 20 2 A6 | VAR RT | 1/25/2041 | 9,558,450 | 9,338,158 | 9,337,459 |
| SLM STUDENT LOAN TRUST 20 6 A4 | VAR RT | 7/25/2023 | 11,005,440 | 11,156,765 | 11,005,330 |
| SM ENERGY CO | 6.63% | 1/15/2027 | 40,000 | 40,000 | 38,999 |
| SOFI CONSUMER LOAN P 6 A1 144A | 2.20% | 11/25/2026 | 262,995 | 262,894 | 261,846 |
| SOFI CONSUMER LOAN P 6 A2 144A | 2.82% | 11/25/2026 | 1,000,000 | 999,987 | 991,260 |
| SOFI PROFESSIONAL L F BFX 144A | 3.62% | 1/25/2041 | 2,000,000 | 1,999,312 | 1,950,920 |
| SOUNDS POINT CLO IV 3RA A 144A | VAR RT | 4/18/2031 | 1,000,000 | 1,000,000 | 991,274 |
| SOUTHERN CALIFORNIA EDISON CO | 3.40% | 6/1/2023 | 3,050,000 | 2,987,445 | 2,996,046 |
| SPRINGLEAF FUNDING T AA A 144A | 2.90% | 11/15/2029 | 3,582,297 | 3,581,744 | 3,566,356 |
| STATE STREET CORP | VAR RT | 5/15/2023 | 280,000 | 280,353 | 275,167 |
| STEELE CREEK CLO 20 1RA A 144A | VAR RT | 4/21/2031 | 500,000 | 496,750 | 498,782 |
| SUMITOMO MITSUI FINANCIAL GROU | 3.94% | 10/16/2023 | 450,000 | 450,000 | 459,729 |
| SUTTER HEALTH | 3.70% | 8/15/2028 | 300,000 | 298,731 | 304,191 |
| TCI-CENT CLO 2016-1 1A A2 144A | VAR RT | 12/21/2029 | 1,000,000 | 1,000,000 | 1,000,239 |
| TJX COS INC/THE | 2.75% | 6/15/2021 | 750,000 | 765,625 | 745,905 |
| TORONTO-DOMINION BANK/THE | 3.50% | 7/19/2023 | 190,000 | 189,742 | 193,625 |
| TORONTO-DOMINION BANK/THE 144A | 1.95% | 4/2/2020 | 425,000 | 424,273 | 420,971 |
| TOWD POINT MORTGAGE 1 A1 144A | VAR RT | 10/25/2056 | 846,158 | 847,279 | 828,093 |
| TOWD POINT MORTGAGE 1 A1B 144A | VAR RT | 2/25/2055 | 243,989 | 243,697 | 240,712 |
| TOWD POINT MORTGAGE 3 A1 144A | VAR RT | 4/25/2056 | 392,733 | 392,169 | 384,097 |
| TOWD POINT MORTGAGE 4 A1 144A | VAR RT | 4/25/2055 | 414,208 | 422,052 | 412,559 |
| TOWD POINT MORTGAGE 6 A1 144A | VAR RT | 4/25/2055 | 378,259 | 383,058 | 377,211 |
| TOYOTA AUTO RECEIVABLES 2 C A3 | 1.78% | 11/15/2021 | 3,535,000 | 3,534,718 | 3,494,666 |
| TOYOTA MOTOR CORP | 3.42% | 7/20/2023 | 800,000 | 800,000 | 811,112 |
| TOYOTA MOTOR CREDIT CORP | 3.40% | 9/15/2021 | 2,440,000 | 2,433,851 | 2,473,330 |
| TRIP RAIL MASTER FU 1A A2 144A | 4.09% | 4/15/2044 | 2,700,000 | 2,700,000 | 2,737,295 |
| UBS AG/STAMFORD CT | 2.35% | 3/26/2020 | 2,425,000 | 2,398,810 | 2,413,554 |
| UBS COMMERCIAL MORTGAGE C1 XA | VAR RT | 6/15/2050 | 3,378,317 | 397,870 | 324,014 |
| UBS GROUP FUNDING SWITZER 144A | VAR RT | 8/15/2023 | 230,000 | 230,000 | 223,781 |
| UBS-BARCLAYS COMMERCIAL C3 A4 | 3.09% | 8/10/2049 | 1,500,000 | 1,540,254 | 1,499,850 |
| UBS-CITIGROUP COMMERCIAL C1 A3 | 3.60% | 1/10/2045 | 979,409 | 1,008,638 | 988,419 |
| UNILEVER CAPITAL CORP | 2.20% | 5/5/2022 | 670,000 | 664,627 | 655,340 |
| UNION PACIFIC RAILROAD CO 2005 | 5.08% | 1/2/2029 | 444,297 | 463,179 | 471,390 |
| UNION PACIFIC RAILROAD CO 2007 | 6.18% | 1/2/2031 | 1,163,660 | 1,348,218 | 1,303,109 |
| UNITED PARCEL SERVICE INC | 2.50% | 4/1/2023 | 310,000 | 309,045 | 304,684 |
| UNITED RENTALS NORTH AMERICA I | 6.50% | 12/15/2026 | 1,150,000 | 1,150,000 | 1,193,125 |
| UNITEDHEALTH GROUP INC | 2.13% | 3/15/2021 | 320,000 | 319,024 | 315,750 |
| UNITEDHEALTH GROUP INC | 3.35% | 7/15/2022 | 580,000 | 579,287 | 587,360 |
| UNITEDHEALTH GROUP INC | 3.50% | 6/15/2023 | 200,000 | 199,900 | 204,474 |
| US BANK NA/CINCINNATI OH | 2.00% | 1/24/2020 | 500,000 | 498,945 | 496,110 |
| US BANK NA/CINCINNATI OH | 2.80% | 1/27/2025 | 400,000 | 398,652 | 390,156 |
| US BANK NA/CINCINNATI OH | 3.40% | 7/24/2023 | 840,000 | 839,160 | 850,567 |
| VANTAGE DATA CENTER 1A A2 144A | 4.07% | 2/16/2043 | 1,981,667 | 1,981,667 | 1,995,261 |
| VENTURE XX CLO LTD 20A AR 144A | VAR RT | 4/15/2027 | 500,000 | 500,000 | 497,126 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390

Plan No. 001

| (a) (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | | | (d) Cost | (e) Current Value |
|--|--|------------|------------|--------------|----------------------|
| VERIZON OWNER TRUST 1A B 144A | 2.45% | 9/20/2021 | 2,000,000 | \$ 1,999,706 | \$ 1,987,400 |
| VERIZON OWNER TRUST 1A C 144A | 3.20% | 9/20/2022 | 2,200,000 | 2,199,677 | 2,196,568 |
| VERIZON OWNER TRUST 2018-A A B | 3.38% | 4/20/2023 | 3,075,000 | 3,074,219 | 3,106,673 |
| VERUS SECURITIZAT SG1A A2 144A | | STEP | 1,628,043 | 1,627,898 | 1,608,328 |
| VERUS SECURITIZAT SG1A A3 144A | | STEP | 3,248,572 | 3,248,545 | 3,209,719 |
| VIRGINIA HOUSING DEVELOPME A A | 3.10% | 6/25/2041 | 412,281 | 412,281 | 406,591 |
| WELLS FARGO & CO | 3.07% | 1/24/2023 | 6,250,000 | 6,079,313 | 6,215,875 |
| WELLS FARGO & CO | 4.10% | 6/3/2026 | 525,000 | 526,029 | 530,035 |
| WELLS FARGO & CO | 4.30% | 7/22/2027 | 3,510,000 | 3,557,474 | 3,582,622 |
| WELLS FARGO BANK NA | 2.15% | 12/6/2019 | 2,750,000 | 2,746,205 | 2,734,408 |
| WELLS FARGO BANK NA | 3.55% | 8/14/2023 | 2,900,000 | 2,900,986 | 2,941,818 |
| WELLS FARGO BANK NA | | VAR RT | 1,400,000 | 1,400,000 | 1,407,252 |
| WELLS FARGO COMMERCIAL C38 XA | | VAR RT | 5,985,194 | 486,698 | 397,537 |
| WELLS FARGO COMMERCIAL LC5 A3 | 2.92% | 10/15/2045 | 1,185,964 | 1,246,698 | 1,175,326 |
| WELLS FARGO COMMERCIAL M C28 C | | VAR RT | 300,000 | 294,587 | 289,557 |
| WELLS FARGO COMMERCIAL M C41 B | | VAR RT | 884,000 | 910,501 | 897,437 |
| WELLS FARGO COMMERCIAL M C41 C | | VAR RT | 1,151,000 | 1,173,671 | 1,149,953 |
| WELLS FARGO COMMERCIAL RC1 XA | | VAR RT | 3,959,136 | 434,520 | 343,455 |
| WELLS FARGO HOME EQUITY 1 2A1 | | VAR RT | 806,716 | 764,363 | 788,847 |
| WFRBS COMMERCIAL MO C3 A4 144A | 4.38% | 3/15/2044 | 1,320,000 | 1,440,502 | 1,348,288 |
| WFRBS COMMERCIAL MORTG UBS1 A4 | | VAR RT | 855,000 | 950,219 | 885,318 |
| WFRBS COMMERCIAL MORTGA C12 A4 | 3.20% | 3/15/2048 | 1,500,000 | 1,524,785 | 1,498,965 |
| WFRBS COMMERCIAL MORTGA C21 A4 | 3.41% | 8/15/2047 | 1,970,000 | 1,976,695 | 1,986,528 |
| WFRBS COMMERCIAL MORTGAG C25 C | | VAR RT | 500,000 | 499,999 | 500,630 |
| WORLD OMNI AUTO RECEIVABLE A B | 2.89% | 4/15/2025 | 3,000,000 | 2,999,496 | 2,982,180 |
| WORLD OMNI AUTO RECEIVABLE B B | 2.15% | 8/15/2022 | 4,300,000 | 4,298,474 | 4,273,082 |
| SUB TOTAL - CORPORATE DEBT - PREFERRED | | | | 509,923,240 | 501,259,277 |
| CORPORATE DEBT - OTHER | | | | | |
| 1839688 ALBERTA ULC | 14.00% | 2/13/2020 | 1,501,007 | 1,501,007 | 6,004 |
| 21ST CENTURY FOX AMERICA INC | 4.50% | 2/15/2021 | 2,600,000 | 2,810,829 | 2,664,896 |
| ABBVIE INC | 3.20% | 11/6/2022 | 1,280,000 | 1,335,629 | 1,277,773 |
| ACTIVISION BLIZZARD INC | 2.60% | 6/15/2022 | 140,000 | 139,594 | 136,762 |
| AERCAP IRELAND CAPITAL DAC / A | 3.50% | 5/26/2022 | 450,000 | 451,838 | 440,483 |
| AES CORP/VA | 4.88% | 5/15/2023 | 1,120,000 | 956,400 | 1,131,200 |
| ALEXANDRIA REAL ESTATE EQUITIE | 3.45% | 4/30/2025 | 230,000 | 229,570 | 224,772 |
| ALEXANDRIA REAL ESTATE EQUITIE | 4.00% | 1/15/2024 | 130,000 | 129,913 | 131,868 |
| ALLERGAN FUNDING SCS | 3.00% | 3/12/2020 | 2,750,000 | 2,749,423 | 2,747,718 |
| ALLERGAN FUNDING SCS | 3.80% | 3/15/2025 | 560,000 | 558,012 | 558,051 |
| ALLSTATE CORP/THE | | VAR RT | 3,315,000 | 3,280,623 | 3,295,077 |
| ALLY FINANCIAL INC | 5.13% | 9/30/2024 | 4,845,000 | 4,752,218 | 5,020,631 |
| ALLY FINANCIAL INC | 8.00% | 11/1/2031 | 697,000 | 660,475 | 836,400 |
| ALTERNATIVE LOAN TRUST J3 2A1 | 6.25% | 12/25/2033 | 5,127 | 5,289 | 5,226 |
| AMC NETWORKS INC | 4.75% | 12/15/2022 | 2,245,000 | 2,123,138 | 2,250,613 |
| AMERICAN AIRLINES GROUP I 144A | 5.50% | 10/1/2019 | 10,050,000 | 10,050,000 | 10,121,355 |
| AMERICAN EXPRESS CO | 2.50% | 8/1/2022 | 3,360,000 | 3,357,346 | 3,282,955 |
| AMERICAN EXPRESS CO | | VAR RT | 3,000,000 | 2,999,580 | 2,979,960 |
| AMERICAN WOODMARK CORP 144A | 4.88% | 3/15/2026 | 4,570,000 | 4,470,306 | 4,238,675 |
| AMERICREDIT AUTOMOBILE REC 1 C | 2.89% | 1/10/2022 | 1,750,000 | 1,749,970 | 1,747,550 |
| AMERIQUEST MORTGAGE SECUR R9 M2 | | VAR RT | 829,432 | 822,945 | 832,393 |
| AMPHENOL CORP | 3.20% | 4/1/2024 | 430,000 | 424,973 | 418,102 |
| AMPHENOL CORP | 4.35% | 6/1/2029 | 90,000 | 89,914 | 91,889 |
| AMSTED INDUSTRIES INC 144A | 5.00% | 3/15/2022 | 1,090,000 | 1,090,000 | 1,079,100 |
| ANADARKO PETROLEUM CORP | 3.45% | 7/15/2024 | 350,000 | 276,493 | 338,244 |
| ANADARKO PETROLEUM CORP | 4.50% | 7/15/2044 | 640,000 | 439,247 | 578,579 |
| ANADARKO PETROLEUM CORP | 7.73% | 9/15/2096 | 1,290,000 | 1,006,200 | 1,543,292 |
| ANTERO RESOURCES CORP | 5.13% | 12/1/2022 | 1,325,000 | 1,195,000 | 1,323,344 |
| ANTERO RESOURCES CORP | 5.38% | 11/1/2021 | 1,835,000 | 1,691,963 | 1,844,267 |
| ANTERO RESOURCES CORP | 5.63% | 6/1/2023 | 775,000 | 741,750 | 773,063 |
| APACHE CORP | 4.38% | 10/15/2028 | 2,590,000 | 2,456,848 | 2,544,312 |
| APIDOS CLO XVI 16A A1R 144A | | VAR RT | 634,818 | 634,818 | 629,880 |
| ARBOR REALTY COMMER FL1 A 144A | | VAR RT | 612,000 | 612,000 | 607,708 |
| ARCELORMITTAL | | VAR RT | 4,195,000 | 3,777,287 | 4,489,657 |
| ASHTREAD CAPITAL INC 144A | 4.13% | 8/15/2025 | 2,170,000 | 2,085,913 | 2,072,350 |
| AT&T INC | 2.80% | 2/17/2021 | 330,000 | 329,416 | 328,310 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390
Plan No. 001

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|--|--|------------|-----------|------------|----------------------|
| AT&T INC | 3.20% | 3/1/2022 | 270,000 | \$ 269,795 | \$ 269,976 |
| AT&T INC | 3.40% | 5/15/2025 | 4,130,000 | 4,117,775 | 4,040,090 |
| AT&T INC | 4.13% | 2/17/2026 | 3,650,000 | 3,710,485 | 3,683,398 |
| AT&T INC | 4.30% | 2/15/2030 | 2,919,000 | 2,635,697 | 2,892,379 |
| AT&T INC | 4.50% | 3/9/2048 | 1,425,000 | 1,229,211 | 1,277,555 |
| AT&T INC | 4.50% | 5/15/2035 | 500,000 | 498,555 | 472,280 |
| AT&T INC | 4.55% | 3/9/2049 | 1,565,000 | 1,340,767 | 1,407,248 |
| AT&T INC | VAR RT | 2/15/2023 | 3,100,000 | 3,087,600 | 3,049,098 |
| AUTOZONE INC | 2.88% | 1/15/2023 | 1,280,000 | 1,231,475 | 1,237,197 |
| AUTOZONE INC | 3.13% | 7/15/2023 | 800,000 | 829,264 | 787,440 |
| AUTOZONE INC | 4.00% | 11/15/2020 | 885,000 | 953,357 | 894,567 |
| AVALONBAY COMMUNITIES INC | 3.45% | 6/1/2025 | 300,000 | 299,466 | 297,888 |
| AVIS BUDGET RENTAL C 1A B 144A | 2.96% | 7/20/2020 | 1,250,000 | 1,244,775 | 1,248,475 |
| AVIS BUDGET RENTAL C 1A B 144A | 3.78% | 6/20/2022 | 500,000 | 507,500 | 503,235 |
| BAE SYSTEMS HOLDINGS INC 144A | 3.80% | 10/7/2024 | 500,000 | 498,515 | 502,800 |
| BANK OF AMERICA CORP | 2.65% | 4/1/2019 | 480,000 | 479,866 | 480,000 |
| BANK OF AMERICA CORP | 4.18% | 11/25/2027 | 1,000,000 | 996,404 | 998,890 |
| BANK OF AMERICA CORP | 4.20% | 8/26/2024 | 4,450,000 | 4,488,922 | 4,555,154 |
| BANK OF AMERICA CORP | 4.25% | 10/22/2026 | 1,600,000 | 1,664,410 | 1,617,520 |
| BANK OF AMERICA CORP | 6.11% | 1/29/2037 | 7,400,000 | 6,152,534 | 8,681,458 |
| BANK OF MONTREAL | 3.30% | 2/5/2024 | 3,670,000 | 3,662,439 | 3,662,439 |
| BARCLAYS PLC | 4.38% | 9/11/2024 | 1,725,000 | 1,707,974 | 1,689,896 |
| BARCLAYS PLC | 4.84% | 5/9/2028 | 1,075,000 | 1,100,050 | 1,032,581 |
| BARINGS CLO LTD 2016 3A C 144A | VAR RT | 1/15/2028 | 1,000,000 | 985,108 | 994,710 |
| BARRICK GOLD CORP | 5.25% | 4/1/2042 | 2,630,000 | 2,100,818 | 2,738,777 |
| BAYER US FINANCE II LLC 144A | 4.25% | 12/15/2025 | 1,195,000 | 1,192,741 | 1,189,825 |
| BAYTEX ENERGY CORP 144A | 5.63% | 6/1/2024 | 5,170,000 | 5,170,000 | 4,653,000 |
| BB&T CORP | 3.75% | 12/6/2023 | 365,000 | 364,438 | 375,118 |
| BBCMS 2017-DELC MO DELC D 144A | VAR RT | 8/15/2036 | 209,000 | 209,000 | 205,986 |
| BEAR STEARNS ARM TRUST 2 8 4A1 | VAR RT | 1/25/2034 | 89,945 | 90,845 | 90,889 |
| BEAR STEARNS ARM TRUST 10 12A3 | VAR RT | 1/25/2035 | 309,078 | 171,538 | 310,240 |
| BEAR STEARNS ARM TRUST 12 1A1 | VAR RT | 2/25/2035 | 325,076 | 259,108 | 318,886 |
| BEAR STEARNS ARM TRUST 8 11A2 | VAR RT | 11/25/2034 | 82,797 | 83,101 | 81,487 |
| BEAZER HOMES USA INC | VAR RT | 2/1/2023 | 20,000 | 20,000 | 18,950 |
| BECTON DICKINSON AND CO | 3.73% | 12/15/2024 | 356,000 | 356,000 | 354,861 |
| BELL CANADA | 6.55% | 5/1/2029 | 70,000 | 59,538 | 65,462 |
| BELL CANADA | 7.30% | 2/23/2032 | 145,000 | 134,288 | 145,958 |
| BHMS 2018-ATLS ATLS A 144A | VAR RT | 7/15/2035 | 617,000 | 617,000 | 615,445 |
| BLACK HILLS CORP | 4.25% | 11/30/2023 | 290,000 | 296,603 | 297,195 |
| BNP PARIBAS SA | 4.25% | 10/15/2024 | 3,200,000 | 3,189,550 | 3,207,776 |
| BNP PARIBAS SA 144A | 4.38% | 9/28/2025 | 3,425,000 | 3,481,285 | 3,428,288 |
| BNP PARIBAS SA 144A | 4.63% | 3/13/2027 | 1,525,000 | 1,552,572 | 1,503,604 |
| BOSTON PROPERTIES LP | 3.13% | 9/1/2023 | 500,000 | 464,200 | 488,100 |
| BOSTON PROPERTIES LP | 3.20% | 1/15/2025 | 350,000 | 349,150 | 338,643 |
| BOSTON PROPERTIES LP | 3.85% | 2/1/2023 | 775,000 | 771,202 | 785,447 |
| BOSTON PROPERTIES LP | 4.13% | 5/15/2021 | 3,150,000 | 3,074,233 | 3,195,486 |
| BP CAPITAL MARKETS AMERICA INC | 3.22% | 4/14/2024 | 340,000 | 332,843 | 339,116 |
| BSPRT 2017-FL2 ISS FL2 AS 144A | VAR RT | 10/15/2034 | 420,000 | 420,000 | 419,816 |
| BX COMMERCIAL MORT BIOA B 144A | VAR RT | 3/15/2037 | 2,000,000 | 1,987,751 | 1,979,940 |
| BX TRUST 2017-APPL APPL D 144A | VAR RT | 7/15/2034 | 432,651 | 432,651 | 431,292 |
| BX TRUST 2017-SLCT SLCT D 144A | VAR RT | 7/15/2034 | 406,300 | 406,300 | 404,512 |
| BX TRUST 2018-EXCL EXCL A 144A | VAR RT | 9/15/2037 | 33,973 | 33,844 | 33,749 |
| BX TRUST 2018-GW GW A 144A | VAR RT | 5/15/2035 | 305,000 | 304,619 | 301,538 |
| BX TRUST 2018-GW GW D 144A | VAR RT | 5/15/2035 | 305,000 | 304,619 | 305,546 |
| CALAMP CORP | 1.63% | 5/15/2020 | 280,000 | 262,429 | 269,178 |
| CALIFORNIA RESOURCES CORP | 6.00% | 11/15/2024 | 41,000 | 40,488 | 29,110 |
| CANADIAN NATURAL RESOURCES LTD | 2.95% | 1/15/2023 | 110,000 | 109,838 | 107,489 |
| CANADIAN PACIFIC RR CO | 2.90% | 2/1/2025 | 380,000 | 379,837 | 366,962 |
| CAPITAL ONE FINANCIAL CORP | 3.30% | 10/30/2024 | 320,000 | 319,069 | 311,891 |
| CAPITAL ONE FINANCIAL CORP | 3.50% | 6/15/2023 | 2,162,000 | 2,123,372 | 2,141,439 |
| CAPITAL ONE FINANCIAL CORP | 3.90% | 1/29/2024 | 1,000,000 | 997,840 | 1,007,100 |
| CAPITAL ONE FINANCIAL CORP | 4.20% | 10/29/2025 | 1,100,000 | 1,095,534 | 1,101,034 |
| CAPITAL ONE NA | 2.65% | 8/8/2022 | 405,000 | 404,077 | 393,514 |
| CARDINAL HEALTH INC | 2.62% | 6/15/2022 | 410,000 | 410,000 | 396,864 |
| CATAMARAN CLO 2018- 1A A1 144A | VAR RT | 10/25/2031 | 1,000,000 | 1,000,000 | 989,000 |
| CBAM 2018-6 LTD 6A A 144A | VAR RT | 7/15/2031 | 500,000 | 500,000 | 495,096 |
| CCO HOLDINGS LLC / CCO HOLDING | 5.25% | 9/30/2022 | 5,345,000 | 5,040,663 | 5,403,421 |

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|--|--|------------|------------|------------|----------------------|
| CD 2017-CD6 MORTGAGE TR CD6 XA | VAR RT | 11/13/2050 | 8,941,877 | \$ 604,014 | \$ 514,069 |
| CEMEX SAB DE CV 144A | 5.70% | 1/11/2025 | 1,225,000 | 1,148,438 | 1,239,688 |
| CEMEX SAB DE CV 144A | 6.13% | 5/5/2025 | 4,130,000 | 4,103,216 | 4,215,574 |
| CENTRAL BK ICELAND | 7.25% | 10/26/2022 | 85,920,000 | 502,747 | 711,071 |
| CENTURYLINK INC | 5.63% | 4/1/2020 | 1,180,000 | 1,100,375 | 1,190,679 |
| CHARTER COMMUNICATIONS OPERATI | 4.20% | 3/15/2028 | 5,760,000 | 5,713,810 | 5,565,600 |
| CHARTER COMMUNICATIONS OPERATI | 4.91% | 7/23/2025 | 2,200,000 | 2,200,000 | 2,261,688 |
| CHASE FUNDING TRUST SERI 1 1A7 | VAR RT | 11/25/2033 | 372,750 | 384,395 | 384,585 |
| CHASE FUNDING TRUST SERI 3 1A5 | VAR RT | 3/25/2033 | 213,211 | 221,739 | 216,688 |
| CHASE FUNDING TRUST SERI 4 1A5 | VAR RT | 5/25/2033 | 923,376 | 963,350 | 933,191 |
| CHASE MORTGAGE FINANCE A2 1A1 | VAR RT | 1/25/2036 | 130,955 | 105,095 | 127,103 |
| CHEMOURS CO/THE | 6.63% | 5/15/2023 | 75,000 | 74,972 | 77,531 |
| CHESAPEAKE ENERGY CORP | 4.88% | 4/15/2022 | 785,000 | 681,000 | 745,750 |
| CHESAPEAKE ENERGY CORP | 6.63% | 8/15/2020 | 85,000 | 77,581 | 85,638 |
| CHESAPEAKE ENERGY CORP | 6.88% | 11/15/2020 | 1,265,000 | 1,244,260 | 1,280,813 |
| CHT 2017-COSMO MOR CSMO E 144A | VAR RT | 11/15/2036 | 609,000 | 609,000 | 608,994 |
| CIGNA CORP 144A | 4.13% | 11/15/2025 | 3,580,000 | 3,577,029 | 3,652,567 |
| CIGNA HOLDING CO | 4.00% | 2/15/2022 | 3,375,000 | 3,573,543 | 3,424,005 |
| CIGNA HOLDING CO | 5.13% | 6/15/2020 | 275,000 | 293,200 | 282,015 |
| CIGNA HOLDING CO | 7.65% | 3/1/2023 | 260,000 | 295,366 | 297,515 |
| CINCINNATI BELL INC 144A | 7.00% | 7/15/2024 | 1,245,000 | 1,245,000 | 1,070,700 |
| CINCINNATI BELL INC 144A | 8.00% | 10/15/2025 | 1,360,000 | 1,360,000 | 1,179,800 |
| CINCINNATI BELL TELEPHONE CO L | 6.30% | 12/1/2028 | 200,000 | 188,500 | 170,000 |
| CINTAS CORP NO 2 | 2.90% | 4/1/2022 | 400,000 | 399,472 | 395,120 |
| CITIGROUP INC | 2.70% | 3/30/2021 | 600,000 | 599,136 | 595,932 |
| CITIGROUP INC | 2.70% | 10/27/2022 | 445,000 | 430,845 | 435,611 |
| CITIGROUP INC | 3.70% | 1/12/2026 | 300,000 | 299,601 | 299,895 |
| CITIGROUP INC | 4.40% | 6/10/2025 | 200,000 | 199,184 | 204,068 |
| CITIGROUP INC | VAR RT | 1/24/2023 | 150,000 | 150,000 | 148,982 |
| CITIGROUP INC | VAR RT | 6/1/2024 | 330,000 | 329,654 | 337,022 |
| CITIZENS BANK NA/PROVIDENCE RI | 2.65% | 5/26/2022 | 290,000 | 289,730 | 282,886 |
| CLEAR CHANNEL WORLDWIDE HOLDIN | 7.63% | 3/15/2020 | 4,090,000 | 3,714,559 | 4,084,888 |
| CLNS TRUST 2017-IK IKPR D 144A | VAR RT | 6/11/2032 | 491,000 | 491,000 | 490,072 |
| CNH EQUIPMENT TRUST 2015-A A B | 2.14% | 8/15/2022 | 4,590,000 | 4,580,898 | 4,584,125 |
| COMM 2014-CCRE20 MORTGA CR20 C | VAR RT | 11/10/2047 | 500,000 | 506,232 | 498,935 |
| COMM 2015-3BP MORTG 3BP A 144A | 3.18% | 2/10/2035 | 2,900,000 | 2,936,023 | 2,882,339 |
| COMMERCIAL MORTGAGE PAS CR28 C | VAR RT | 2/10/2049 | 512,000 | 464,283 | 523,310 |
| CONSOLIDATED COMMUNICATIONS IN | 6.50% | 10/1/2022 | 4,142,000 | 3,958,628 | 3,789,930 |
| CONTINENTAL RESOURCES INC/OK | 3.80% | 6/1/2024 | 1,455,000 | 1,361,794 | 1,437,627 |
| CONTINENTAL RESOURCES INC/OK | 4.50% | 4/15/2023 | 2,100,000 | 2,003,569 | 2,139,270 |
| CONTINENTAL RESOURCES INC/OK | 5.00% | 9/15/2022 | 288,000 | 280,545 | 289,428 |
| COOPERATIVE RABOBANK UA 144A | 3.88% | 9/26/2023 | 300,000 | 299,190 | 304,971 |
| COX COMMUNICATIONS INC 144A | 2.95% | 6/30/2023 | 2,450,000 | 2,355,188 | 2,381,253 |
| COX COMMUNICATIONS INC 144A | 3.25% | 12/15/2022 | 2,600,000 | 2,432,071 | 2,568,254 |
| COX COMMUNICATIONS INC 144A | 3.35% | 9/15/2026 | 3,200,000 | 3,065,072 | 3,017,120 |
| COX COMMUNICATIONS INC 144A | 3.50% | 8/15/2027 | 475,000 | 439,836 | 451,654 |
| CREDIT AGRICOLE SA 144A | 4.38% | 3/17/2025 | 8,300,000 | 8,256,425 | 8,220,818 |
| CREDIT SUISSE FIRST BOST 1 1A1 | 7.00% | 2/25/2033 | 15,003 | 16,140 | 16,152 |
| CREDIT SUISSE GROUP AG 144A | VAR RT | 1/12/2029 | 250,000 | 250,000 | 238,670 |
| CREDIT SUISSE GROUP AG 144A | VAR RT | 12/14/2023 | 250,000 | 250,000 | 240,635 |
| CRH AMERICA INC 144A | 3.88% | 5/18/2025 | 2,125,000 | 2,134,091 | 2,081,926 |
| CSMC 2017-HL2 TRUS HL2 A3 144A | VAR RT | 10/25/2047 | 6,906,355 | 6,902,039 | 6,872,376 |
| CSX CORP | 3.25% | 6/1/2027 | 3,800,000 | 3,795,364 | 3,664,986 |
| CVS HEALTH CORP | 2.80% | 7/20/2020 | 320,000 | 319,763 | 318,582 |
| CVS HEALTH CORP | 3.50% | 7/20/2022 | 960,000 | 966,146 | 969,322 |
| CVS HEALTH CORP | 4.10% | 3/25/2025 | 980,000 | 970,406 | 997,768 |
| CVS HEALTH CORP | 4.30% | 3/25/2028 | 7,525,000 | 7,517,072 | 7,629,598 |
| CVS PASS-THROUGH TRUST | 6.04% | 12/10/2028 | 487,045 | 487,045 | 523,315 |
| CVS PASS-THROUGH TRUST | 6.94% | 1/10/2030 | 1,435,246 | 1,814,187 | 1,609,729 |
| DBGS 2018-BIOD MOR BIOD A 144A | VAR RT | 5/15/2035 | 570,805 | 570,092 | 566,633 |
| DELL INTERNATIONAL LLC / 144A | 5.45% | 6/15/2023 | 1,950,000 | 2,006,456 | 2,043,093 |
| DENBURY RESOURCES INC 144A | 9.00% | 5/15/2021 | 4,366,000 | 4,100,813 | 4,322,340 |
| DEUTSCHE BANK AG/NEW YORK NY | VAR RT | 12/1/2032 | 4,435,000 | 4,057,107 | 3,738,705 |
| DIGITAL REALTY TRUST LP | 4.45% | 7/15/2028 | 370,000 | 369,452 | 373,238 |
| DILLARD'S INC | 7.00% | 12/1/2028 | 1,000,000 | 863,125 | 1,023,580 |
| DILLARD'S INC | 7.75% | 7/15/2026 | 2,775,000 | 2,419,325 | 2,847,122 |
| DISH DBS CORP | 5.00% | 3/15/2023 | 1,010,000 | 896,375 | 878,700 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390

Plan No. 001

| (a) (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | | | (d) Cost | (e) Current Value |
|--|--|------------|------------|--------------|----------------------|
| DISH DBS CORP | 5.88% | 11/15/2024 | 5,200,000 | \$ 5,155,500 | \$ 4,309,500 |
| DISH DBS CORP | 7.75% | 7/1/2026 | 2,520,000 | 2,520,000 | 2,167,200 |
| DISH NETWORK CORP | 2.38% | 3/15/2024 | 4,700,000 | 4,488,765 | 3,887,041 |
| DISH NETWORK CORP | 3.38% | 8/15/2026 | 3,125,000 | 3,125,000 | 2,654,688 |
| DOMINION ENERGY INC | STEP | 4/1/2021 | 1,065,000 | 1,079,890 | 1,072,721 |
| DOMINION ENERGY INC | VAR RT | 7/1/2020 | 2,180,000 | 2,182,245 | 2,160,881 |
| DOW CHEMICAL CO/THE | 4.25% | 11/15/2020 | 679,000 | 723,502 | 692,037 |
| DOWDUPONT INC | 4.49% | 11/15/2025 | 4,130,000 | 4,130,000 | 4,336,665 |
| DOWDUPONT INC | 4.73% | 11/15/2028 | 860,000 | 860,000 | 911,480 |
| DUKE REALTY LP | 3.88% | 10/15/2022 | 900,000 | 916,821 | 908,865 |
| DUKE REALTY LP | 4.00% | 9/15/2028 | 160,000 | 158,282 | 160,677 |
| EATON CORP | 6.95% | 3/20/2019 | 940,000 | 1,191,901 | 945,490 |
| ECOLAB INC | 4.35% | 12/8/2021 | 273,000 | 272,825 | 282,839 |
| EDP FINANCE BV 144A | 4.90% | 10/1/2019 | 10,000,000 | 8,111,651 | 10,081,000 |
| ELANCO ANIMAL HEALTH INC 144A | 3.91% | 8/27/2021 | 325,000 | 325,000 | 325,419 |
| ELANCO ANIMAL HEALTH INC 144A | 4.27% | 8/28/2023 | 325,000 | 325,000 | 327,298 |
| ELANCO ANIMAL HEALTH INC 144A | 4.90% | 8/28/2028 | 750,000 | 756,978 | 776,348 |
| EMBARQ CORP | 8.00% | 6/1/2036 | 240,000 | 232,134 | 226,800 |
| EMBRAER NETHERLANDS FINANCE BV | 5.40% | 2/1/2027 | 1,000,000 | 1,000,238 | 1,055,000 |
| ENABLE MIDSTREAM PARTNERS LP | VAR RT | 5/15/2044 | 1,125,000 | 1,064,779 | 962,201 |
| ENBRIDGE ENERGY PARTNERS LP | 7.38% | 10/15/2045 | 770,000 | 759,721 | 1,025,448 |
| ENEL FINANCE INTERNATIONA 144A | 3.63% | 5/25/2027 | 2,975,000 | 2,741,641 | 2,673,781 |
| ENEL FINANCE INTERNATIONA 144A | 4.25% | 9/14/2023 | 1,850,000 | 1,848,594 | 1,842,360 |
| ENERGY TRANSFER PARTNERS LP / | 5.00% | 10/1/2022 | 8,010,000 | 7,942,556 | 8,291,391 |
| ENLINK MIDSTREAM PARTNERS LP | 4.15% | 6/1/2025 | 1,985,000 | 1,968,247 | 1,855,975 |
| ENSCO ROWAN PLC | 7.75% | 2/1/2026 | 2,215,000 | 2,215,000 | 1,778,933 |
| ENTERPRISE PRODUCTS OPERATING | 2.85% | 4/15/2021 | 330,000 | 329,663 | 329,218 |
| ENTERPRISE PRODUCTS OPERATING | 3.75% | 2/15/2025 | 1,231,000 | 1,238,637 | 1,246,055 |
| EQUIFAX INC | 3.95% | 6/15/2023 | 360,000 | 356,285 | 362,192 |
| EQUITY ONE MORTGAGE PASS- 2 MI | VAR RT | 7/25/2034 | 193,632 | 133,606 | 196,471 |
| EQUITY ONE MORTGAGE PASS- 4 MI | VAR RT | 10/25/2034 | 457,420 | 463,423 | 450,760 |
| ERAC USA FINANCE LLC 144A | 6.70% | 6/1/2034 | 385,000 | 302,298 | 461,788 |
| ERP OPERATING LP | 3.00% | 4/15/2023 | 1,425,000 | 1,412,318 | 1,413,030 |
| ERP OPERATING LP | 4.63% | 12/15/2021 | 1,831,000 | 1,933,096 | 1,902,647 |
| ERP OPERATING LP | 4.75% | 7/15/2020 | 625,000 | 691,700 | 637,013 |
| ESSEX PORTFOLIO LP | 3.25% | 5/1/2023 | 2,700,000 | 2,680,068 | 2,655,018 |
| EXELON GENERATION CO LLC | 4.25% | 6/15/2022 | 1,750,000 | 1,817,463 | 1,789,305 |
| EXPERIAN FINANCE PLC 144A | 4.25% | 2/1/2029 | 200,000 | 199,838 | 201,692 |
| FEDEX CORP | 4.20% | 10/17/2028 | 570,000 | 569,310 | 575,233 |
| FIFTH THIRD BANCORP | 3.65% | 1/25/2024 | 190,000 | 189,647 | 191,450 |
| FINISAR CORP | 0.50% | 12/15/2036 | 275,000 | 252,711 | 266,307 |
| FIRST QUANTUM MINERALS LT 144A | 7.25% | 5/15/2022 | 500,000 | 478,750 | 492,500 |
| FIRST REPUBLIC BANK/CA | 2.38% | 6/17/2019 | 4,230,000 | 4,247,786 | 4,221,413 |
| FISERV INC | 3.80% | 10/1/2023 | 690,000 | 689,683 | 690,587 |
| FISERV INC | 4.75% | 6/15/2021 | 495,000 | 508,632 | 508,672 |
| FOOT LOCKER INC | 8.50% | 1/15/2022 | 1,145,000 | 895,664 | 1,242,325 |
| FORD CREDIT AUTO OWNE 1 A 144A | 2.12% | 7/15/2026 | 620,000 | 622,920 | 614,674 |
| FORD MOTOR CO | 6.38% | 2/1/2029 | 7,210,000 | 6,019,745 | 6,983,822 |
| FORD MOTOR CO | 6.63% | 10/1/2028 | 555,000 | 457,256 | 553,479 |
| FORD MOTOR CREDIT CO LLC | 3.34% | 3/28/2022 | 3,010,000 | 3,068,665 | 2,847,400 |
| FORD MOTOR CREDIT CO LLC | 3.81% | 10/12/2021 | 1,925,000 | 1,925,897 | 1,869,772 |
| FORD MOTOR CREDIT CO LLC | 4.14% | 2/15/2023 | 400,000 | 393,556 | 378,672 |
| FORD MOTOR CREDIT CO LLC | 4.25% | 9/20/2022 | 1,600,000 | 1,604,509 | 1,546,992 |
| FORD MOTOR CREDIT CO LLC | 4.39% | 1/8/2026 | 4,770,000 | 4,770,000 | 4,292,857 |
| FORD MOTOR CREDIT CO LLC | 5.75% | 2/1/2021 | 1,300,000 | 1,351,248 | 1,321,463 |
| FORD MOTOR CREDIT CO LLC | 5.88% | 8/2/2021 | 2,900,000 | 3,284,489 | 2,974,588 |
| FORTIVE CORP | 2.35% | 6/15/2021 | 620,000 | 620,627 | 605,616 |
| FORTUNE BRANDS HOME & SECURITY | 4.00% | 9/21/2023 | 100,000 | 99,969 | 99,907 |
| FREDDIE MAC WHOLE LOAN SC02 1A | 3.00% | 9/25/2045 | 6,848,133 | 6,976,535 | 6,700,761 |
| FREMF 2013-K27 MORT K27 B 144A | VAR RT | 1/25/2046 | 4,891,000 | 4,968,567 | 4,929,150 |
| GE CAPITAL INTERNATIONAL FUNDI | 2.34% | 11/15/2020 | 744,000 | 745,861 | 726,427 |
| GE CAPITAL INTERNATIONAL FUNDI | 4.42% | 11/15/2035 | 1,505,000 | 1,272,962 | 1,343,348 |
| GENERAL DYNAMICS CORP | 3.38% | 5/15/2023 | 240,000 | 239,078 | 244,186 |
| GENERAL MILLS INC | 2.60% | 10/12/2022 | 245,000 | 244,966 | 238,730 |
| GENERAL MILLS INC | 3.70% | 10/17/2023 | 190,000 | 189,588 | 191,644 |
| GENERAL MOTORS CO | 5.20% | 4/1/2045 | 13,345,000 | 13,173,425 | 11,608,949 |
| GENERAL MOTORS FINANCIAL CO IN | 4.20% | 3/1/2021 | 2,150,000 | 2,171,608 | 2,162,255 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390

Plan No. 001

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|--|--|------------|-----------|--------------|----------------------|
| GEORGIA-PACIFIC LLC | 7.75% | 11/15/2029 | 5,355,000 | \$ 4,945,952 | \$ 7,159,046 |
| GOLDMAN SACHS GROUP INC/THE | 2.63% | 4/25/2021 | 4,510,000 | 4,418,718 | 4,459,443 |
| GOLDMAN SACHS GROUP INC/THE | 6.75% | 10/1/2037 | 4,595,000 | 4,210,260 | 5,595,607 |
| GOODYEAR TIRE & RUBBER CO/THE | 7.00% | 3/15/2028 | 2,110,000 | 1,759,213 | 2,125,825 |
| GREAT WOLF TRUST 2 WOLF D 144A | VAR RT | 9/15/2034 | 829,000 | 829,000 | 827,947 |
| GS MORTGAGE SECURI FBLU E 144A | VAR RT | 11/15/2035 | 623,000 | 623,000 | 622,601 |
| GS MORTGAGE SECURI LUAU A 144A | VAR RT | 11/15/2032 | 619,000 | 619,000 | 616,635 |
| GSR MORTGAGE LOAN TRUST 7 1A1 | VAR RT | 6/25/2034 | 22,716 | 22,297 | 22,305 |
| HALCYON LOAN ADVIS 3A AIR 144A | VAR RT | 10/18/2027 | 500,000 | 500,000 | 495,463 |
| HARDEE'S FUNDING L 1A A21 144A | 4.25% | 6/20/2048 | 997,500 | 997,500 | 1,004,672 |
| HCA INC | 5.38% | 9/1/2026 | 1,860,000 | 1,860,000 | 1,903,598 |
| HCA INC | 7.05% | 12/1/2027 | 5,100,000 | 4,128,980 | 5,355,000 |
| HCA INC | 7.58% | 9/15/2025 | 2,215,000 | 1,872,485 | 2,370,050 |
| HCA INC | 7.69% | 6/15/2025 | 670,000 | 547,108 | 737,000 |
| HCA INC | 7.75% | 7/15/2036 | 1,110,000 | 925,793 | 1,173,825 |
| HCA INC | 8.36% | 4/15/2024 | 545,000 | 453,619 | 604,950 |
| HCP INC | 4.00% | 6/1/2025 | 4,905,000 | 4,879,131 | 4,873,706 |
| HEALTHCARE TRUST OF AMERICA HO | 2.95% | 7/1/2022 | 155,000 | 154,904 | 151,020 |
| HEINEKEN NV 144A | 3.50% | 1/29/2028 | 290,000 | 288,121 | 281,834 |
| HESS INFRASTRUCTURE PARTN 144A | 5.63% | 2/15/2026 | 8,045,000 | 8,045,000 | 7,964,550 |
| HUNTINGTON INGALLS INDUST 144A | 5.00% | 11/15/2025 | 1,465,000 | 1,465,000 | 1,490,638 |
| IMPERIAL BRANDS FINANCE P 144A | 4.25% | 7/21/2025 | 2,700,000 | 2,843,910 | 2,703,753 |
| INGREDION INC | 4.63% | 11/1/2020 | 490,000 | 522,850 | 501,143 |
| INTERNATIONAL GAME TECHNO 144A | 6.25% | 1/15/2027 | 2,125,000 | 2,125,000 | 2,154,219 |
| INTERNATIONAL LEASE FINANCE CO | 4.63% | 4/15/2021 | 2,405,000 | 2,287,494 | 2,435,207 |
| INTERNATIONAL PAPER CO | 8.70% | 6/15/2038 | 4,423,000 | 2,906,108 | 5,958,091 |
| INVITATION HOMES 2 SFR2 E 144A | VAR RT | 12/17/2036 | 1,000,000 | 1,000,000 | 1,000,510 |
| ISTAR INC | 3.13% | 9/15/2022 | 930,000 | 891,050 | 849,025 |
| J.P. MORGAN CHASE MAUI D 144A | VAR RT | 7/15/2034 | 398,000 | 398,000 | 395,130 |
| JAMES HARDIE INTERNATIONA 144A | 4.75% | 1/15/2025 | 4,570,000 | 4,501,450 | 4,341,500 |
| JAMESTOWN CLO V1-R 6RA A1 144A | VAR RT | 4/25/2030 | 500,000 | 500,000 | 496,145 |
| JC PENNEY CORP INC | 6.38% | 10/15/2036 | 235,000 | 182,713 | 75,200 |
| JEFFERIES GROUP LLC | 6.25% | 1/15/2036 | 2,880,000 | 2,400,775 | 2,826,461 |
| JEFFERIES GROUP LLC | 6.45% | 6/8/2027 | 1,590,000 | 1,281,465 | 1,677,291 |
| JEFFERIES GROUP LLC | 6.88% | 4/15/2021 | 2,280,000 | 2,236,056 | 2,420,357 |
| JP MORGAN CHASE CO FL10 D 144A | VAR RT | 6/15/2032 | 287,000 | 285,565 | 283,479 |
| JP MORGAN CHASE COM LAQ A 144A | VAR RT | 6/15/2032 | 616,000 | 616,000 | 612,908 |
| JP MORGAN CHASE COMMER LDP9 AM | 5.37% | 5/15/2047 | 73,638 | 76,756 | 73,869 |
| JP MORGAN CHASE COMMER LDPX AM | VAR RT | 1/15/2049 | 29,975 | 29,525 | 29,990 |
| JPMBB COMMERCIAL MORTGAG C27 C | VAR RT | 2/15/2048 | 775,000 | 788,497 | 770,203 |
| JPMBB COMMERCIAL MORTGAG C33 C | VAR RT | 12/15/2048 | 200,000 | 196,661 | 202,642 |
| JPMORGAN CHASE & CO | 2.55% | 10/29/2020 | 4,150,000 | 4,185,926 | 4,123,440 |
| JPMORGAN CHASE & CO | 3.38% | 5/1/2023 | 1,625,000 | 1,591,058 | 1,623,245 |
| JPMORGAN CHASE & CO | 4.13% | 12/15/2026 | 850,000 | 914,218 | 864,748 |
| JPMORGAN CHASE & CO | 4.25% | 10/1/2027 | 1,525,000 | 1,612,699 | 1,547,524 |
| K HOVNANIAN ENTERPRISES INC | 5.00% | 11/1/2021 | 20,000 | 13,850 | 16,400 |
| KENTUCKY HIGHER EDUCATION 1 A1 | VAR RT | 6/1/2026 | 1,138,555 | 1,130,906 | 1,110,649 |
| KEYCORP | 5.10% | 3/24/2021 | 650,000 | 649,396 | 677,307 |
| KILROY REALTY LP | 3.45% | 12/15/2024 | 2,080,000 | 2,077,296 | 2,011,402 |
| KILROY REALTY LP | 3.80% | 1/15/2023 | 2,695,000 | 2,707,321 | 2,682,765 |
| KIMCO REALTY CORP | 3.30% | 2/1/2025 | 280,000 | 279,560 | 270,883 |
| KINDER MORGAN ENERGY PARTNERS | 3.50% | 9/1/2023 | 700,000 | 623,028 | 692,762 |
| KINDER MORGAN ENERGY PARTNERS | 4.15% | 2/1/2024 | 2,200,000 | 2,178,198 | 2,237,334 |
| KINDER MORGAN ENERGY PARTNERS | 6.95% | 1/15/2038 | 315,000 | 220,261 | 371,917 |
| KINDER MORGAN INC/DE | 4.30% | 6/1/2025 | 3,750,000 | 3,688,756 | 3,837,638 |
| KINDER MORGAN INC/DE | 7.80% | 8/1/2031 | 317,000 | 300,427 | 395,185 |
| KRAFT HEINZ FOODS CO | 3.50% | 6/6/2022 | 510,000 | 505,410 | 510,877 |
| KRAFT HEINZ FOODS CO | 4.00% | 6/15/2023 | 130,000 | 129,744 | 132,347 |
| KROGER CO/THE | 3.40% | 4/15/2022 | 3,000,000 | 3,006,570 | 2,974,230 |
| LAMAR MEDIA CORP | 5.00% | 5/1/2023 | 2,240,000 | 2,116,825 | 2,256,800 |
| LCCM 2017-LC26 LC26 C 144A | 4.71% | 7/12/2050 | 700,000 | 706,950 | 688,429 |
| LEAR CORP | 5.38% | 3/15/2024 | 4,940,000 | 4,940,000 | 5,077,530 |
| LEHMAN BROTHERS HOLDINGS INC | 6.50% | 7/19/2017 | 200,000 | 181,667 | 20 |
| LENDMARK FUNDING TRU 2A A 144A | 2.80% | 5/20/2026 | 1,000,000 | 999,960 | 990,500 |
| LENNAR CORP | 4.75% | 5/30/2025 | 6,890,000 | 6,760,575 | 6,734,975 |
| LIBERTY PROPERTY LP | 4.38% | 2/1/2029 | 60,000 | 59,845 | 60,908 |
| LLOYDS BANKING GROUP PLC | 4.34% | 1/9/2048 | 2,991,000 | 2,938,269 | 2,569,807 |

**Central Pension Fund of the
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|--|--|------------|------------|--------------|----------------------|
| LLOYDS BANKING GROUP PLC | 4.50% | 11/4/2024 | 2,100,000 | \$ 2,104,048 | \$ 2,056,509 |
| LLOYDS BANKING GROUP PLC | 4.58% | 12/10/2025 | 7,207,000 | 7,211,973 | 7,042,608 |
| LLOYDS BANKING GROUP PLC | 4.65% | 3/24/2026 | 1,925,000 | 1,960,671 | 1,878,685 |
| LOCKHEED MARTIN CORP | 3.35% | 9/15/2021 | 2,870,000 | 2,862,251 | 2,912,046 |
| LSTAR COMMERCIAL MORT 4 C 144A | VAR RT | 3/10/2049 | 315,000 | 304,436 | 282,857 |
| M&T BANK CORP | 3.55% | 7/26/2023 | 220,000 | 219,831 | 223,507 |
| MANUFACTURERS & TRADERS TRUST | 2.50% | 5/18/2022 | 570,000 | 569,202 | 558,611 |
| MARATHON CLO VII L 7A AIR 144A | VAR RT | 10/28/2025 | 1,000,000 | 1,000,000 | 999,385 |
| MARATHON OIL CORP | 3.85% | 6/1/2025 | 880,000 | 877,985 | 864,538 |
| MARATHON PETROLEUM CORP | 3.40% | 12/15/2020 | 650,000 | 649,168 | 650,150 |
| MARLETTE FUNDING TRU 1A A 144A | 2.61% | 3/15/2028 | 310,682 | 310,667 | 310,029 |
| MARSH & MCLENNAN COS INC | 3.88% | 3/15/2024 | 470,000 | 469,742 | 479,696 |
| MARSH & MCLENNAN COS INC | 4.38% | 3/15/2029 | 30,000 | 29,990 | 31,030 |
| MASCO CORP | 3.50% | 4/1/2021 | 311,000 | 316,443 | 310,543 |
| MASCO CORP | 6.50% | 8/15/2032 | 344,000 | 194,227 | 380,498 |
| MASCO CORP | 7.13% | 3/15/2020 | 478,000 | 475,283 | 495,920 |
| MASCO CORP | 7.75% | 8/1/2029 | 54,000 | 55,958 | 64,181 |
| MCCORMICK & CO INC/MD | 3.15% | 8/15/2024 | 335,000 | 334,789 | 326,407 |
| MICROCHIP TECHNOLOGY INC | 1.63% | 2/15/2025 | 1,120,000 | 1,060,288 | 1,764,056 |
| MIDOCEN CREDIT CLO 7A A1 144A | VAR RT | 7/15/2029 | 1,500,000 | 1,500,000 | 1,499,793 |
| MID-STATE TRUST XI 11 A1 | 4.86% | 7/15/2038 | 328,748 | 328,739 | 344,528 |
| MISSOURI HIGHER EDUCATION 1 A1 | VAR RT | 1/26/2026 | 346,161 | 346,161 | 346,098 |
| MISSOURI HIGHER EDUCATION 2 A1 | VAR RT | 8/27/2029 | 387,232 | 383,723 | 387,209 |
| MITSUBISHI UFJ FINANCIAL GROUP | 3.46% | 3/2/2023 | 120,000 | 120,000 | 120,306 |
| MORGAN STANLEY | 2.65% | 1/27/2020 | 3,550,000 | 3,551,953 | 3,538,995 |
| MORGAN STANLEY | 3.95% | 4/23/2027 | 17,455,000 | 17,263,986 | 17,032,065 |
| MORGAN STANLEY | 4.10% | 5/22/2023 | 7,210,000 | 6,963,878 | 7,364,582 |
| MORGAN STANLEY | 4.35% | 9/8/2026 | 780,000 | 783,739 | 789,227 |
| MORGAN STANLEY | VAR RT | 9/22/2019 | 1,750,000 | 1,828,750 | 1,758,155 |
| MORGAN STANLEY BANK OF A C20 C | VAR RT | 2/15/2048 | 337,500 | 341,104 | 338,580 |
| MORGAN STANLEY BANK OF C30 XA | VAR RT | 9/15/2049 | 2,914,638 | 315,157 | 237,543 |
| MORGAN STANLEY CAPI SUN A 144A | VAR RT | 7/15/2035 | 618,000 | 618,000 | 607,154 |
| MORGAN STANLEY CAPI SUN D 144A | VAR RT | 7/15/2035 | 618,000 | 618,000 | 605,609 |
| MP CLO III LTD 1A AR 144A | VAR RT | 10/20/2030 | 1,500,000 | 1,501,650 | 1,494,865 |
| MP CLO VIII LTD 2A AR 144A | VAR RT | 10/28/2027 | 1,000,000 | 1,000,000 | 994,104 |
| MYRIAD INTERNATIONAL HOLD 144A | 4.85% | 7/6/2027 | 2,350,000 | 2,404,375 | 2,337,310 |
| MYRIAD INTERNATIONAL HOLD 144A | 5.50% | 7/21/2025 | 4,100,000 | 4,237,895 | 4,257,850 |
| NASSAU 2018-1 LTD IA A 144A | VAR RT | 7/15/2031 | 500,000 | 498,900 | 493,961 |
| NATIONAL RETAIL PROPERTIES INC | 4.30% | 10/15/2028 | 170,000 | 168,790 | 172,429 |
| NATIONSTAR MORTGAGE HOLDI 144A | 9.13% | 7/15/2026 | 6,860,000 | 6,860,000 | 6,945,064 |
| NAVIENT CORP | 5.19% | 4/24/2019 | 1,050,000 | 931,875 | 1,046,063 |
| NAVIENT CORP | 5.63% | 8/1/2033 | 16,286,000 | 12,473,385 | 12,418,075 |
| NEUBERGER BERMAN C 16SA A 144A | VAR RT | 1/15/2028 | 1,000,000 | 1,001,500 | 992,750 |
| NEW ALBERTSONS LP | 6.63% | 6/1/2028 | 3,155,000 | 2,748,492 | 2,508,225 |
| NEW ALBERTSONS LP | 7.45% | 8/1/2029 | 4,465,000 | 3,878,142 | 3,916,698 |
| NEW ALBERTSONS LP | 7.75% | 6/15/2026 | 1,150,000 | 1,014,554 | 1,046,500 |
| NEW ALBERTSONS LP | 8.00% | 5/1/2031 | 7,185,000 | 5,874,682 | 6,449,256 |
| NEWFIELD EXPLORATION CO | 5.63% | 7/1/2024 | 185,000 | 150,838 | 193,788 |
| NOBLE HOLDING INTERNATIONAL 144A | 7.88% | 2/1/2026 | 1,835,000 | 1,833,300 | 1,697,375 |
| NOBLE HOLDING INTERNATIONAL LT | 7.75% | 1/15/2024 | 8,415,000 | 8,236,279 | 7,068,600 |
| NORFOLK SOUTHERN CORP | 3.00% | 4/1/2022 | 700,000 | 692,559 | 698,047 |
| NORFOLK SOUTHERN CORP | 3.65% | 8/1/2025 | 120,000 | 119,743 | 120,713 |
| NORTH CAROLINA STATE EDUCA 1 A | VAR RT | 7/25/2039 | 584,742 | 583,371 | 582,280 |
| NORTHROP GRUMMAN CORP | 2.93% | 1/15/2025 | 5,090,000 | 5,030,005 | 4,934,908 |
| NRG ENERGY INC | 7.25% | 5/15/2026 | 1,475,000 | 1,475,000 | 1,594,180 |
| NUANCE COMMUNICATIONS INC | 1.00% | 12/15/2035 | 7,495,000 | 7,181,817 | 6,809,507 |
| NUANCE COMMUNICATIONS INC | 1.25% | 4/1/2025 | 665,000 | 643,997 | 634,802 |
| NUANCE COMMUNICATIONS INC | 1.50% | 11/1/2035 | 3,141,000 | 3,146,350 | 3,065,836 |
| OASIS PETROLEUM INC | 6.88% | 1/15/2023 | 379,000 | 321,282 | 375,684 |
| ON SEMICONDUCTOR CORP | 1.00% | 12/1/2020 | 4,400,000 | 3,992,484 | 5,405,840 |
| ONEOK PARTNERS LP | 4.90% | 3/15/2025 | 235,000 | 197,128 | 244,339 |
| ONEOK PARTNERS LP | 6.20% | 9/15/2043 | 75,000 | 57,906 | 80,645 |
| OWENS CORNING | VAR RT | 12/1/2036 | 1,005,000 | 743,838 | 1,078,144 |
| PACKAGING CORP OF AMERICA | 4.50% | 11/1/2023 | 450,000 | 468,041 | 465,152 |
| PETROLEOS MEXICANOS | 4.88% | 1/18/2024 | 2,200,000 | 2,187,966 | 2,079,000 |
| PETROLEOS MEXICANOS | 6.50% | 3/13/2027 | 3,350,000 | 3,252,521 | 3,214,325 |
| PETROLEOS MEXICANOS | 6.88% | 8/4/2026 | 4,550,000 | 5,115,109 | 4,511,553 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390

Plan No. 001

| (a) (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | | | (d) Cost | (e) Current Value |
|--|--|------------|------------|--------------|----------------------|
| PHILLIPS 66 144A | VAR RT | 4/15/2020 | 6,000,000 | \$ 6,002,520 | \$ 6,000,300 |
| POPULAR ABS MORTGAGE PASS 1 M1 | VAR RT | 5/25/2035 | 996,310 | 996,263 | 999,976 |
| PRECISION DRILLING CORP | 5.25% | 11/15/2024 | 9,750,000 | 9,750,000 | 8,360,625 |
| PROGRESS ENERGY INC | 7.05% | 3/15/2019 | 1,930,000 | 2,304,535 | 1,939,457 |
| PULTEGROUP INC | 6.00% | 2/15/2035 | 3,485,000 | 3,086,739 | 3,058,088 |
| PULTEGROUP INC | 6.38% | 5/15/2033 | 1,425,000 | 1,309,144 | 1,321,688 |
| QEP RESOURCES INC | 5.25% | 5/1/2023 | 11,465,000 | 10,597,919 | 11,093,075 |
| QEP RESOURCES INC | 5.38% | 10/1/2022 | 1,406,000 | 1,325,528 | 1,382,871 |
| QUICKEN LOANS INC 144A | 5.25% | 1/15/2028 | 7,310,000 | 7,075,575 | 6,597,275 |
| QUICKEN LOANS INC 144A | 5.75% | 5/1/2025 | 515,000 | 512,842 | 496,975 |
| QWEST CAPITAL FUNDING INC | 6.88% | 7/15/2028 | 11,645,000 | 9,804,562 | 9,781,800 |
| QWEST CORP | 6.88% | 9/15/2033 | 1,374,000 | 1,110,381 | 1,294,363 |
| RANGE RESOURCES CORP | 5.00% | 3/15/2023 | 1,920,000 | 1,732,000 | 1,835,520 |
| RANGE RESOURCES CORP | 5.00% | 8/15/2022 | 220,000 | 195,250 | 213,675 |
| REALTY INCOME CORP | 4.65% | 8/1/2023 | 240,000 | 239,460 | 250,562 |
| RECKITT BENCKISER TREASUR 144A | 2.38% | 6/24/2022 | 380,000 | 379,643 | 368,798 |
| REGIONS FINANCIAL CORP | 3.80% | 8/14/2023 | 440,000 | 439,740 | 443,621 |
| RELX CAPITAL INC | 3.50% | 3/16/2023 | 310,000 | 308,692 | 308,332 |
| RIO OIL FINANCE TRUST SER 144A | 8.20% | 4/6/2028 | 1,250,000 | 1,250,000 | 1,328,125 |
| RIO OIL FINANCE TRUST SER 144A | 9.25% | 7/6/2024 | 3,412,375 | 3,290,917 | 3,676,834 |
| RIO OIL FINANCE TRUST SER 144A | 9.75% | 1/6/2027 | 2,180,471 | 2,180,471 | 2,403,664 |
| ROCKFORD TOWER CLO 2 3A A 144A | VAR RT | 10/20/2030 | 1,000,000 | 1,000,000 | 992,194 |
| ROGERS COMMUNICATIONS INC | 3.63% | 12/15/2025 | 640,000 | 625,331 | 631,251 |
| ROPER TECHNOLOGIES INC | 3.65% | 9/15/2023 | 170,000 | 169,745 | 170,090 |
| ROYAL BANK OF SCOTLAND GROUP P | 6.00% | 12/19/2023 | 2,860,000 | 2,959,755 | 2,985,897 |
| ROYAL BANK OF SCOTLAND GROUP P | 6.13% | 12/15/2022 | 8,975,000 | 9,069,905 | 9,433,443 |
| SANCHEZ ENERGY CORP | 6.13% | 1/15/2023 | 910,000 | 910,000 | 159,250 |
| SCHLUMBERGER NORGE AS 144A | 4.20% | 1/15/2021 | 500,000 | 531,460 | 509,350 |
| SEAGATE HDD CAYMAN | 4.88% | 6/1/2027 | 480,000 | 419,800 | 435,696 |
| SEALED AIR CORP 144A | 5.25% | 4/1/2023 | 1,530,000 | 1,530,000 | 1,556,775 |
| SEALED AIR CORP 144A | 6.50% | 12/1/2020 | 1,055,000 | 1,055,000 | 1,097,200 |
| SEALED AIR CORP 144A | 6.88% | 7/15/2033 | 6,820,000 | 5,810,575 | 6,888,200 |
| SEASONED CREDIT RISK TR 4 M45T | 4.50% | 6/25/2057 | 3,263,001 | 3,481,469 | 3,369,048 |
| SEASONED CREDIT RISK TRAN 2 MA | 3.50% | 11/25/2057 | 670,587 | 667,489 | 674,135 |
| SEASONED CREDIT RISK TRAN 3 MA | 3.50% | 8/25/2057 | 374,623 | 372,592 | 376,571 |
| SEMPRA ENERGY | VAR RT | 3/15/2021 | 2,300,000 | 2,254,552 | 2,264,419 |
| SERVICEMASTER CO LLC/THE | 7.45% | 8/15/2027 | 2,900,000 | 2,481,694 | 2,985,202 |
| SHELF DRILLING HOLDINGS L 144A | 8.25% | 2/15/2025 | 945,000 | 945,000 | 857,588 |
| SHERWIN-WILLIAMS CO/THE | 3.13% | 6/1/2024 | 160,000 | 159,757 | 155,718 |
| SHIRE ACQUISITIONS INVESTMENTS | 2.40% | 9/23/2021 | 450,000 | 449,514 | 437,963 |
| SIMON PROPERTY GROUP LP | 2.63% | 6/15/2022 | 110,000 | 109,901 | 107,972 |
| SLM STUDENT LOAN TRUST 20 1 A5 | VAR RT | 7/26/2021 | 1,099,133 | 1,075,090 | 1,083,449 |
| SLM STUDENT LOAN TRUST 20 5 A5 | VAR RT | 10/25/2040 | 2,078,000 | 2,078,649 | 2,078,499 |
| SM ENERGY CO | 5.00% | 1/15/2024 | 2,415,000 | 1,969,094 | 2,282,151 |
| SM ENERGY CO | 5.63% | 6/1/2025 | 785,000 | 362,463 | 749,675 |
| SM ENERGY CO | 6.13% | 11/15/2022 | 195,000 | 102,422 | 195,488 |
| SOUND POINT CLO XX 3A A1A 144A | VAR RT | 10/26/2031 | 500,000 | 500,000 | 494,511 |
| SOUTHWEST AIRLINES CO | 3.00% | 11/15/2026 | 5,000,000 | 4,647,350 | 4,705,000 |
| SPRINGLEAF FINANCE CORP | 5.25% | 12/15/2019 | 2,080,000 | 2,054,000 | 2,093,000 |
| SPRINGLEAF FINANCE CORP | 6.88% | 3/15/2025 | 2,210,000 | 2,210,000 | 2,113,313 |
| SPRINT CAPITAL CORP | 6.88% | 11/15/2028 | 14,955,000 | 13,293,212 | 14,842,838 |
| STANLEY BLACK & DECKER INC | 2.90% | 11/1/2022 | 705,000 | 704,394 | 694,622 |
| STATE STREET CORP | VAR RT | 12/3/2024 | 220,000 | 220,000 | 225,047 |
| STEELCASE INC | 5.13% | 1/18/2029 | 2,100,000 | 2,083,473 | 2,128,959 |
| STEELCASE INC | 6.38% | 2/15/2021 | 2,875,000 | 3,300,704 | 3,040,888 |
| STEELE CREEK CLO 20 1A AR 144A | VAR RT | 5/21/2029 | 1,000,000 | 1,000,000 | 999,783 |
| STEELE CREEK CLO 20 1A AR 144A | VAR RT | 6/15/2031 | 500,000 | 500,000 | 496,393 |
| SUNTRUST BANKS INC | 2.90% | 3/3/2021 | 320,000 | 319,306 | 318,973 |
| SUNTRUST BANKS INC | 4.00% | 5/1/2025 | 90,000 | 89,885 | 91,744 |
| TACO BELL FUNDING 1A A2I 144A | 4.32% | 11/25/2048 | 1,000,000 | 1,000,000 | 1,013,960 |
| TCI-FLATIRON CLO 201 1A B 144A | VAR RT | 7/17/2028 | 500,000 | 503,000 | 500,524 |
| TELECOM ITALIA CAPITAL SA | 6.00% | 9/30/2034 | 4,450,000 | 4,062,434 | 3,872,835 |
| TELECOM ITALIA CAPITAL SA | 6.38% | 11/15/2033 | 705,000 | 617,700 | 640,140 |
| TELECOM ITALIA CAPITAL SA | 7.18% | 6/18/2019 | 1,625,000 | 1,795,763 | 1,641,250 |
| TELECOM ITALIA SPA/MILANO 144A | 5.30% | 5/30/2024 | 5,775,000 | 5,644,025 | 5,486,250 |
| TENASKA GEORGIA PARTNERS LP | 9.50% | 2/1/2030 | 1,639,604 | 1,639,604 | 2,028,124 |
| TENET HEALTHCARE CORP | 5.13% | 5/1/2025 | 3,670,000 | 3,642,475 | 3,585,884 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390

Plan No. 001

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|--|--|------------|-----------|--------------|----------------------|
| TENET HEALTHCARE CORP | 6.88% | 11/15/2031 | 2,005,000 | \$ 1,766,363 | \$ 1,774,425 |
| TOYOTA MOTOR CORP | 5.00% | 7/15/2026 | 2,510,000 | 2,304,819 | 2,132,747 |
| TEVA PHARMACEUTICAL FINANCE IV | 2.25% | 3/18/2020 | 3,500,000 | 3,388,680 | 3,418,205 |
| TEVA PHARMACEUTICAL FINANCE NE | 2.20% | 7/21/2021 | 380,000 | 379,373 | 359,187 |
| TEXTRON INC | 6.63% | 4/7/2020 | 748,000 | 1,043,199 | 1,033,800 |
| THERMO FISHER SCIENTIFIC INC | 3.00% | 4/15/2023 | 250,000 | 248,780 | 246,455 |
| THERMO FISHER SCIENTIFIC INC | 3.30% | 2/15/2022 | 150,000 | 149,987 | 150,504 |
| TIME WARNER CABLE LLC | 4.00% | 9/1/2021 | 1,475,000 | 1,534,956 | 1,488,511 |
| TIME WARNER CABLE LLC | 4.50% | 9/15/2042 | 420,000 | 355,563 | 350,108 |
| TIME WARNER CABLE LLC | 5.00% | 2/1/2020 | 2,150,000 | 2,168,103 | 2,181,713 |
| TIME WARNER CABLE LLC | 5.88% | 11/15/2040 | 735,000 | 632,647 | 726,797 |
| TIME WARNER CABLE LLC | 8.75% | 2/14/2019 | 1,875,000 | 2,377,200 | 1,877,344 |
| TRANSCONTINENTAL GAS PIPE LINE | 7.85% | 2/1/2026 | 2,560,000 | 2,555,520 | 3,123,558 |
| TRANSOCEAN PROTEUS LTD 144A | 0.13% | 12/1/2024 | 5,432,000 | 5,350,520 | 5,459,051 |
| TRI POINTE GROUP INC | 5.25% | 6/1/2027 | 155,000 | 146,975 | 134,075 |
| TRI POINTE GROUP INC / TRI POI | 5.88% | 6/15/2024 | 6,380,000 | 6,261,970 | 6,148,725 |
| TWDC ENTERPRISES 18 CORP | 2.45% | 3/4/2022 | 170,000 | 169,714 | 168,120 |
| TYCO ELECTRONICS GROUP SA | 3.50% | 2/3/2022 | 410,000 | 392,698 | 410,677 |
| UBS COMMERCIAL MORTGAGE T C8 C | VAR RT | 2/15/2051 | 608,000 | 597,950 | 606,492 |
| UBS GROUP FUNDING SWITZER 144A | 3.49% | 5/23/2023 | 580,000 | 579,988 | 575,290 |
| UDR INC | 4.63% | 1/10/2022 | 480,000 | 475,680 | 494,482 |
| ULTRAPAR INTERNATIONAL SA 144A | 5.25% | 10/6/2026 | 1,375,000 | 1,274,969 | 1,378,795 |
| UNILEVER CAPITAL CORP | 2.60% | 5/5/2024 | 350,000 | 346,525 | 340,442 |
| UNION PACIFIC CORP | 3.50% | 6/8/2023 | 610,000 | 609,406 | 617,668 |
| UNITED RENTALS NORTH AMERICA I | 5.50% | 7/15/2025 | 3,095,000 | 2,843,650 | 3,133,688 |
| UNITED RENTALS NORTH AMERICA I | 5.75% | 11/15/2024 | 1,420,000 | 1,363,200 | 1,455,500 |
| UNITED STATES STEEL CORP | 6.65% | 6/1/2037 | 3,864,000 | 3,130,306 | 3,226,440 |
| UNITED TECHNOLOGIES CORP | 2.80% | 5/4/2024 | 640,000 | 638,669 | 619,418 |
| UNITED TECHNOLOGIES CORP | 3.35% | 8/16/2021 | 500,000 | 499,390 | 504,545 |
| UNITED TECHNOLOGIES CORP | 3.65% | 8/16/2023 | 1,725,000 | 1,724,845 | 1,750,737 |
| UNITED TECHNOLOGIES CORP | 3.95% | 8/16/2025 | 1,830,000 | 1,818,281 | 1,872,346 |
| UPSTART SECURITIZATIO 2 A 144A | 2.51% | 3/20/2025 | 172,911 | 172,910 | 172,589 |
| VENTAS REALTY LP | 3.10% | 1/15/2023 | 800,000 | 794,240 | 783,416 |
| VENTAS REALTY LP | 3.50% | 2/1/2025 | 3,679,000 | 3,732,912 | 3,595,045 |
| VERIZON COMMUNICATIONS INC | 2.63% | 8/15/2026 | 5,300,000 | 4,906,422 | 4,950,571 |
| VERIZON COMMUNICATIONS INC | 3.38% | 2/15/2025 | 8,275,000 | 8,642,459 | 8,263,250 |
| VERIZON COMMUNICATIONS INC | 3.38% | 2/15/2025 | 1,269,000 | 1,267,932 | 1,267,198 |
| VIBRANT CLO X LTD 10A A1 144A | VAR RT | 10/20/2031 | 500,000 | 500,000 | 495,970 |
| VIRGIN MEDIA FINANCE PLC 144A | 6.00% | 10/15/2024 | 800,000 | 799,500 | 810,240 |
| VODAFONE GROUP PLC | 4.13% | 5/30/2025 | 240,000 | 238,200 | 240,509 |
| VOLVO FINANCIAL EQUI 1A B 144A | 2.91% | 1/17/2023 | 2,650,000 | 2,649,795 | 2,637,174 |
| VORNADO REALTY LP | 3.50% | 1/15/2025 | 4,150,000 | 4,133,086 | 4,006,535 |
| WARNER MEDIA LLC | 3.40% | 6/15/2022 | 300,000 | 299,571 | 300,861 |
| WARNER MEDIA LLC | 3.60% | 7/15/2025 | 730,000 | 728,248 | 719,357 |
| WARNER MEDIA LLC | 4.70% | 1/15/2021 | 4,225,000 | 4,548,508 | 4,350,483 |
| WEINGARTEN REALTY INVESTORS | 4.45% | 1/15/2024 | 2,915,000 | 3,116,368 | 2,972,659 |
| WELLFLEET CLO 2017- 2A A1 144A | VAR RT | 10/20/2029 | 1,000,000 | 1,000,000 | 999,261 |
| WELLFLEET CLO 2018- 2A A1 144A | VAR RT | 10/20/2031 | 500,000 | 499,350 | 496,224 |
| WELLS FARGO COMMERCIAL C26 XA | VAR RT | 2/15/2048 | 7,280,933 | 725,068 | 412,319 |
| WELLS FARGO COMMERCIAL C27 XA | VAR RT | 2/15/2048 | 8,815,989 | 655,045 | 381,820 |
| WELLS FARGO COMMERCIAL M C26 C | VAR RT | 2/15/2048 | 775,000 | 774,956 | 744,969 |
| WELLS FARGO HOME EQUITY A 2 M4 | VAR RT | 12/25/2033 | 209,392 | 182,433 | 203,066 |
| WELLTOWER INC | 3.95% | 9/1/2023 | 210,000 | 209,931 | 211,628 |
| WELLTOWER INC | 4.25% | 4/1/2026 | 3,750,000 | 3,730,650 | 3,780,038 |
| WESTROCK MWV LLC | 7.95% | 2/15/2031 | 190,000 | 178,088 | 238,526 |
| WESTROCK MWV LLC | 8.20% | 1/15/2030 | 2,205,000 | 1,774,344 | 2,818,343 |
| WEYERHAEUSER CO | 8.50% | 1/15/2025 | 2,330,000 | 1,992,150 | 2,825,754 |
| WFRBS COMMERCIAL MORTGA C25 XA | VAR RT | 11/15/2047 | 7,111,942 | 485,770 | 269,400 |
| WHITING PETROLEUM CORP | 1.25% | 4/1/2020 | 4,143,000 | 3,402,063 | 3,966,674 |
| WINDSTREAM SERVICES LLC / 144A | 8.75% | 12/15/2024 | 2,644,000 | 1,903,109 | 1,295,560 |
| WINDSTREAM SERVICES LLC / WIND | 7.50% | 4/1/2023 | 35,000 | 25,813 | 17,500 |
| WINDSTREAM SERVICES LLC / WIND | 7.75% | 10/15/2020 | 155,000 | 130,588 | 111,600 |
| XEROX CORP | 4.50% | 5/15/2021 | 2,425,000 | 2,450,955 | 2,428,031 |
| XEROX CORP | 5.63% | 12/15/2019 | 375,000 | 424,901 | 380,175 |
| ZAIS CLO 5 LTD 2A A1 144A | VAR RT | 10/15/2028 | 1,500,000 | 1,509,750 | 1,496,415 |
| ZIGGO BV 144A | 5.50% | 1/15/2027 | 4,710,000 | 4,453,438 | 4,450,950 |
| ZOETIS INC | 3.45% | 11/13/2020 | 700,000 | 699,076 | 702,352 |

**Central Pension Fund of the
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As of January 31, 2019

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|--|--|------------|-------------|----------------------|
| ZOETIS INC | 4.50% | 11/13/2025 | 1,300,000 | \$ 1,296,997 |
| CROWLEY CONRO LLC | 4.18% | 8/15/2043 | 720,000 | 720,000 |
| ETHIOPIAN LEASING 2012 LLC | 2.65% | 5/12/2026 | 1,043,004 | 1,043,004 |
| MATSON NAVIGATION CO INC | 5.34% | 9/4/2028 | 300,000 | 321,938 |
| PURPLE CHEN 2011 LLC | 2.74% | 8/1/2023 | 521,017 | 521,017 |
| SAN CLEMENTE LEASING LLC | 3.03% | 11/22/2022 | 466,706 | 466,706 |
| TAYARRA LTD | 3.63% | 2/15/2022 | 145,704 | 146,705 |
| VESSEL MANAGEMENT SERVICES INC | 3.43% | 8/15/2036 | 558,000 | 558,000 |
| SUB TOTAL - CORPORATE DEBT - OTHER | | | 917,474,009 | 933,822,664 |
| CORPORATE STOCKS - PREFERRED | | | | |
| AKELIUS RESIDENTIAL PROPERTY A | PREFERENCE | | 3,139 | 108,960 |
| BAYERISCHE MOTOREN WERKE AG | PREFERENCE | | 11,151 | 999,432 |
| CITIGROUP CAPITAL XIII | PFD 8.953% | | 202,500 | 5,452,766 |
| CORPORATE BACKED TRUST CERTIFI | PFD 7.375% | | 9,900 | 6,041 |
| HENKEL AG & CO KGAA | PREFERENCE | | 1,711 | 186,645 |
| HERCULES LLC | 6.500% 06/30/2029 | | 3,580,000 | 2,804,788 |
| LEHMAN BROTHERS HOLDINGS CAPIT | 0.010% 11/29/2049 | | 890,000 | 860,905 |
| NAVIENT CORP | PFD 6.000% | | 32,750 | 605,875 |
| VOLKSWAGEN AG | PREFERENCE | | 2,182 | 346,607 |
| SUB TOTAL - CORPORATE STOCKS - PREFERRED | | | 11,372,019 | 10,954,700 |
| COPPRORATE STOCKS - COMMON | | | | |
| 3I GROUP PLC | | | 113,903 | 1,152,783 |
| A2A SPA | COMMON | | 180,953 | 328,913 |
| AAREAL BANK AG | COMMON | | 18,919 | 855,204 |
| ABANO HEALTHCARE GROUP LTD | COMMON | | 5,087 | 26,883 |
| ABBOTT LABORATORIES | COMMON | | 43,400 | 3,085,310 |
| ABC-MART INC | COMMON | | 12,500 | 795,743 |
| ABIOMED INC | COMMON | | 2,100 | 668,158 |
| ABN AMRO GROUP NV | COMMON | | 75,003 | 1,822,219 |
| ACCENTURE PLC | COMMON | | 36,935 | 5,644,233 |
| ACEA SPA | COMMON | | 4,283 | 82,320 |
| ACKERMANS & VAN HAAREN NV | COMMON | | 1,554 | 230,822 |
| ACS ACTIVIDADES DE CONSTRUCCIORTS | COMMON | | 32,056 | 610,384 |
| ADECCO GROUP AG | COMMON | | 21,421 | 997,461 |
| ADIDAS AG | COMMON | | 16,147 | 3,696,837 |
| ADMIRAL GROUP PLC | COMMON | | 91,123 | 2,408,866 |
| ADOBE INC | COMMON | | 9,900 | 2,208,988 |
| ADVANCE AUTO PARTS INC | COMMON | | 17,500 | 2,720,552 |
| ADVANCE RESIDENCE INVESTMENT C | COMMON | | 13 | 35,801 |
| AEGON NV | COMMON | | 126,891 | 587,774 |
| AEON CO LTD | COMMON | | 138,300 | 2,440,489 |
| AEON HOKKAIDO CORP | COMMON | | 12,900 | 82,785 |
| AEROPORTS DE PARIS | COMMON | | 2,650 | 584,775 |
| AFLAC INC | COMMON | | 64,442 | 2,882,600 |
| AGC INC/JAPAN | COMMON | | 6,800 | 211,230 |
| AGEAS | COMMON | | 68,705 | 3,195,197 |
| AGILENT TECHNOLOGIES INC | COMMON | | 14,000 | 923,440 |
| AGL ENERGY LTD | COMMON | | 185,688 | 3,382,136 |
| AGNC INVESTMENT CORP | COMMON | | 548,379 | 10,785,848 |
| AGNICO EAGLE MINES LIMITED | COMMON | | 50,100 | 1,992,916 |
| AGRANA BETEILIGUNGS AG | COMMON | | 1,587 | 51,277 |
| AHJIKAN CO LTD | COMMON | | 3,400 | 52,295 |
| AIR LIQUIDE SA | COMMON | | 3,661 | 444,781 |
| AIR NEW ZEALAND LTD | COMMON | | 387,868 | 721,392 |
| AIR PRODUCTS & CHEMICALS INC | COMMON | | 8,200 | 1,317,740 |
| AIR WATER INC | COMMON | | 17,100 | 257,847 |
| AJINOMOTO CO INC | COMMON | | 14,000 | 243,358 |
| AKAMAI TECHNOLOGIES INC | COMMON | | 48,500 | 2,960,929 |
| AKZO NOBEL NV | COMMON | | 18,795 | 1,685,168 |
| ALACER GOLD CORP | COMMON | | 20,342 | 39,449 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390
Plan No. 001

| (a) (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|--|--|-----------|----------------------|
| ALFA LAVAL AB | COMMON | 28,470 \$ | \$ 601,082 |
| ALFRESA HOLDINGS CORP | COMMON | 13,300 | 337,619 |
| ALLEGHANY CORP | COMMON | 2,500 | 1,538,750 |
| ALLIANT ENERGY CORP | COMMON | 103,574 | 3,308,548 |
| ALLIANZ SE | COMMON | 2,241 | 448,791 |
| ALLISON TRANSMISSION HOLDINGS | COMMON | 57,090 | 2,606,750 |
| ALLREAL HOLDING AG | COMMON | 8,146 | 1,396,003 |
| ALLSTATE CORP/THE | COMMON | 53,274 | 4,799,977 |
| ALLY FINANCIAL INC | COMMON | 32,100 | 722,250 |
| ALPIQ HOLDING AG | COMMON | 1,405 | 108,226 |
| ALS LTD | COMMON | 55,211 | 266,117 |
| ALSTOM SA | COMMON | 10,632 | 424,042 |
| ALTAGAS LTD | COMMON | 28,100 | 273,272 |
| ALTRIA GROUP INC | COMMON | 98,827 | 3,850,088 |
| ALUMINA LTD | COMMON | 26,910 | 46,930 |
| AMADA HOLDINGS CO LTD | COMMON | 29,300 | 262,166 |
| AMDOCS LTD | COMMON | 102,066 | 4,830,106 |
| AMEDISYS INC | COMMON | 671 | 78,468 |
| AMEREN CORP | COMMON | 51,600 | 3,350,908 |
| AMERICAN ELECTRIC POWER CO INC | COMMON | 131,698 | 8,850,289 |
| AMERICAN EQUITY INVESTMENT LIF | COMMON | 6,824 | 234,485 |
| AMERICAN EXPRESS CO | COMMON | 46,326 | 4,363,130 |
| AMERICAN FINANCIAL GROUP INC/O | COMMON | 8,304 | 853,538 |
| AMERICAN INTERNATIONAL GROUP I | COMMON | 44,400 | 1,714,732 |
| AMERICAN REALTY INVESTORS INC | COMMON | 61 | 0 |
| AMERICAN WATER WORKS CO INC | COMMON | 57,636 | 3,253,095 |
| AMINO TECHNOLOGIES PLC | COMMON | 8,126 | 19,850 |
| AMP LTD | COMMON | 743,841 | 2,895,019 |
| ANA HOLDINGS INC | COMMON | 13,000 | 463,983 |
| ANADARKO PETROLEUM CORP | COMMON | 37,300 | 1,611,364 |
| ANDRITZ AG | COMMON | 7,238 | 332,045 |
| ANGIODYNAMICS INC | COMMON | 4,582 | 101,147 |
| ANGLO AMERICAN PLC | COMMON | 127,573 | 2,836,462 |
| ANNALY CAPITAL MANAGEMENT INC | COMMON | 876,959 | 8,858,961 |
| ANSELL LTD | COMMON | 19,260 | 299,099 |
| ANSYS INC | COMMON | 19,400 | 2,774,008 |
| ANTHEM INC | COMMON | 28,958 | 6,303,450 |
| AOHATA CORP | COMMON | 4,300 | 105,389 |
| AON PLC | COMMON | 19,000 | 2,730,302 |
| AOZORA BANK LTD | COMMON | 6,000 | 177,957 |
| APA GROUP | COMMON | 60,954 | 364,567 |
| APACHE CORP | COMMON | 38,600 | 1,025,299 |
| APOLLO COMMERCIAL REAL ESTATE | COMMON | 20,151 | 374,066 |
| APPLIED INDUSTRIAL TECHNOLOGIE | COMMON | 36,700 | 2,310,075 |
| ARAYA INDUSTRIAL CO LTD | COMMON | 2,400 | 46,462 |
| ARC RESOURCES LTD | COMMON | 34,500 | 204,191 |
| ARCELORMITTAL | COMMON | 32,209 | 662,487 |
| ARCH CAPITAL GROUP LTD | COMMON | 44,800 | 1,182,277 |
| ARCHER-DANIELS-MIDLAND CO | COMMON | 101,339 | 4,296,905 |
| ARES COMMERCIAL REAL ESTATE CO | COMMON | 17,859 | 249,051 |
| ARISTOCRAT LEISURE LTD | COMMON | 30,271 | 457,954 |
| ARKEMA SA | COMMON | 7,060 | 600,290 |
| ASAHI GROUP HOLDINGS LTD | COMMON | 3,300 | 127,583 |
| ASAHI KASEI CORP | COMMON | 86,800 | 888,062 |
| ASCENDAS REAL ESTATE INVESTMEN | COMMON | 429,300 | 702,068 |
| ASICS CORP | COMMON | 23,900 | 304,107 |
| ASM PACIFIC TECHNOLOGY LTD | COMMON | 213,500 | 2,858,440 |
| ASPEN TECHNOLOGY INC | COMMON | 7,826 | 805,591 |
| ASPO OYJ | COMMON | 3,265 | 31,104 |
| ASR NEDERLAND NV | COMMON | 24,555 | 970,917 |
| ASSICURAZIONI GENERALI SPA | COMMON | 31,814 | 531,115 |
| ASTELLAS PHARMA INC | COMMON | 416,700 | 6,393,463 |
| ASX LTD | COMMON | 63,857 | 2,130,823 |
| AT&T INC | COMMON | 162,606 | 5,630,016 |
| ATCO LTD | COMMON | 103,391 | 3,616,060 |
| ATENTO SA | COMMON | 34,705 | 347,234 |
| ATMOS ENERGY CORP | COMMON | 9,280 | 742,186 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390
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|--|--|-----------|----------------------|
| ATSUGI CO LTD | COMMON | 13,600 \$ | 147,192 \$ |
| AUCKLAND INTERNATIONAL AIRPORT | COMMON | 494,334 | 1,730,877 |
| AURIZON HOLDINGS LTD | COMMON | 814,628 | 2,604,971 |
| AURORA CANNABIS INC | COMMON | 5,500 | 32,513 |
| AURUBIS AG | COMMON | 7,036 | 610,029 |
| AUSNET SERVICES | COMMON | 2,051,442 | 2,662,888 |
| AUSTEVOLL SEAFOOD ASA | COMMON | 72,579 | 564,258 |
| AUSTRALIA & NEW ZEALAND BANKIN | COMMON | 102,403 | 3,078,410 |
| AUTO TRADER GROUP PLC | COMMON | 172,462 | 963,854 |
| AUTOLIV INC | COMMON | 14,000 | 985,223 |
| AUTOZONE INC | COMMON | 3,553 | 2,937,481 |
| AVAYA HOLDINGS CORP | COMMON | 2,241 | 38,645 |
| AXEL SPRINGER SE | COMMON | 1,185 | 97,055 |
| AXFOOD AB | COMMON | 187,746 | 3,292,206 |
| B2GOLD CORP | COMMON | 203,700 | 560,947 |
| BAE SYSTEMS PLC | COMMON | 97,764 | 573,292 |
| BALOISE HOLDING AG | COMMON | 9,568 | 1,355,365 |
| BANDAI NAMCO HOLDINGS INC | COMMON | 18,000 | 792,242 |
| BANDWIDTH INC | COMMON | 1,504 | 52,176 |
| BANK HAPAOALIM BM | COMMON | 507,191 | 2,868,105 |
| BANK LEUMI LE-ISRAEL BM | COMMON | 932,115 | 4,062,520 |
| BANK OF AMERICA CORP | COMMON | 165,519 | 4,135,963 |
| BANK OF MONTREAL | COMMON | 54,431 | 3,858,553 |
| BANK OF NEW YORK MELLON CORP/T | COMMON | 48,600 | 2,267,194 |
| BANK OF NOVA SCOTIA | COMMON | 44,935 | 2,970,946 |
| BANKFINANCIAL CORP | COMMON | 13,826 | 186,882 |
| BANNER CORP | COMMON | 5,579 | 323,756 |
| BARRICK GOLD CORP | COMMON | 68,112 | 896,391 |
| BARRY CALLEBAUT AG | COMMON | 87 | 143,686 |
| BASF SE | COMMON | 8,126 | 561,217 |
| BAUSCH HEALTH COS INC | COMMON | 49,000 | 924,549 |
| BAXTER INTERNATIONAL INC | COMMON | 105,974 | 5,939,298 |
| BAYCOM CORP | COMMON | 3,520 | 77,822 |
| BAYER AG | COMMON | 5,556 | 384,738 |
| BB&T CORP | COMMON | 36,700 | 1,576,269 |
| BCE INC | COMMON | 239,629 | 9,857,039 |
| BEIERSDORF AG | COMMON | 3,168 | 330,223 |
| BELLWAY PLC | COMMON | 15,570 | 494,929 |
| BENESSE HOLDINGS INC | COMMON | 15,700 | 594,126 |
| BERKELEY GROUP HOLDINGS PLC | COMMON | 54,677 | 2,599,735 |
| BERKSHIRE HATHAWAY INC | COMMON | 35,712 | 5,910,277 |
| BEST BUY CO INC | COMMON | 40,200 | 2,063,872 |
| BEZEQ THE ISRAELI TELECOMMUNIC | COMMON | 992,566 | 2,178,345 |
| BHP GROUP LTD | COMMON | 24,336 | 581,361 |
| BHP GROUP PLC | COMMON | 133,810 | 2,778,431 |
| BIG 4 RANCH INC OC COM | COMMON | 1,799 | 0 |
| BIO-RAD LABORATORIES INC | COMMON | 8,496 | 1,557,988 |
| BIOSPECIFICS TECHNOLOGIES CORP | COMMON | 765 | 39,322 |
| BKW AG | COMMON | 15,760 | 809,789 |
| BLACKBERRY LIMITED | COMMON | 29,100 | 208,513 |
| BLACKROCK TCP CAPITAL CORP | COMMON | 15,759 | 217,786 |
| BLACKSTONE MORTGAGE TRUST INC | COMMON | 27,321 | 893,633 |
| BLUESCOPE STEEL LTD | COMMON | 62,298 | 495,347 |
| BOC HONG KONG HOLDINGS LTD | COMMON | 393,500 | 1,816,104 |
| BOEING CO/THE | COMMON | 11,018 | 2,840,463 |
| BOK FINANCIAL CORP | COMMON | 2,088 | 177,150 |
| BOLSAS Y MERCADOS ESPANOLAS SH | COMMON | 49,012 | 2,024,894 |
| BOOKING HOLDINGS INC | COMMON | 1,381 | 2,599,468 |
| BOOZ ALLEN HAMILTON HOLDING CO | COMMON | 10,459 | 538,602 |
| BOSTON SCIENTIFIC CORP | COMMON | 64,800 | 2,246,622 |
| BOUYGUES SA | COMMON | 18,972 | 672,283 |
| BP PLC | COMMON | 309,108 | 1,969,353 |
| BRAMBLES LTD | COMMON | 74,406 | 535,600 |
| BRICKWORKS LTD | COMMON | 76,147 | 906,020 |
| BRIDGESTONE CORP | COMMON | 12,100 | 464,188 |
| BRIGHT HORIZONS FAMILY SOLUTIO | COMMON | 4,331 | 426,406 |
| BRISTOL-MYERS SQUIBB CO | COMMON | 17,300 | 881,262 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

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As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390
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|--|--|------------|----------------------|
| BRITISH LAND CO PLC/THE | COMMON | 202,030 \$ | 1,523,870 \$ |
| BRITVIC PLC | COMMON | 265,725 | 3,077,770 |
| BROADRIDGE FINANCIAL SOLUTIONS | COMMON | 41,571 | 4,191,604 |
| BROOKFIELD PROPERTY REIT INC | COMMON | 3,236 | 58,895 |
| BROTHER INDUSTRIES LTD | COMMON | 31,700 | 533,625 |
| BROWN-FORMAN CORP | COMMON | 70,975 | 3,353,569 |
| BT GROUP PLC | COMMON | 769,308 | 2,351,856 |
| BUNGE LTD | COMMON | 15,400 | 848,078 |
| BUNZL PLC | COMMON | 27,604 | 871,480 |
| BURBERRY GROUP PLC | COMMON | 46,649 | 1,105,480 |
| BUSINESS BRAIN SHOWA-OTA INC | COMMON | 2,900 | 52,788 |
| CACI INTERNATIONAL INC | COMMON | 1,297 | 216,832 |
| CADENCE DESIGN SYSTEMS INC | COMMON | 36,500 | 1,753,095 |
| CAE INC | COMMON | 19,600 | 416,685 |
| CALLAWAY GOLF CO | COMMON | 3,031 | 49,375 |
| CALTEX AUSTRALIA LTD | COMMON | 105,791 | 2,070,371 |
| CAMECO CORP | COMMON | 87,000 | 1,054,626 |
| CAMPBELL SOUP CO | COMMON | 19,100 | 676,713 |
| CAN DO CO LTD | COMMON | 48,800 | 686,509 |
| CANADIAN APARTMENT PPTYS REIT | COMMON | 83,935 | 2,991,059 |
| CANADIAN IMPERIAL BK OF COMM | COMMON | 52,613 | 4,463,271 |
| CANADIAN NATIONAL RAILWAY CO | COMMON | 5,100 | 425,809 |
| CANADIAN TIRE CORP LTD | COMMON | 15,600 | 1,775,238 |
| CANADIAN UTILITIES LTD | COMMON | 27,900 | 717,629 |
| CANON INC | COMMON | 299,400 | 8,566,862 |
| CANOPY GROWTH CORP | COMMON | 1,700 | 83,388 |
| CAPGEMINI SE | COMMON | 2,092 | 231,597 |
| CAPITAL ONE FINANCIAL CORP | COMMON | 12,400 | 999,316 |
| CAPITALAND COMMERCIAL TRUST | COMMON | 2,553,700 | 3,570,413 |
| CAPITALAND MALL TRUST | COMMON | 3,779,200 | 6,745,310 |
| CAPITOL FEDERAL FINANCIAL INC | COMMON | 175,459 | 2,258,157 |
| CARLSBERG A/S | COMMON | 43,968 | 5,036,768 |
| CARNIVAL CORP | COMMON | 92,382 | 5,319,355 |
| CARNIVAL PLC | COMMON | 29,401 | 1,666,142 |
| CARREFOUR SA | COMMON | 108,464 | 2,151,240 |
| CASIO COMPUTER CO LTD | COMMON | 33,800 | 449,404 |
| CASTELLUM AB | COMMON | 206,851 | 3,918,789 |
| C'BON COSMETICS CO LTD | COMMON | 1,700 | 41,395 |
| CBRE GROUP INC | COMMON | 27,700 | 1,267,275 |
| CBS CORP | COMMON | 15,600 | 771,576 |
| CENTAMIN PLC | COMMON | 25,925 | 40,139 |
| CENTENE CORP | COMMON | 55,157 | 7,201,849 |
| CENTERPOINT ENERGY INC | COMMON | 177,219 | 5,479,611 |
| CENTERRA GOLD INC | COMMON | 31,349 | 158,977 |
| CENTRAL JAPAN RAILWAY CO | COMMON | 4,000 | 863,365 |
| CENTRAL PACIFIC FINANCIAL CORP | COMMON | 1,875 | 53,681 |
| CENTRICA PLC | COMMON | 489,498 | 878,293 |
| CERNER CORP | COMMON | 11,400 | 625,974 |
| CGI GROUP INC | COMMON | 116,868 | 7,730,391 |
| CH ROBINSON WORLDWIDE INC | COMMON | 10,505 | 911,519 |
| CHECK POINT SOFTWARE TECHNOLOG | COMMON | 25,500 | 2,853,960 |
| CHEMED CORP | COMMON | 20,160 | 6,006,470 |
| CHEVRON CORP | COMMON | 51,131 | 5,862,169 |
| CHIMERA INVESTMENT CORP | COMMON | 16,006 | 304,594 |
| CHIPOTLE MEXICAN GRILL INC | COMMON | 2,500 | 1,324,025 |
| CHOCOLADEFABRIKEN LINDT & SPRU | COMMON | 437 | 4,533,389 |
| CHRISTIAN DIOR SE | COMMON | 689 | 291,887 |
| CHUBB LTD | COMMON | 8,100 | 1,077,705 |
| CHUBU ELECTRIC POWER CO INC | COMMON | 38,500 | 608,295 |
| CHUGAI PHARMACEUTICAL CO LTD | COMMON | 4,400 | 259,561 |
| CHUGOKU ELECTRIC POWER CO INC/ | COMMON | 60,500 | 826,642 |
| CHUKYO BANK LTD/THE | COMMON | 3,500 | 68,759 |
| CHURCH & DWIGHT CO INC | COMMON | 89,105 | 5,757,074 |
| CHURCHILL DOWNS INC | COMMON | 45,390 | 4,174,972 |
| CI FINANCIAL INC | COMMON | 109,523 | 1,475,262 |
| CIA DE DISTRIBUCION INTEGRAL L | COMMON | 997 | 25,786 |
| CIE DE SAINT-GOBAIN | COMMON | 12,735 | 440,137 |

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|--|--|-----------|----------------------|
| CIE DES ALPES | COMMON | 2,360 | \$ 40,482 |
| CIE FINANCIERE RICHEMONT SA | COMMON | 14,149 | \$ 904,938 |
| CIE GENERALE DES ETABLISSEMENT | COMMON | 4,984 | 482,246 |
| CIGNA CORP | COMMON | 39,604 | 7,641,041 |
| CIMIC GROUP LTD | COMMON | 16,058 | 493,324 |
| CINCINNATI FINANCIAL CORP | COMMON | 19,200 | 1,470,914 |
| CINTAS CORP | COMMON | 9,821 | 1,735,054 |
| CISCO SYSTEMS INC | COMMON | 322,647 | 13,214,514 |
| CIT GROUP INC | COMMON | 17,800 | 677,824 |
| CITI TRENDS INC | COMMON | 3,050 | 94,719 |
| CITIGROUP INC | COMMON | 18,600 | 972,580 |
| CITIZENS FINANCIAL GROUP INC | COMMON | 48,500 | 1,434,150 |
| CITRIX SYSTEMS INC | COMMON | 38,750 | 4,158,621 |
| CITY DEVELOPMENTS LTD | COMMON | 27,400 | 162,882 |
| CK HUTCHISON HOLDINGS LTD | COMMON | 107,000 | 1,170,086 |
| CK INFRASTRUCTURE HOLDINGS LTD | COMMON | 559,500 | 4,362,448 |
| CLOROX CO/THE | COMMON | 79,867 | 8,775,845 |
| CLP HOLDINGS LTD | COMMON | 1,019,500 | 8,958,159 |
| CME GROUP INC | COMMON | 34,200 | 6,364,965 |
| CMS ENERGY CORP | COMMON | 40,401 | 1,905,031 |
| CNA FINANCIAL CORP | COMMON | 27,229 | 1,252,605 |
| COCA-COLA AMATIL LTD | COMMON | 481,955 | 3,386,087 |
| COCA-COLA BOTTLERS JAPAN HOLDI | COMMON | 13,300 | 395,676 |
| COCA-COLA CO/THE | COMMON | 290,359 | 12,604,185 |
| COCA-COLA EUROPEAN PARTNERS PL | COMMON | 234,270 | 9,707,635 |
| COCA-COLA HBC AG | COMMON | 29,552 | 916,889 |
| COCHLEAR LTD | COMMON | 16,421 | 1,921,645 |
| COGECO COMMUNICATIONS INC | COMMON | 21,232 | 1,388,863 |
| COGNIZANT TECHNOLOGY SOLUTIONS | COMMON | 55,400 | 3,486,326 |
| COLES GROUP LTD | COMMON | 71,656 | 649,982 |
| COLGATE-PALMOLIVE CO | COMMON | 90,550 | 5,684,443 |
| COLRUYT SA | COMMON | 33,403 | 1,897,132 |
| COLUMBIA SPORTSWEAR CO | COMMON | 51,851 | 4,533,817 |
| COMCAST CORP | COMMON | 43,800 | 1,504,534 |
| COMFORTDELGRG CORP LTD | COMMON | 1,221,800 | 2,242,601 |
| COMMONWEALTH BANK OF AUSTRALIA | COMMON | 49,489 | 3,654,306 |
| COMPASS GROUP PLC | COMMON | 53,585 | 1,116,066 |
| COMPUTERSHARE LTD | COMMON | 83,599 | 1,195,377 |
| CONCORDIA FINANCIAL GROUP LTD | COMMON | 100,300 | 383,324 |
| CONOCOPHILLIPS | COMMON | 138,500 | 8,541,305 |
| CONSOLIDATED EDISON INC | COMMON | 157,436 | 11,539,816 |
| CONSTELLATION SOFTWARE INC | COMMON | 3,400 | 1,595,805 |
| CONTACT ENERGY LTD | COMMON | 1,654,401 | 6,198,710 |
| CONTINENTAL BUILDING PRODUCTS | COMMON | 33,981 | 1,288,707 |
| COOPER COS INC/THE | COMMON | 13,000 | 3,245,451 |
| COPART INC | COMMON | 25,900 | 1,230,771 |
| CORNING INC | COMMON | 51,400 | 1,529,155 |
| COSTAR GROUP INC | COMMON | 4,100 | 1,382,480 |
| COSTCO WHOLESALE CORP | COMMON | 27,570 | 5,575,387 |
| COTY INC | COMMON | 72,300 | 469,227 |
| COVESTRO AG | COMMON | 29,154 | 2,163,662 |
| COVIVIO | COMMON | 3,136 | 292,965 |
| CRACKER BARREL OLD COUNTRY STO | COMMON | 13,778 | 2,307,770 |
| CREALOGIX HOLDING AG | COMMON | 235 | 38,376 |
| CREATE MEDIC CO LTD | COMMON | 4,000 | 48,807 |
| CRH PLC | COMMON | 21,744 | 572,599 |
| CROCS INC | COMMON | 8,797 | 239,477 |
| CROSS-HARBOUR HOLDINGS LTD/THE | COMMON | 32,000 | 52,515 |
| CROWN RESORTS LTD | COMMON | 37,313 | 338,961 |
| CSG SYSTEMS INTERNATIONAL INC | COMMON | 3,633 | 171,581 |
| CSL LTD | COMMON | 49,366 | 4,510,038 |
| CTS EVENTIM AG & CO KGAA | COMMON | 5,525 | 272,308 |
| CUMMINS INC | COMMON | 31,946 | 4,687,910 |
| CVS HEALTH CORP | COMMON | 28,900 | 1,883,994 |
| CYBERAGENT INC | COMMON | 11,700 | 449,796 |
| CYBERARK SOFTWARE LTD | COMMON | 14,734 | 1,022,723 |
| DAI NIPPON PRINTING CO LTD | COMMON | 27,500 | 572,066 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390
Plan No. 001

| (a) (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|--|--|-----------|----------------------|
| DAIICHI SANKYO CO LTD | COMMON | 24,400 \$ | 776,528 \$ |
| DAIRY FARM INTERNATIONAL HOLDI | COMMON | 17,300 | 157,084 |
| DAITO TRUST CONSTRUCTION CO LT | COMMON | 4,000 | 543,923 |
| DANAHER CORP | COMMON | 73,100 | 6,691,427 |
| DARDEN RESTAURANTS INC | COMMON | 131,252 | 9,818,440 |
| DASSAULT AVIATION SA | COMMON | 628 | 1,221,343 |
| DASSAULT SYSTEMES SE | COMMON | 15,817 | 1,842,422 |
| DAVIDE CAMPARI-MILANO SPA | COMMON | 25,368 | 214,217 |
| DAVITA INC | COMMON | 23,500 | 1,183,698 |
| DCM HOLDINGS CO LTD | COMMON | 20,200 | 214,314 |
| DECKERS OUTDOOR CORP | COMMON | 4,982 | 589,139 |
| DELTA AIR LINES INC | COMMON | 29,400 | 1,475,295 |
| DEMANT A/S | COMMON | 51,695 | 888,736 |
| DENNY'S CORP | COMMON | 23,388 | 377,039 |
| DENSO CORP | COMMON | 6,900 | 305,757 |
| DENTSPLY SIRONA INC | COMMON | 25,300 | 938,630 |
| DENTSU INC | COMMON | 8,600 | 382,023 |
| DETOUR GOLD CORP | COMMON | 20,312 | 173,432 |
| DEUTSCHE LUFTHANSA AG | COMMON | 256,272 | 7,859,347 |
| DEUTSCHE POST AG | COMMON | 6,012 | 164,367 |
| DEUTSCHE TELEKOM AG | COMMON | 104,917 | 1,722,499 |
| DEXUS | COMMON | 69,857 | 535,297 |
| DIAGEO PLC | COMMON | 137,362 | 4,003,482 |
| DIC CORP | COMMON | 9,400 | 286,886 |
| DIRECT LINE INSURANCE GROUP PL | COMMON | 295,841 | 1,193,595 |
| DNB ASA | COMMON | 21,121 | 334,089 |
| DOLLAR GENERAL CORP | COMMON | 89,719 | 9,137,424 |
| DOLLAR TREE INC | COMMON | 10,500 | 921,165 |
| DOLLARAMA INC | COMMON | 7,600 | 176,525 |
| DOUTOR NICHIRETS HOLDINGS CO LT | COMMON | 4,200 | 81,162 |
| DOVER CORP | COMMON | 31,300 | 2,184,743 |
| DR HORTON INC | COMMON | 26,900 | 930,471 |
| DREAM GLOBAL REIT | COMMON | 68,920 | 753,061 |
| DSV A/S | COMMON | 24,449 | 1,841,305 |
| DTE ENERGY CO | COMMON | 12,800 | 1,409,409 |
| DUPRY AG | COMMON | 6,041 | 571,482 |
| DUKE ENERGY CORP | COMMON | 68,094 | 5,218,239 |
| DUKE REALTY CORP | COMMON | 36,600 | 935,496 |
| DUNDEE PRECIOUS METALS INC | COMMON | 12,000 | 34,234 |
| DXC TECHNOLOGY CO | COMMON | 11,700 | 619,515 |
| DYDO GROUP HOLDINGS INC | COMMON | 7,700 | 379,251 |
| EAST JAPAN RAILWAY CO | COMMON | 3,900 | 342,989 |
| EASTMAN CHEMICAL CO | COMMON | 13,600 | 983,280 |
| EASYJET PLC | COMMON | 4,308 | 94,636 |
| EATON CORP PLC | COMMON | 23,600 | 1,610,466 |
| EBAY INC | COMMON | 152,683 | 4,431,864 |
| EBRO FOODS SA | COMMON | 33,260 | 680,703 |
| ECOLAB INC | COMMON | 11,800 | 1,703,567 |
| EDION CORP | COMMON | 8,100 | 88,288 |
| EDISON INTERNATIONAL | COMMON | 42,700 | 2,443,725 |
| EDP - ENERGIAS DE PORTUGAL SA | COMMON | 552,330 | 2,150,897 |
| EIFFAGE SA | COMMON | 11,480 | 946,705 |
| EISAI CO LTD | COMMON | 7,300 | 562,774 |
| ELECTRIC POWER DEVELOPMENT CO | COMMON | 19,000 | 448,415 |
| ELECTRICITE DE FRANCE SA | COMMON | 33,664 | 521,966 |
| ELECTROLUX AB | COMMON | 26,745 | 557,070 |
| ELI LILLY & CO | COMMON | 14,200 | 1,621,641 |
| ELISA OYJ | COMMON | 82,380 | 2,412,416 |
| EMERSON ELECTRIC CO | COMMON | 34,200 | 2,022,249 |
| EMPIRE CO LTD | COMMON | 107,600 | 2,283,396 |
| EMPLOYERS HOLDINGS INC | COMMON | 3,322 | 152,001 |
| ENAGAS SA | COMMON | 65,312 | 2,115,410 |
| ENCANA CORP | COMMON | 59,800 | 348,230 |
| ENCOMPASS HEALTH CORP | COMMON | 60,673 | 4,208,875 |
| ENDESA SA | COMMON | 54,225 | 1,268,320 |
| ENEL SPA | COMMON | 103,193 | 595,172 |
| ENGIE SA | COMMON | 192,258 | 2,671,836 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390
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|--|--|-----------|----------------------|
| ENI SPA | COMMON | 88,954 \$ | 1,397,767 \$ |
| ENERGY CORP | COMMON | 64,652 | 5,131,646 |
| EQUINOR ASA | COMMON | 218,034 | 5,330,565 |
| EQUITY RESIDENTIAL | COMMON | 10,000 | 662,400 |
| ERG SPA | COMMON | 39,438 | 650,449 |
| ERSTE GROUP BANK AG | COMMON | 27,467 | 1,106,974 |
| ESSEX PROPERTY TRUST INC | COMMON | 5,800 | 1,427,148 |
| ESSILORLUXOTTICA SA | COMMON | 5,801 | 727,989 |
| ESTEE LAUDER COS INC/THE | COMMON | 95,099 | 11,854,411 |
| ESTELLE HOLDINGS CO LTD | COMMON | 4,000 | 37,089 |
| EURAZEO SE | COMMON | 5,129 | 357,164 |
| EUTELSAT COMMUNICATIONS SA | COMMON | 21,038 | 449,186 |
| EVEREST RE GROUP LTD | COMMON | 3,500 | 756,105 |
| EVERGY INC | COMMON | 35,545 | 2,026,578 |
| EVERSOURCE ENERGY | COMMON | 27,111 | 1,721,801 |
| EVERTEC INC | COMMON | 52,371 | 1,214,236 |
| EVOLUTION MINING LTD | COMMON | 17,459 | 40,939 |
| EVONIK INDUSTRIES AG | COMMON | 11,063 | 275,770 |
| EXANTAS CAPITAL CORP | COMMON | 9,197 | 110,198 |
| EXELON CORP | COMMON | 232,568 | 8,814,530 |
| EXOR NV | COMMON | 13,522 | 730,721 |
| EXPEDIA GROUP INC | COMMON | 5,900 | 668,411 |
| EXPEDITORS INTERNATIONAL OF WA | COMMON | 16,300 | 1,081,994 |
| EXPERIAN PLC | COMMON | 31,949 | 763,910 |
| EXXON MOBIL CORP | COMMON | 102,219 | 8,735,798 |
| EZAKI GLICO CO LTD | COMMON | 5,000 | 251,315 |
| F5 NETWORKS INC | COMMON | 33,978 | 5,716,178 |
| FAIRFAX FINANCIAL HOLDINGS LTD | COMMON | 8,400 | 4,266,427 |
| FALCO HOLDINGS CO LTD | COMMON | 2,600 | 40,708 |
| FAMILYMART UNY HOLDINGS CO LTD | COMMON | 2,200 | 277,142 |
| FEDEX CORP | COMMON | 10,500 | 1,669,291 |
| FERGUSON PLC | COMMON | 11,547 | 727,726 |
| FERRARI NV | COMMON | 8,363 | 829,849 |
| FERROVIAL SA | COMMON | 63,586 | 1,279,440 |
| FIAT CHRYSLER AUTOMOBILES NV | COMMON | 61,676 | 894,378 |
| FIDELITY NATIONAL FINANCIAL IN | COMMON | 27,000 | 839,970 |
| FIDELITY NATIONAL INFORMATION | COMMON | 28,434 | 2,953,725 |
| FIFTH THIRD BANCORP | COMMON | 26,800 | 626,316 |
| FINNING INTERNATIONAL INC | COMMON | 37,600 | 634,721 |
| FINSBURY FOOD GROUP PLC | COMMON | 70,655 | 109,011 |
| FIRST CAPITAL REALTY INC | COMMON | 97,666 | 1,706,954 |
| FIRST PACIFIC CO LTD | COMMON | 848,000 | 619,042 |
| FIRSTENERGY CORP | COMMON | 163,031 | 5,885,769 |
| FISERV INC | COMMON | 31,300 | 2,283,651 |
| FISHER & PAYKEL HEALTHCARE COR | COMMON | 233,059 | 1,577,838 |
| FLETCHER BUILDING LTD | COMMON | 422,819 | 2,206,042 |
| FLIGHT CENTRE TRAVEL GROUP LTD | COMMON | 59,214 | 2,336,782 |
| FONTERRA CO-OPERATIVE GROUP LT | COMMON | 125,548 | 529,232 |
| FORFARMERS NV | COMMON | 53,625 | 541,445 |
| FORTESCUE METALS GROUP LTD | COMMON | 120,202 | 350,162 |
| FORTIS INC | COMMON | 21,300 | 704,165 |
| FORTIVE CORP | COMMON | 38,800 | 2,587,963 |
| FORTUM OYJ | COMMON | 190,252 | 3,996,296 |
| FRANKLIN RESOURCES INC | COMMON | 19,900 | 580,483 |
| FRAPORT AG FRANKFURT AIRPORT S | COMMON | 3,591 | 256,469 |
| FREIGHTWAYS LTD | COMMON | 14,868 | 67,500 |
| FRESENIUS MEDICAL CARE AG & CO | COMMON | 8,786 | 569,025 |
| FUJI ELECTRIC CO LTD | COMMON | 17,900 | 526,041 |
| FUJI PHARMA CO LTD | COMMON | 18,600 | 197,483 |
| FUJICCO CO LTD | COMMON | 1,300 | 28,647 |
| FUJIFILM HOLDINGS CORP | COMMON | 18,800 | 727,728 |
| FUJISHOJI CO LTD | COMMON | 14,500 | 193,678 |
| FUJITSU LTD | COMMON | 22,600 | 1,401,263 |
| FUJIYA CO LTD | COMMON | 32,900 | 632,763 |
| FUKUDA DENSHI CO LTD | COMMON | 800 | 59,598 |
| FULTON FINANCIAL CORP | COMMON | 12,337 | 202,976 |
| G-7 HOLDINGS INC | COMMON | 5,000 | 63,988 |

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|--|--|-----------|----------------------|
| GALP ENERGIA SGPS SA | COMMON | 79,976 \$ | 1,249,707 \$ |
| GAMING AND LEISURE PROPERTIES | COMMON | 28,437 | 1,064,769 |
| GAP INC/THE | COMMON | 177,969 | 5,213,559 |
| GARMIN LTD | COMMON | 47,086 | 2,325,779 |
| GEA GROUP AG | COMMON | 31,169 | 801,904 |
| GECINA SA | COMMON | 1,299 | 166,507 |
| GEMALTO NV | COMMON | 3,448 | 199,339 |
| GENERAL DYNAMICS CORP | COMMON | 10,655 | 1,250,156 |
| GENERAL MILLS INC | COMMON | 22,200 | 860,472 |
| GENESIS ENERGY LTD | COMMON | 385,126 | 521,939 |
| GENOMIC HEALTH INC | COMMON | 13,716 | 788,579 |
| GENPACT LTD | COMMON | 12,943 | 416,961 |
| GENTING SINGAPORE LTD | COMMON | 882,200 | 698,393 |
| GENUINE PARTS CO | COMMON | 10,400 | 993,304 |
| GENWORTH MI CANADA INC | COMMON | 21,058 | 563,657 |
| GEOPARK LTD | COMMON | 21,210 | 371,313 |
| GETTY REALTY CORP | COMMON | 23,814 | 574,120 |
| GILDAN ACTIVEWEAR INC | COMMON | 14,000 | 423,542 |
| GILEAD SCIENCES INC | COMMON | 30,575 | 2,209,869 |
| GIVAUDAN SA | COMMON | 108 | 249,716 |
| GLAXOSMITHKLINE PLC | COMMON | 198,241 | 4,133,277 |
| GN STORE NORD A/S | COMMON | 35,593 | 1,193,432 |
| GOLDCORP INC | COMMON | 4,400 | 41,337 |
| GOLDMAN SACHS GROUP INC/THE | COMMON | 7,600 | 1,249,755 |
| GOODMAN GROUP | COMMON | 83,256 | 642,656 |
| GOODMAN PROPERTY TRUST | COMMON | 85,015 | 82,977 |
| GPT GROUP/THE | COMMON | 574,645 | 2,144,277 |
| GRAHAM HOLDINGS CO | COMMON | 1,310 | 866,143 |
| GRANITE REIT | COMMON | 29,015 | 1,175,846 |
| GREAT WEST LIFECO INC | COMMON | 94,497 | 2,465,123 |
| GREGGS PLC | COMMON | 7,360 | 112,378 |
| GROUPE BRUXELLES LAMBERT SA | COMMON | 30,360 | 2,856,879 |
| GUYANA GOLDFIELDS INC NEW | COMMON | 134,916 | 156,870 |
| H&R BLOCK INC | COMMON | 26,755 | 688,864 |
| H&R REIT | COMMON | 309,635 | 5,937,465 |
| HAEMONETICS CORP | COMMON | 17,651 | 1,187,442 |
| HAKUDO CO LTD | COMMON | 6,600 | 76,702 |
| HAKUHODO DY HOLDINGS INC | COMMON | 22,200 | 316,655 |
| HALMA PLC | COMMON | 34,384 | 586,177 |
| HAMAMATSU PHOTONICS KK | COMMON | 6,000 | 200,779 |
| HAMMERSON PLC | COMMON | 66,558 | 280,546 |
| HANG LUNG GROUP LTD | COMMON | 257,000 | 739,453 |
| HANG LUNG PROPERTIES LTD | COMMON | 208,000 | 401,116 |
| HANG SENG BANK LTD | COMMON | 223,800 | 4,229,752 |
| HANKYU HANSHIN HOLDINGS INC | COMMON | 9,200 | 304,112 |
| HANNOVER RUECK SE | COMMON | 28,477 | 3,230,526 |
| HARGREAVES LANSDOWN PLC | COMMON | 15,925 | 369,358 |
| HARRIS CORP | COMMON | 29,700 | 3,896,048 |
| HARTFORD FINANCIAL SERVICES GR | COMMON | 30,000 | 1,313,103 |
| HASBRO INC | COMMON | 17,500 | 1,419,777 |
| HAWAIIAN ELECTRIC INDUSTRIES I | COMMON | 89,017 | 3,222,531 |
| HCA HEALTHCARE INC | COMMON | 15,916 | 2,121,338 |
| HCP INC | COMMON | 45,900 | 1,279,697 |
| HEIDELBERGCEMENT AG | COMMON | 12,820 | 782,499 |
| HELEN OF TROY LTD | COMMON | 18,221 | 2,461,731 |
| HELVETIA HOLDING AG | COMMON | 1,166 | 680,517 |
| HENDERSON LAND DEVELOPMENT CO | COMMON | 41,000 | 201,854 |
| HENRY SCHEIN INC | COMMON | 14,600 | 1,137,634 |
| HERA SPA | COMMON | 182,346 | 522,983 |
| HERMES INTERNATIONAL | COMMON | 2,490 | 1,357,690 |
| HERSHA HOSPITALITY TRUST | COMMON | 40,336 | 921,699 |
| HERSHEY CO/THE | COMMON | 36,902 | 3,617,800 |
| HESS CORP | COMMON | 42,400 | 1,712,116 |
| HEWLETT PACKARD ENTERPRISE CO | COMMON | 309,000 | 4,026,293 |
| HIGHLAND GOLD MINING LTD | COMMON | 45,928 | 89,006 |
| HISAMITSU PHARMACEUTICAL CO IN | COMMON | 8,400 | 461,764 |
| HITACHI LTD | COMMON | 11,200 | 297,750 |

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|--|--|-----------|----------------------|
| HK ELECTRIC INVESTMENTS & HK E | COMMON | 2,228,000 | \$ 1,987,231 |
| HKT TRUST & HKT LTD | COMMON | 4,126,000 | \$ 5,366,941 |
| HOKKAIDO ELECTRIC POWER CO INC | COMMON | 20,000 | 140,763 |
| HOLLYFRONTIER CORP | COMMON | 20,600 | 1,052,457 |
| HOLOGIC INC | COMMON | 14,800 | 598,660 |
| HOME DEPOT INC/THE | COMMON | 39,550 | 6,012,043 |
| HOMETRUST BANCSHARES INC | COMMON | 1,924 | 50,997 |
| HON KWOK LAND INVESTMENT CO LT | COMMON | 48,000 | 25,948 |
| HONDA MOTOR CO LTD | COMMON | 7,700 | 201,844 |
| HONG KONG & CHINA GAS CO LTD | COMMON | 458,860 | 813,686 |
| HONG KONG FERRY HOLDINGS CO LT | COMMON | 35,000 | 50,788 |
| HONGKONG LAND HOLDINGS LTD | COMMON | 31,600 | 216,832 |
| HORMEL FOODS CORP | COMMON | 42,435 | 1,663,636 |
| HORNBACK BAUMARKT AG | COMMON | 6,173 | 256,246 |
| HORNBACK HOLDING AG & CO KGAA | COMMON | 4,006 | 318,532 |
| HOST HOTELS & RESORTS INC | COMMON | 102,700 | 1,713,046 |
| HOYA CORP | COMMON | 71,800 | 3,173,326 |
| HSBC HOLDINGS PLC | COMMON | 86,972 | 717,298 |
| HUGO BOSS AG | COMMON | 4,560 | 281,146 |
| HUMANA INC | COMMON | 39,355 | 10,559,133 |
| HURON CONSULTING GROUP INC | COMMON | 3,561 | 189,155 |
| HUSKY ENERGY INC | COMMON | 81,600 | 839,537 |
| HUSQVARNA AB | COMMON | 62,395 | 456,361 |
| HUTCHISON PORT HOLDINGS TRUST | COMMON | 1,539,000 | 799,379 |
| HYDRO ONE LIMITED | COMMON | 68,900 | 1,012,499 |
| HYSAN DEVELOPMENT CO LTD | COMMON | 225,000 | 1,064,326 |
| IAC/INTERACTIVECORP | COMMON | 22,300 | 4,040,316 |
| IBERDROLA SA | COMMON | 90,292 | 713,890 |
| ICA GRUPPEN AB | COMMON | 198,003 | 7,016,064 |
| IDEMITSU KOSAN CO LTD | COMMON | 28,200 | 922,018 |
| IGM FINANCIAL INC | COMMON | 10,100 | 314,006 |
| ILLINOIS TOOL WORKS INC | COMMON | 8,000 | 997,760 |
| ILUKA RESOURCES LTD | COMMON | 29,107 | 152,585 |
| IMPERIAL BRANDS PLC | COMMON | 19,350 | 586,028 |
| IMPERIAL OIL LTD | COMMON | 34,200 | 875,939 |
| INCITEC PIVOT LTD | COMMON | 333,070 | 771,060 |
| INDUSTRIVARDEN AB | COMMON | 18,565 | 370,362 |
| INFRASTRUCTURE AND ENERGY ALTE | COMMON | 9,288 | 84,845 |
| INFRAATIL LTD | COMMON | 237,410 | 523,434 |
| ING GROEP NV | COMMON | 40,348 | 431,740 |
| INGERSOLL-RAND PLC | COMMON | 27,200 | 2,476,834 |
| INGREDION INC | COMMON | 11,025 | 1,154,844 |
| INNOGY SE | COMMON | 8,606 | 400,805 |
| INPEX CORP | COMMON | 136,100 | 1,210,314 |
| INSURANCE AUSTRALIA GROUP LTD | COMMON | 534,518 | 3,366,768 |
| INTACT FINANCIAL CORP | COMMON | 40,811 | 2,831,719 |
| INTEL CORP | COMMON | 188,704 | 7,250,925 |
| INTERNATIONAL CONSOLIDATED AIR | COMMON | 223,834 | 1,751,664 |
| INTERNATIONAL FLAVORS & FRAGRA | COMMON | 5,400 | 714,042 |
| INTERNATIONAL GAMING MGMT INC | COMMON | 73 | 0 |
| INTERNATIONAL SPEEDWAY CORP | COMMON | 3,809 | 139,067 |
| INTERPUBLIC GROUP OF COS INC/T | COMMON | 23,740 | 568,595 |
| INTERSHOP HOLDING AG | COMMON | 516 | 254,701 |
| INTERTEK GROUP PLC | COMMON | 6,359 | 385,316 |
| INTUIT INC | COMMON | 10,900 | 2,134,766 |
| INVESTOR AB | COMMON | 14,532 | 607,637 |
| INVESTORE PROPERTY LTD | COMMON | 41,741 | 40,732 |
| IPSEN SA | COMMON | 2,645 | 330,267 |
| IREIT GLOBAL | COMMON | 56,900 | 32,201 |
| IREN SPA | COMMON | 485,497 | 1,271,978 |
| ISETAN MITSUKOSHI HOLDINGS LTD | COMMON | 97,900 | 1,077,799 |
| ISRAEL CHEMICALS LTD | COMMON | 151,501 | 839,123 |
| ISRAEL DISCOUNT BANK LTD | COMMON | 292,718 | 488,455 |
| ISS A/S | COMMON | 33,696 | 939,325 |
| ITOCHU CORP | COMMON | 84,700 | 1,432,557 |
| J FRONT RETAILING CO LTD | COMMON | 32,600 | 371,998 |
| J SAINSBURY PLC | COMMON | 125,230 | 420,788 |

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|--|--|-----------|----------------------|
| J&J SNACK FOODS CORP | COMMON | 5,860 | \$ 738,998 |
| JACK HENRY & ASSOCIATES INC | COMMON | 31,342 | \$ 2,880,722 |
| JAPAN AIRPORT TERMINAL CO LTD | COMMON | 6,400 | 220,830 |
| JAPAN OIL TRANSPORTATION CO LTD | COMMON | 1,400 | 43,904 |
| JAPAN POST BANK CO LTD | COMMON | 31,500 | 345,182 |
| JAPAN POST HOLDINGS CO LTD | COMMON | 472,600 | 5,570,115 |
| JAPAN REAL ESTATE INVESTMENT C | COMMON | 21 | 116,131 |
| JAPAN RETAIL FUND INVESTMENT C | COMMON | 261 | 518,310 |
| JAPAN TOBACCO INC | COMMON | 3,100 | 77,993 |
| JARDINE MATHESON HOLDINGS LTD | COMMON | 2,900 | 180,292 |
| JARDINE STRATEGIC HOLDINGS LTD | COMMON | 16,500 | 610,335 |
| JAZZ PHARMACEUTICALS PLC | COMMON | 10,688 | 1,869,486 |
| JB HUNT TRANSPORT SERVICES INC | COMMON | 7,400 | 689,902 |
| JFE HOLDINGS INC | COMMON | 47,500 | 756,805 |
| JFE SYSTEMS INC | COMMON | 1,300 | 17,953 |
| JM SMUCKER CO/THE | COMMON | 18,900 | 1,774,901 |
| JOHN WILEY & SONS INC | COMMON | 18,087 | 1,216,074 |
| JOHNSON & JOHNSON | COMMON | 58,974 | 6,041,350 |
| J-OIL MILLS INC | COMMON | 900 | 32,404 |
| JOLLY - PASTA CO LTD | COMMON | 1,300 | 22,178 |
| JPMORGAN CHASE & CO | COMMON | 75,996 | 7,671,017 |
| JSR CORP | COMMON | 49,800 | 1,023,183 |
| JUNIPER NETWORKS INC | COMMON | 87,500 | 2,340,632 |
| JXTG HOLDINGS INC | COMMON | 598,200 | 3,849,418 |
| K12 INC | COMMON | 3,872 | 67,095 |
| KAISER ALUMINUM CORP | COMMON | 17,945 | 1,697,954 |
| KAKAKU.COM INC | COMMON | 17,000 | 313,109 |
| KAKIYASU HONTEN CO LTD | COMMON | 3,900 | 116,299 |
| KANEKA CORP | COMMON | 12,800 | 456,729 |
| KANSAI ELECTRIC POWER CO INC/T | COMMON | 32,700 | 488,634 |
| KAO CORP | COMMON | 7,800 | 575,815 |
| KATO SANGYO CO LTD | COMMON | 18,400 | 453,177 |
| KBC GROUP NV | COMMON | 7,466 | 639,127 |
| KDDI CORP | COMMON | 81,000 | 1,923,079 |
| KEARNY FINANCIAL CORP/MD | COMMON | 12,265 | 170,217 |
| KEIHAN HOLDINGS CO LTD | COMMON | 5,200 | 210,741 |
| KEIYO CO LTD | COMMON | 35,000 | 211,595 |
| KELLOGG CO | COMMON | 23,700 | 1,356,827 |
| KENEDIX RETAIL REIT CORP | COMMON | 60 | 136,419 |
| KEPPEL CORP LTD | COMMON | 65,900 | 284,644 |
| KEPPEL INFRASTRUCTURE TRUST | COMMON | 1,376,100 | 545,714 |
| KERING SA | COMMON | 1,619 | 735,870 |
| KERRY GROUP PLC | COMMON | 16,336 | 1,616,570 |
| KERRY PROPERTIES LTD | COMMON | 207,500 | 661,030 |
| KESKO OYJ | COMMON | 49,683 | 2,762,407 |
| KEWPIE CORP | COMMON | 9,100 | 208,778 |
| KIKKOMAN CORP | COMMON | 7,800 | 417,479 |
| KIMBALL INTERNATIONAL INC | COMMON | 21,574 | 347,819 |
| KIMBERLY-CLARK CORP | COMMON | 37,009 | 4,098,001 |
| KINDER MORGAN INC/DE | COMMON | 61,600 | 941,864 |
| KING CO LTD | COMMON | 6,600 | 39,914 |
| KINGFISHER PLC | COMMON | 427,547 | 1,135,838 |
| KINNEVIK AB | COMMON | 41,347 | 983,652 |
| KINROSS GOLD CORP | COMMON | 703,300 | 2,725,850 |
| KIRIN HOLDINGS CO LTD | COMMON | 36,400 | 758,758 |
| KISSEI PHARMACEUTICAL CO LTD | COMMON | 15,100 | 398,085 |
| KIWI PROPERTY GROUP LTD | COMMON | 601,288 | 597,302 |
| KKR REAL ESTATE FINANCE TRUST | COMMON | 5,141 | 104,679 |
| KOBAYASHI PHARMACEUTICAL CO LT | COMMON | 4,600 | 311,194 |
| KOHL'S CORP | COMMON | 75,053 | 4,975,283 |
| KOHNAN SHOJI CO LTD | COMMON | 60,800 | 662,865 |
| KOMATSU LTD | COMMON | 9,000 | 192,805 |
| KOMERI CO LTD | COMMON | 4,700 | 134,641 |
| KONAKA CO LTD | COMMON | 16,300 | 87,184 |
| KONE OYJ | COMMON | 13,772 | 655,730 |
| KONICA MINOLTA INC | COMMON | 118,500 | 1,065,480 |
| KONINKLIJKE AHOLD DELHAIZE NV | COMMON | 172,218 | 4,305,452 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390
Plan No. 001

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|--|--|-----------|----------------------|
| KONINKLIJKE DSM NV | COMMON | 13,919 \$ | 1,118,710 \$ |
| KONINKLIJKE PHILIPS NV | COMMON | 30,637 | 1,075,303 |
| KRAFT HEINZ CO/THE | COMMON | 26,900 | 1,172,036 |
| KROGER CO/THE | COMMON | 138,700 | 3,825,357 |
| KUEHNE + NAGEL INTERNATIONAL A | COMMON | 1,417 | 181,884 |
| KURARAY CO LTD | COMMON | 34,200 | 480,076 |
| KURIMOTO LTD | COMMON | 6,300 | 108,998 |
| KURITA WATER INDUSTRIES LTD | COMMON | 14,800 | 357,066 |
| KYOCERA CORP | COMMON | 4,400 | 219,482 |
| KYOKUYO CO LTD | COMMON | 8,900 | 247,766 |
| KYORIN HOLDINGS INC | COMMON | 38,700 | 844,774 |
| KYOWA HAKKO KIRIN CO LTD | COMMON | 27,800 | 522,918 |
| KYUSHU ELECTRIC POWER CO INC | COMMON | 30,300 | 371,796 |
| KYUSHU RAILWAY CO | COMMON | 27,900 | 854,990 |
| L3 TECHNOLOGIES INC | COMMON | 5,300 | 897,025 |
| LABORATORY CORP OF AMERICA HOL | COMMON | 35,964 | 5,211,206 |
| LADDER CAPITAL CORP | COMMON | 27,261 | 459,440 |
| LAFARGEHOLCIM LTD | COMMON | 4,716 | 194,035 |
| LANCASTER COLONY CORP | COMMON | 15,055 | 2,767,847 |
| LAND SECURITIES GROUP PLC | COMMON | 85,285 | 868,251 |
| LANGHAM HOSPITALITY INVESTMENT | COMMON | 62,000 | 26,258 |
| LAS VEGAS SANDS CORP | COMMON | 32,600 | 1,658,691 |
| LAWSON INC | COMMON | 3,700 | 235,602 |
| LEGAL & GENERAL GROUP PLC | COMMON | 146,727 | 537,021 |
| LENLEASE GROUP | COMMON | 43,776 | 361,319 |
| LEONARDO SPA | COMMON | 45,981 | 403,686 |
| LI & FUNG LTD | COMMON | 1,152,000 | 350,716 |
| LINCOLN NATIONAL CORP | COMMON | 48,107 | 3,060,177 |
| LINK REIT | COMMON | 1,147,000 | 6,896,035 |
| LION CORP | COMMON | 11,700 | 240,527 |
| LIXIL GROUP CORP | COMMON | 23,500 | 289,866 |
| LKQ CORP | COMMON | 49,300 | 1,181,233 |
| LLOYDS BANKING GROUP PLC | COMMON | 1,136,408 | 738,180 |
| LOBLAW COMPANIES LTD | COMMON | 16,300 | 807,940 |
| LOCKHEED MARTIN CORP | COMMON | 37,935 | 9,872,147 |
| LOEWS CORP | COMMON | 34,200 | 1,535,925 |
| LOGITECH INTERNATIONAL SA | COMMON | 23,119 | 726,205 |
| L'OREAL SA | COMMON | 1,956 | 443,068 |
| LOWE'S COS INC | COMMON | 19,200 | 1,763,906 |
| LULULEMON ATHLETICA INC | COMMON | 35,487 | 3,013,563 |
| LUMINEX CORP | COMMON | 18,599 | 414,328 |
| LUNDIN MINING CORP | COMMON | 120,400 | 488,569 |
| LVMH MOET HENNESSY LOUIS VUITT | COMMON | 1,977 | 571,367 |
| M&T BANK CORP | COMMON | 23,000 | 3,248,292 |
| MAABAROT PRODUCTS LTD | COMMON | 3,230 | 39,158 |
| MACQUARIE GROUP LTD | COMMON | 5,228 | 399,468 |
| MACY'S INC | COMMON | 166,500 | 5,304,204 |
| MAGNA INTL INC | COMMON | 17,900 | 815,063 |
| MAINFREIGHT LTD | COMMON | 13,215 | 172,372 |
| MAKITA CORP | COMMON | 5,700 | 201,580 |
| MAN SE | COMMON | 4,151 | 421,773 |
| MANPOWERGROUP INC | COMMON | 11,042 | 1,255,214 |
| MAPLETREE COMMERCIAL TRUST | COMMON | 199,000 | 241,839 |
| MAPLETREE NORTH ASIA COMMERCIA | COMMON | 549,400 | 493,036 |
| MARATHON OIL CORP | COMMON | 199,600 | 2,810,384 |
| MARCHEX INC | COMMON | 9,850 | 29,090 |
| MARCUS CORP/THE | COMMON | 4,677 | 180,336 |
| MARKEL CORP | COMMON | 2,960 | 3,004,163 |
| MARKS & SPENCER GROUP PLC | COMMON | 471,319 | 1,477,136 |
| MARSH & MCLENNAN COS INC | COMMON | 30,500 | 2,405,538 |
| MARUBENI CORP | COMMON | 310,900 | 1,967,158 |
| MARVELL TECHNOLOGY GROUP LTD | COMMON | 50,000 | 782,500 |
| MASTERCARD INC | COMMON | 32,699 | 5,594,053 |
| MATERION CORP | COMMON | 27,469 | 1,416,647 |
| MAXIMUS INC | COMMON | 19,880 | 1,305,971 |
| MAZDA MOTOR CORP | COMMON | 55,500 | 570,481 |
| MCDONALD'S CORP | COMMON | 92,756 | 11,376,592 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390
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|--|--|-----------|----------------------|
| MCDONALD'S HOLDINGS CO JAPAN L | COMMON | 36,200 \$ | 1,526,894 \$ |
| MCKESSON EUROPE AG | COMMON | 2,079 | 63,403 |
| MDU RESOURCES GROUP INC | COMMON | 35,678 | 990,518 |
| MEDALLIANCE INC LIQUIDATING | COMMON | 2,164 | 0 |
| MEDIFAST INC | COMMON | 8,891 | 333,345 |
| MEDIPAL HOLDINGS CORP | COMMON | 131,500 | 2,682,309 |
| MEDNAX INC | COMMON | 13,050 | 520,815 |
| MEDTRONIC PLC | COMMON | 33,746 | 3,056,905 |
| MEIJI HOLDINGS CO LTD | COMMON | 15,200 | 1,214,712 |
| MERCK & CO INC | COMMON | 131,475 | 7,383,366 |
| MERCK KGAA | COMMON | 9,790 | 1,007,270 |
| MERCURY GENERAL CORP | COMMON | 41,445 | 2,094,469 |
| MERCURY NZ LTD | COMMON | 225,910 | 474,465 |
| MERIDIAN ENERGY LTD | COMMON | 345,165 | 623,725 |
| METHANEX CORP | COMMON | 6,600 | 316,229 |
| METLIFE INC | COMMON | 11,642 | 541,386 |
| METRO AG | COMMON | 132,715 | 2,373,381 |
| METRO INC | COMMON | 76,800 | 2,647,392 |
| METROPOLE TELEVISION SA | COMMON | 24,631 | 504,750 |
| METTLER-TOLEDO INTERNATIONAL I | COMMON | 2,993 | 1,715,373 |
| MFA FINANCIAL INC | COMMON | 48,938 | 354,322 |
| MICHINOKU BANK LTD/THE | COMMON | 2,600 | 41,345 |
| MICRO FOCUS INTERNATIONAL PLC | COMMON | 43,794 | 751,598 |
| MICROSOFT CORP | COMMON | 13,500 | 1,355,267 |
| MICROSTRATEGY INC | COMMON | 5,938 | 773,852 |
| MINORI SOLUTIONS CO LTD | COMMON | 2,300 | 28,016 |
| MIRVAC GROUP | COMMON | 312,580 | 508,077 |
| MITSUBISHI CHEMICAL HOLDINGS C | COMMON | 27,700 | 208,866 |
| MITSUBISHI CORP | COMMON | 54,200 | 1,482,522 |
| MITSUBISHI ELECTRIC CORP | COMMON | 25,000 | 275,426 |
| MITSUBISHI GAS CHEMICAL CO INC | COMMON | 103,300 | 1,696,437 |
| MITSUBISHI HEAVY INDUSTRIES LT | COMMON | 16,700 | 599,408 |
| MITSUBISHI MOTORS CORP | COMMON | 173,200 | 943,084 |
| MITSUBISHI TANABE PHARMA CORP | COMMON | 116,700 | 2,179,015 |
| mitsui & co ltd | COMMON | 362,800 | 5,266,718 |
| mitsui chemicals inc | COMMON | 18,100 | 407,176 |
| MIYOSHI OIL & FAT CO LTD | COMMON | 4,200 | 55,039 |
| MIZUHO FINANCIAL GROUP INC | COMMON | 774,000 | 1,312,757 |
| MOCHIDA PHARMACEUTICAL CO LTD | COMMON | 400 | 27,776 |
| MOHAWK INDUSTRIES INC | COMMON | 8,300 | 972,760 |
| MOLINA HEALTHCARE INC | COMMON | 10,815 | 1,239,094 |
| MONDELEZ INTERNATIONAL INC | COMMON | 37,700 | 1,503,857 |
| MONDI PLC | COMMON | 66,051 | 1,354,678 |
| MONSTER BEVERAGE CORP | COMMON | 30,200 | 1,481,011 |
| MORGUARD REIT | COMMON | 4,400 | 47,546 |
| MOROZOFF LTD | COMMON | 2,700 | 168,015 |
| MOTOROLA SOLUTIONS INC | COMMON | 105,891 | 12,010,469 |
| MOVADO GROUP INC | COMMON | 2,941 | 146,043 |
| MOWI ASA | COMMON | 57,635 | 1,206,237 |
| MSG NETWORKS INC | COMMON | 5,306 | 124,046 |
| MTR CORP LTD | COMMON | 706,500 | 3,216,204 |
| MUENCHENER RUECKVERSICHERUNGS- | COMMON | 4,378 | 953,898 |
| MUSASHI CO LTD | COMMON | 1,100 | 18,204 |
| MVV ENERGIE AG | COMMON | 1,010 | 24,574 |
| NAGOYA RAILROAD CO LTD | COMMON | 36,200 | 950,170 |
| NASDAQ INC | COMMON | 12,000 | 966,360 |
| NATIONAL BANK OF CANADA | COMMON | 166,725 | 6,853,176 |
| NATIONAL GRID PLC | COMMON | 361,309 | 4,694,555 |
| NATIONAL HEALTHCARE CORP | COMMON | 19,121 | 1,190,501 |
| NATIONAL OILWELL VARCO INC | COMMON | 17,400 | 448,398 |
| NATURGY ENERGY GROUP SA | COMMON | 109,948 | 3,092,873 |
| NAVIGATOR CO SA/THE | COMMON | 77,225 | 466,579 |
| NEC CORP | COMMON | 52,900 | 1,601,242 |
| NESTE OYJ | COMMON | 9,572 | 737,262 |
| NESTLE SA | COMMON | 62,241 | 4,962,990 |
| NETAPP INC | COMMON | 61,000 | 3,604,495 |
| NEW MEDIA INVESTMENT GROUP INC | COMMON | 39,683 | 696,060 |

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|--|--|------------|----------------------|
| NEW WORLD DEVELOPMENT CO LTD | COMMON | 287,000 \$ | \$ 449,883 |
| NEWCREST MINING LTD | COMMON | 96,404 | 1,718,663 |
| NEWMONT GOLDCORP CORP | COMMON | 87,603 | 2,988,138 |
| NEWS CORP | COMMON | 90,403 | 1,159,870 |
| NEXT PLC | COMMON | 73,707 | 4,699,548 |
| NEXTERA ENERGY INC | COMMON | 52,214 | 9,345,262 |
| NH FOODS LTD | COMMON | 14,700 | 580,814 |
| NICE LTD | COMMON | 19,057 | 2,098,591 |
| NICHI-IKO PHARMACEUTICAL CO LT | COMMON | 17,800 | 268,071 |
| NICHIREI CORP | COMMON | 5,500 | 148,378 |
| NIELSEN HOLDINGS PLC | COMMON | 60,700 | 1,558,776 |
| NIHON SHOKUJIN KAKO CO LTD | COMMON | 600 | 9,439 |
| NIKE INC | COMMON | 57,900 | 4,740,852 |
| NIKON CORP | COMMON | 74,300 | 1,272,583 |
| NIPPON BEET SUGAR MANUFACTURIN | COMMON | 8,000 | 127,097 |
| NIPPON BUILDING FUND INC | COMMON | 314 | 2,031,205 |
| NIPPON CHEMIPHAR CO LTD | COMMON | 1,000 | 29,863 |
| NIPPON EXPRESS CO LTD | COMMON | 16,600 | 1,049,417 |
| NIPPON PROLOGIS REIT INC | COMMON | 17 | 37,099 |
| NIPPON STEEL CORP | COMMON | 10,100 | 186,539 |
| NIPPON TELEGRAPH & TELEPHONE C | COMMON | 140,000 | 6,008,821 |
| NIPPON YUSEN KK | COMMON | 6,700 | 111,923 |
| NISOURCE INC | COMMON | 63,900 | 1,743,192 |
| NISSAN CHEMICAL CORP | COMMON | 3,800 | 201,819 |
| NISSAN MOTOR CO LTD | COMMON | 26,000 | 221,417 |
| NISSHIN OILIO GROUP LTD/THE | COMMON | 19,200 | 549,554 |
| NISSHIN SEIFUN GROUP INC | COMMON | 34,500 | 694,565 |
| NISSIN FOODS HOLDINGS CO LTD | COMMON | 5,500 | 349,214 |
| NITORI HOLDINGS CO LTD | COMMON | 2,400 | 312,267 |
| NN GROUP NV | COMMON | 82,337 | 3,488,113 |
| NOKIAN RENKAAT OYJ | COMMON | 12,635 | 420,733 |
| NOMURA REAL ESTATE MASTER FUND | COMMON | 892 | 1,277,798 |
| NORDEA BANK ABP | COMMON | 233,862 | 2,124,009 |
| NORFOLK SOUTHERN CORP | COMMON | 7,400 | 1,241,276 |
| NORSK HYDRO ASA | COMMON | 87,594 | 404,720 |
| NORTEL NETWORKS CORP | COMMON | 1,147 | 1 |
| NORTH WEST CO INC (THE) | COMMON | 43,901 | 1,041,951 |
| NORTHERN STAR RESOURCES LTD | COMMON | 139,885 | 894,515 |
| NORTHROP GRUMMAN CORP | COMMON | 12,601 | 3,472,206 |
| NORTHWEST BANCSHARES INC | COMMON | 82,289 | 1,451,578 |
| NOVAGOLD RESOURCES INC | COMMON | 49,434 | 192,722 |
| NOVARTIS AG | COMMON | 103,365 | 9,012,269 |
| NTT DOCOMO INC | COMMON | 329,400 | 7,886,168 |
| NU SKIN ENTERPRISES INC | COMMON | 28,587 | 1,876,737 |
| NUTRIEN LTD | COMMON | 4,300 | 222,874 |
| NWS HOLDINGS LTD | COMMON | 458,000 | 1,048,298 |
| OBERBANK AG | COMMON | 398 | 41,650 |
| OCCIDENTAL PETROLEUM CORP | COMMON | 143,065 | 9,553,881 |
| OCEANAGOLD CORP | COMMON | 65,400 | 233,554 |
| OENON HOLDINGS INC | COMMON | 15,400 | 49,527 |
| OESTERREICHISCHE POST AG | COMMON | 50,853 | 1,917,423 |
| OHSO FOOD SERVICE CORP | COMMON | 7,800 | 521,768 |
| OIL SEARCH LTD | COMMON | 35,590 | 202,673 |
| OJI HOLDINGS CORP | COMMON | 121,000 | 699,338 |
| OKINAWA ELECTRIC POWER CO INC/ OLAV THON EIENDOMSELSKAP ASA | COMMON | 23,812 | 450,509 |
| OLD REPUBLIC INTERNATIONAL COR | COMMON | 1,134 | 19,332 |
| OMRON CORP | COMMON | 86,666 | 1,746,320 |
| OMV AG | COMMON | 8,500 | 347,560 |
| OPEN TEXT CORPORATION | COMMON | 28,808 | 1,434,619 |
| ORACLE CORP JAPAN | COMMON | 25,800 | 917,626 |
| ORANGE SA | COMMON | 41,900 | 3,049,233 |
| ORICA LTD | COMMON | 208,575 | 3,247,700 |
| ORICA LTD | COMMON | 61,046 | 763,376 |
| ORIGIN ENERGY LTD | COMMON | 41,202 | 215,104 |
| ORIX CORP | COMMON | 19,700 | 296,867 |
| ORKLA ASA | COMMON | 1,040,646 | 8,388,422 |
| ORORA LTD | COMMON | 266,093 | 613,109 |

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|--|--|-----------|----------------------|
| ORSERO SPA | COMMON | 6,000 \$ | 89,448 \$ |
| ORSTED A/S | COMMON | 30,898 | 2,060,115 |
| ORTHOFIX MEDICAL INC | COMMON | 1,376 | 81,476 |
| OSAKA GAS CO LTD | COMMON | 42,600 | 777,598 |
| OSISKO GOLD ROYALTIES LTD | COMMON | 28,200 | 242,610 |
| OSRAM LICHT AG | COMMON | 18,256 | 791,573 |
| OTSUKA CORP | COMMON | 22,000 | 599,236 |
| OTSUKA HOLDINGS CO LTD | COMMON | 28,800 | 1,172,147 |
| OXFORD INDUSTRIES INC | COMMON | 1,513 | 121,182 |
| PAN PACIFIC INTERNATIONAL HOLD | COMMON | 7,900 | 487,937 |
| PANASONIC CORP | COMMON | 47,300 | 424,338 |
| PARGESA HOLDING SA | COMMON | 31,028 | 2,206,083 |
| PARTNERS GROUP HOLDING AG | COMMON | 1,640 | 802,994 |
| PAYCHEX INC | COMMON | 14,100 | 911,847 |
| PCCW LTD | COMMON | 5,894,402 | 3,775,430 |
| PEARSON PLC | COMMON | 198,620 | 2,362,188 |
| PENNON GROUP PLC | COMMON | 71,790 | 641,077 |
| PENNYMAC MORTGAGE INVESTMENT T | COMMON | 27,837 | 518,269 |
| PENTAIR PLC | COMMON | 24,000 | 895,440 |
| PEPSICO INC | COMMON | 157,804 | 15,887,549 |
| PERFICIENT INC | COMMON | 4,073 | 98,747 |
| PERNOD RICARD SA | COMMON | 18,071 | 2,921,430 |
| PERRIGO CO PLC | COMMON | 22,600 | 902,192 |
| PERSIMMON PLC | COMMON | 92,332 | 2,867,013 |
| PEUGEOT SA | COMMON | 122,568 | 2,931,659 |
| PFIZER INC | COMMON | 182,405 | 6,809,604 |
| PHILLIPS 66 | COMMON | 77,463 | 6,933,578 |
| PIEDMONT OFFICE REALTY TRUST I | COMMON | 104,249 | 1,942,218 |
| PINNACLE WEST CAPITAL CORP | COMMON | 23,398 | 2,008,883 |
| PNC FINANCIAL SERVICES GROUP I | COMMON | 19,000 | 2,192,032 |
| POSTE ITALIANE SPA | COMMON | 81,252 | 648,867 |
| POWER ASSETS HOLDINGS LTD | COMMON | 336,000 | 3,042,762 |
| POWER CORP CANADA | COMMON | 22,500 | 402,970 |
| POWER FINANCIAL CORP | COMMON | 35,500 | 666,488 |
| PPG INDUSTRIES INC | COMMON | 8,900 | 900,947 |
| PPL CORP | COMMON | 102,500 | 2,905,883 |
| PREMIER GOLD MINES LTD | COMMON | 19,035 | 25,524 |
| PREMIER INVESTMENT CORP | COMMON | 74 | 81,243 |
| PRESTIGE CONSUMER HEALTHCARE I | COMMON | 41,934 | 1,670,207 |
| PROCTER & GAMBLE CO/THE | COMMON | 218,274 | 18,837,809 |
| PROGRESS SOFTWARE CORP | COMMON | 18,594 | 733,077 |
| PROGRESSIVE CORP/THE | COMMON | 18,554 | 580,280 |
| PROLOGIS INC | COMMON | 8,000 | 467,920 |
| PROVIDENT FINANCIAL HOLDINGS I | COMMON | 3,186 | 63,156 |
| PROXIMUS SADP | COMMON | 143,048 | 4,595,300 |
| PRUDENTIAL FINANCIAL INC | COMMON | 38,587 | 4,040,957 |
| PRYSMIAN SPA | COMMON | 20,217 | 389,986 |
| PSP SWISS PROPERTY AG | COMMON | 20,605 | 1,909,985 |
| PUBLIC SERVICE ENTERPRISE GROU | COMMON | 121,108 | 6,181,719 |
| PUBLICIS GROUPE SA | COMMON | 23,135 | 1,361,113 |
| PVH CORP | COMMON | 17,300 | 1,597,484 |
| QINETIQ GROUP PLC | COMMON | 144,870 | 536,765 |
| QUEST DIAGNOSTICS INC | COMMON | 68,862 | 5,524,042 |
| QURATE RETAIL INC | COMMON | 66,900 | 1,295,860 |
| RAIFFEISEN BANK INTERNATIONAL | COMMON | 12,796 | 323,633 |
| RAMI LEVY CHAIN STORES HASHIKM | COMMON | 5,503 | 287,405 |
| RANDSTAD NV | COMMON | 17,630 | 792,048 |
| RAYTHEON CO | COMMON | 67,904 | 13,506,384 |
| RECRUIT HOLDINGS CO LTD | COMMON | 22,100 | 532,886 |
| RED ELECTRICA CORP SA | COMMON | 103,076 | 2,148,925 |
| REGAL REAL ESTATE INVESTMENT T | COMMON | 126,000 | 38,245 |
| REGIONS FINANCIAL CORP | COMMON | 91,800 | 1,225,540 |
| REGIS CORP | COMMON | 9,713 | 204,740 |
| REGIS RESOURCES LTD | COMMON | 114,052 | 380,602 |
| REINSURANCE GROUP OF AMERICA I | COMMON | 1,693 | 239,475 |
| REIT 1 LTD | COMMON | 80,256 | 337,499 |
| RELIANCE STEEL & ALUMINUM CO | COMMON | 45,256 | 3,563,773 |

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|--|--|-----------|----------------------|
| RELX PLC | COMMON | 30,566 \$ | 678,109 \$ |
| REN - REDES ENERGETICAS NACION | COMMON | 287,324 | 864,447 |
| RENEWABLES INFRASTRUCTURE GROU | COMMON | 105,465 | 163,706 |
| RENTOKIL INITIAL PLC | COMMON | 169,967 | 753,475 |
| REPSOL SA | COMMON | 122,970 | 2,163,093 |
| REPUBLIC SERVICES INC | COMMON | 87,417 | 6,705,758 |
| RESMED INC | COMMON | 17,200 | 1,636,924 |
| RESOL HOLDINGS CO LTD | COMMON | 700 | 25,600 |
| RESTAURANT BRANDS NEW ZEALAND | COMMON | 13,461 | 79,828 |
| REXEL SA | COMMON | 50,830 | 580,916 |
| RHEINMETALL AG | COMMON | 6,225 | 647,002 |
| RHOEN-KLINIKUM AG | COMMON | 3,675 | 96,061 |
| RHYTHM WATCH CO LTD | COMMON | 1,100 | 17,243 |
| RICHARDSON ELECTRONICS LTD/UNI | COMMON | 4,303 | 31,713 |
| RICOH CO LTD | COMMON | 231,100 | 2,459,007 |
| RIGHTMOVE PLC | COMMON | 149,677 | 929,333 |
| RIO TINTO LTD | COMMON | 118,112 | 7,496,864 |
| RIO TINTO PLC | COMMON | 24,805 | 1,366,370 |
| RIOCAN REIT | COMMON | 294,887 | 5,597,756 |
| ROBERT HALF INTERNATIONAL INC | COMMON | 3,534 | 227,696 |
| ROCHE HOLDING AG | COMMON | 30,346 | 8,073,608 |
| ROCKWELL AUTOMATION INC | COMMON | 4,700 | 796,744 |
| ROGERS COMMUNICATIONS INC | COMMON | 234,500 | 12,691,891 |
| ROSS STORES INC | COMMON | 63,935 | 5,889,692 |
| ROYAL BANK OF CANADA | COMMON | 43,567 | 3,318,032 |
| ROYAL CARIBBEAN CRUISES LTD | COMMON | 21,400 | 2,569,070 |
| ROYAL DUTCH SHELL PLC | COMMON | 193,031 | 5,997,652 |
| ROYAL GOLD INC | COMMON | 3,605 | 314,969 |
| ROYAL MAIL PLC | COMMON | 715,256 | 2,522,509 |
| ROYAL UNIBREW A/S | COMMON | 21,274 | 1,603,339 |
| RSA INSURANCE GROUP PLC | COMMON | 38,101 | 257,015 |
| RTL GROUP SA | COMMON | 19,467 | 1,066,165 |
| RUBIS SCA | COMMON | 12,958 | 773,914 |
| RWE AG | COMMON | 71,100 | 1,765,471 |
| RYMAN HEALTHCARE LTD | COMMON | 134,406 | 976,988 |
| RYOHIN KEIKAKU CO LTD | COMMON | 700 | 165,304 |
| S&P GLOBAL INC | COMMON | 14,700 | 2,817,255 |
| SAFETY INSURANCE GROUP INC | COMMON | 5,441 | 447,849 |
| SALZGITTER AG | COMMON | 32,872 | 992,763 |
| SANDS CHINA LTD | COMMON | 81,600 | 387,893 |
| SANDVIK AB | COMMON | 44,455 | 709,039 |
| SANKYO CO LTD | COMMON | 79,200 | 3,063,787 |
| SANKYO SEIKO CO LTD | COMMON | 15,300 | 56,235 |
| SANOFI | COMMON | 21,287 | 1,851,962 |
| SANTEN PHARMACEUTICAL CO LTD | COMMON | 19,200 | 264,457 |
| SANTOS LTD | COMMON | 170,323 | 803,516 |
| SAP SE | COMMON | 4,222 | 437,219 |
| SAPUTO INC | COMMON | 8,000 | 234,646 |
| SARACEN MINERAL HOLDINGS LTD | COMMON | 67,847 | 166,716 |
| SATS LTD | COMMON | 975,500 | 3,511,264 |
| SAWAI PHARMACEUTICAL CO LTD | COMMON | 1,600 | 82,330 |
| SCHINDLER HOLDING AG | COMMON | 16,196 | 3,444,569 |
| SCHNEIDER ELECTRIC SE | COMMON | 15,433 | 1,099,350 |
| SCHOLASTIC CORP | COMMON | 14,157 | 590,205 |
| SCOR SE | COMMON | 74,883 | 3,155,147 |
| SEAGATE TECHNOLOGY PLC | COMMON | 20,400 | 903,312 |
| SECOM CO LTD | COMMON | 2,900 | 242,515 |
| SECURE INCOME REIT PLC | COMMON | 5,256 | 27,587 |
| SEGA SAMMY HOLDINGS INC | COMMON | 53,500 | 752,136 |
| SEGRO PLC | COMMON | 132,522 | 1,127,890 |
| SEIKO EPSON CORP | COMMON | 40,500 | 643,058 |
| SEKISUI CHEMICAL CO LTD | COMMON | 27,900 | 433,766 |
| SEKISUI HOUSE LTD | COMMON | 16,300 | 243,534 |
| SELECT MEDICAL HOLDINGS CORP | COMMON | 7,391 | 115,447 |
| SENIOR HOUSING PROPERTIES TRUS | COMMON | 47,601 | 655,466 |
| SERVICE CORP INTERNATIONAL/US | COMMON | 118,713 | 5,095,162 |
| SEVEN & 1 HOLDINGS CO LTD | COMMON | 99,500 | 4,332,726 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390
Plan No. 001

| (a) (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|--|--|-----------|----------------------|
| SG HOLDINGS CO LTD | COMMON | 74,000 | \$ 1,994,225 |
| SGS SA | COMMON | 206 | \$ 462,498 |
| SHAW COMMUNICATIONS INC | COMMON | 116,638 | 2,702,180 |
| SHENG SIONG GROUP LTD | COMMON | 223,300 | 160,411 |
| SHIDAX CORP | COMMON | 7,300 | 30,324 |
| SHIMADZU CORP | COMMON | 17,300 | 340,610 |
| SHIMAMURA CO LTD | COMMON | 3,100 | 235,827 |
| SHIONOGI & CO LTD | COMMON | 6,000 | 340,753 |
| SHISEIDO CO LTD | COMMON | 13,400 | 835,561 |
| SHOE CARNIVAL INC | COMMON | 6,615 | 263,246 |
| SHOPPING CENTRES AUSTRALASIA P | COMMON | 1,179,181 | 2,191,911 |
| SHUFERSAL LTD | COMMON | 30,883 | 114,512 |
| SIEGFRIED HOLDING AG | COMMON | 158 | 52,010 |
| SIEMENS AG | COMMON | 3,069 | 341,731 |
| SIEMENS HEALTHINEERS AG | COMMON | 12,618 | 527,273 |
| SIKA AG | COMMON | 2,658 | 336,452 |
| SINGAPORE AIRLINES LTD | COMMON | 132,800 | 994,272 |
| SINGAPORE EXCHANGE LTD | COMMON | 49,600 | 281,207 |
| SINGAPORE PRESS HOLDINGS LTD | COMMON | 1,771,400 | 4,648,085 |
| SINGAPORE TECHNOLOGIES ENGINEE | COMMON | 536,400 | 1,396,245 |
| SL GREEN REALTY CORP | COMMON | 14,100 | 1,125,605 |
| SMARTCENTRES REIT | COMMON | 25,700 | 621,498 |
| SMITH & NEPHEW PLC | COMMON | 118,350 | 2,176,075 |
| SMURFIT KAPPA GROUP PLC | COMMON | 15,559 | 409,547 |
| SNAM SPA | COMMON | 566,934 | 2,642,474 |
| SNAP-ON INC | COMMON | 6,500 | 937,626 |
| SNC-LAVALIN GROUP INC | COMMON | 18,300 | 609,117 |
| SOJITZ CORP | COMMON | 160,500 | 555,253 |
| SOLAR CAPITAL LTD | COMMON | 5,156 | 104,520 |
| SOLVAY SA | COMMON | 4,804 | 479,221 |
| SONIC HEALTHCARE LTD | COMMON | 91,336 | 1,461,112 |
| SONOVA HOLDING AG | COMMON | 23,204 | 3,087,269 |
| SOUTH32 LTD | COMMON | 730,311 | 1,637,434 |
| SOUTHERN CO/THE | COMMON | 125,451 | 5,755,516 |
| SOUTHWEST AIRLINES CO | COMMON | 24,400 | 1,140,947 |
| SPARK NEW ZEALAND LTD | COMMON | 2,424,545 | 5,971,887 |
| SPH REIT | COMMON | 762,400 | 569,623 |
| SPIRAX-SARCO ENGINEERING PLC | COMMON | 7,769 | 606,550 |
| SPIRE INC | COMMON | 24,938 | 1,886,282 |
| SPIRIT REALTY CAPITAL INC | COMMON | 55,369 | 2,231,265 |
| SPLUNK INC | COMMON | 7,100 | 729,809 |
| SPS COMMERCE INC | COMMON | 1,215 | 113,476 |
| SSE PLC | COMMON | 230,620 | 3,911,658 |
| SSR MINING INC | COMMON | 50,318 | 611,705 |
| STANDARD CHARTERED PLC | COMMON | 162,300 | 1,236,769 |
| STANLEY BLACK & DECKER INC | COMMON | 14,800 | 1,758,686 |
| STAR ENTERTAINMENT GRP LTD/THE | COMMON | 136,165 | 432,114 |
| STARBUCKS CORP | COMMON | 14,370 | 922,555 |
| STARHUB LTD | COMMON | 1,520,100 | 4,205,716 |
| STARWOOD PROPERTY TRUST INC | COMMON | 159,172 | 3,469,426 |
| STATE STREET CORP | COMMON | 20,000 | 1,269,602 |
| STEEL DYNAMICS INC | COMMON | 57,500 | 1,717,530 |
| STERIS PLC/UK | COMMON | 1,756 | 203,256 |
| STMICROELECTRONICS NV | COMMON | 58,732 | 821,667 |
| STORA ENSO OYJ | COMMON | 100,037 | 1,152,723 |
| STRAUSS GROUP LTD | COMMON | 45,132 | 907,936 |
| STRYKER CORP | COMMON | 11,200 | 1,733,761 |
| SUEZ | COMMON | 62,631 | 832,626 |
| SUMITOMO CHEMICAL CO LTD | COMMON | 58,600 | 282,864 |
| SUMITOMO CORP | COMMON | 120,600 | 1,807,601 |
| SUMITOMO DAINIPPON PHARMA CO L | COMMON | 14,000 | 443,126 |
| SUMITOMO ELECTRIC INDUSTRIES L | COMMON | 23,500 | 311,148 |
| SUMITOMO HEAVY INDUSTRIES LTD | COMMON | 13,900 | 412,267 |
| SUMITOMO METAL MINING CO LTD | COMMON | 6,000 | 160,161 |
| SUMITOMO MITSUI FINANCIAL GROU | COMMON | 6,200 | 204,664 |
| SUMITOMO RUBBER INDUSTRIES LTD | COMMON | 27,300 | 321,409 |
| SUMMERSET GROUP HOLDINGS LTD | COMMON | 59,938 | 183,843 |

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International Union of Operating Engineers
and Participating Employers**

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As of January 31, 2019

Form 5500, Schedule H, Line 4i

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|--|--|-----------|----------------------|
| SUN HUNG KAI PROPERTIES LTD | COMMON | 21,500 \$ | 302,587 \$ |
| SUN LIFE FINANCIAL INC | COMMON | 77,900 | 2,733,490 |
| SUNCOR ENERGY INC | COMMON | 32,900 | 913,875 |
| SUNCORP GROUP LTD | COMMON | 46,303 | 417,690 |
| SUNTEC REAL ESTATE INVESTMENT | COMMON | 542,100 | 710,391 |
| SUNTORY BEVERAGE & FOOD LTD | COMMON | 8,000 | 359,355 |
| SUNTRUST BANKS INC | COMMON | 21,100 | 1,059,692 |
| SUZUKEN CO LTD/AICHI JAPAN | COMMON | 16,100 | 826,186 |
| SUZUKI MOTOR CORP | COMMON | 24,100 | 1,214,273 |
| SVENSKA CELLULOSA AB SCA | COMMON | 61,613 | 471,356 |
| SWATCH GROUP AG/THE | COMMON | 5,228 | 1,520,682 |
| SWEDBANK AB | COMMON | 31,771 | 731,991 |
| SWEDISH MATCH AB | COMMON | 146,445 | 4,863,189 |
| SWIRE PACIFIC LTD | COMMON | 190,500 | 2,283,985 |
| SWIRE PROPERTIES LTD | COMMON | 192,800 | 683,282 |
| SWISS LIFE HOLDING AG | COMMON | 4,830 | 1,814,424 |
| SWISS PRIME SITE AG | COMMON | 92,161 | 7,505,105 |
| SWISS RE AG | COMMON | 37,487 | 3,457,431 |
| SWISSCOM AG | COMMON | 21,168 | 10,410,364 |
| SYDNEY AIRPORT | COMMON | 482,465 | 2,040,897 |
| SYKES ENTERPRISES INC | COMMON | 4,657 | 129,052 |
| SYNOPSIS INC | COMMON | 29,700 | 2,484,110 |
| SYSCO CORP | COMMON | 145,200 | 7,155,419 |
| T ROWE PRICE GROUP INC | COMMON | 15,300 | 1,397,504 |
| TABCORP HOLDINGS LTD | COMMON | 137,361 | 416,579 |
| TAIHEIYO CEMENT CORP | COMMON | 9,100 | 279,791 |
| TAISHO PHARMACEUTICAL HOLDINGS | COMMON | 9,500 | 948,411 |
| TAKEDA PHARMACEUTICAL CO LTD | COMMON | 8,200 | 275,140 |
| TAMEDIA AG | COMMON | 803 | 118,559 |
| TAPESTRY INC | COMMON | 41,000 | 1,386,214 |
| TARGA RESOURCES CORP | COMMON | 11,600 | 406,116 |
| TARGET CORP | COMMON | 165,685 | 11,859,714 |
| TARO PHARMACEUTICAL INDUSTRIES | COMMON | 893 | 98,356 |
| TATE & LYLE PLC | COMMON | 82,495 | 754,112 |
| TAYLOR WIMPEY PLC | COMMON | 375,330 | 651,764 |
| TE CONNECTIVITY LTD | COMMON | 14,900 | 1,113,775 |
| TECHTRONIC INDUSTRIES CO LTD | COMMON | 39,500 | 205,315 |
| TECK RESOURCES LTD | COMMON | 57,900 | 1,222,135 |
| TEIJIN LTD | COMMON | 17,600 | 280,051 |
| TELE2 AB | COMMON | 69,996 | 880,142 |
| TELECOM ITALIA SPA/MILANO | COMMON | 1,068,200 | 590,319 |
| TELEFONICA SA | COMMON | 93,714 | 790,606 |
| TELEKOM AUSTRIA AG | COMMON | 107,573 | 782,426 |
| TELENOR ASA | COMMON | 282,074 | 5,484,250 |
| TELEPHONE & DATA SYSTEMS INC | COMMON | 30,636 | 878,003 |
| TELIA CO AB | COMMON | 475,754 | 2,207,249 |
| TELSTRA CORP LTD | COMMON | 1,435,112 | 5,295,385 |
| TELUS CORP | COMMON | 45,200 | 1,593,141 |
| TEN ALLIED CO LTD | COMMON | 6,300 | 27,034 |
| TERNA RETE ELETTRICA NAZIONALE | COMMON | 330,160 | 1,778,106 |
| TERRITORIAL BANCORP INC | COMMON | 2,638 | 71,535 |
| TERUMO CORP | COMMON | 5,500 | 310,016 |
| TEXAS INSTRUMENTS INC | COMMON | 26,500 | 2,485,967 |
| TEXTRON INC | COMMON | 12,900 | 588,885 |
| TFI INTERNATIONAL INC | COMMON | 43,837 | 1,515,613 |
| THERMO FISHER SCIENTIFIC INC | COMMON | 10,500 | 2,335,726 |
| THOMSON REUTERS CORP | COMMON | 11,600 | 556,313 |
| TIFFANY & CO | COMMON | 32,600 | 2,579,315 |
| TIS INC | COMMON | 11,500 | 564,408 |
| TIVO CORP | COMMON | 215 | 0 |
| TJX COS INC/THE | COMMON | 173,199 | 8,484,230 |
| T-MOBILE US INC | COMMON | 54,700 | 3,459,232 |
| TOBU RAILWAY CO LTD | COMMON | 15,800 | 423,976 |
| TOHO CO LTD/TOKYO | COMMON | 13,700 | 493,805 |
| TOHO GAS CO LTD | COMMON | 22,100 | 928,342 |
| TOHO HOLDINGS CO LTD | COMMON | 9,000 | 200,334 |
| TOHOKU ELECTRIC POWER CO INC | COMMON | 37,600 | 504,907 |

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|--|--|------------|----------------------|
| TOKYO ELECTRIC POWER CO HOLDIN | COMMON | 419,800 \$ | 2,458,600 \$ |
| TOKYO GAS CO LTD | COMMON | 30,100 | 760,036 |
| TOPPAN PRINTING CO LTD | COMMON | 22,900 | 335,350 |
| TORAY INDUSTRIES INC | COMMON | 124,500 | 870,773 |
| TORCHMARK CORP | COMMON | 52,360 | 4,510,717 |
| TORIGOE CO LTD/THE | COMMON | 14,300 | 124,699 |
| TORONTO DOMINION BANK | COMMON | 84,379 | 4,278,311 |
| TOSOH CORP | COMMON | 25,600 | 331,998 |
| TOTAL SA | COMMON | 82,935 | 4,372,647 |
| TOYO SEIKAN GROUP HOLDINGS LTD | COMMON | 24,700 | 564,150 |
| TOYO SUISAN KAISHA LTD | COMMON | 10,300 | 357,730 |
| TOYOTA INDUSTRIES CORP | COMMON | 5,800 | 267,361 |
| TOYOTA MOTOR CORP | COMMON | 7,800 | 452,516 |
| TOYOTA TSUSHO CORP | COMMON | 15,400 | 452,572 |
| TPG RE FINANCE TRUST INC | COMMON | 4,867 | 96,858 |
| TRACTOR SUPPLY CO | COMMON | 15,000 | 1,248,152 |
| TRANSURBAN GROUP | COMMON | 200,714 | 1,520,469 |
| TRAVELERS COS INC/THE | COMMON | 43,847 | 3,517,977 |
| TRAVIS PERKINS PLC | COMMON | 52,355 | 697,634 |
| TREASURY WINE ESTATES LTD | COMMON | 18,888 | 229,483 |
| TRITAX BIG BOX REIT PLC | COMMON | 278,181 | 546,939 |
| TRUSTMARK CORP | COMMON | 21,384 | 684,844 |
| TSURUHA HOLDINGS INC | COMMON | 1,600 | 136,497 |
| TUI AG | COMMON | 79,559 | 1,340,444 |
| TWENTY-FIRST CENTURY FOX INC | COMMON | 44,700 | 2,144,263 |
| TYSON FOODS INC | COMMON | 61,591 | 3,598,801 |
| UCB SA | COMMON | 36,769 | 2,938,404 |
| UK COMMERCIAL PROPERTY REIT LT | COMMON | 714,579 | 903,429 |
| ULTA BEAUTY INC | COMMON | 3,176 | 637,021 |
| UNICHARM CORP | COMMON | 28,700 | 924,420 |
| UNION PACIFIC CORP | COMMON | 8,300 | 1,135,275 |
| UNIONE DI BANCHE ITALIANE SPA | COMMON | 86,379 | 250,185 |
| UNIPER SE | COMMON | 34,748 | 953,594 |
| UNITED INTERNATIONAL ENTERPRIS | COMMON | 290 | 66,079 |
| UNITED OVERSEAS BANK LTD | COMMON | 46,600 | 831,652 |
| UNITED STATES CELLULAR CORP | COMMON | 8,058 | 298,657 |
| UNITED TECHNOLOGIES CORP | COMMON | 17,700 | 1,864,520 |
| UNITED THERAPEUTICS CORP | COMMON | 29,222 | 3,745,369 |
| UNITED UTILITIES GROUP PLC | COMMON | 151,298 | 2,215,287 |
| UNITEDHEALTH GROUP INC | COMMON | 35,466 | 6,442,043 |
| UNIVERSAL HEALTH SERVICES INC | COMMON | 48,362 | 5,723,008 |
| UNUM GROUP | COMMON | 35,300 | 1,031,439 |
| UPM-KYMMENE OYJ | COMMON | 49,078 | 1,242,431 |
| US BANCORP | COMMON | 60,749 | 3,128,433 |
| US PHYSICAL THERAPY INC | COMMON | 1,002 | 109,098 |
| USANA HEALTH SCIENCES INC | COMMON | 21,396 | 1,761,154 |
| VALERO ENERGY CORP | COMMON | 70,320 | 5,593,373 |
| VALOR HOLDINGS CO LTD | COMMON | 7,000 | 171,618 |
| VALORA HOLDING AG | COMMON | 3,562 | 996,190 |
| VARIAN MEDICAL SYSTEMS INC | COMMON | 17,600 | 1,971,026 |
| VECTOR GROUP LTD | COMMON | 47,140 | 669,975 |
| VENTURE CORP LTD | COMMON | 27,300 | 279,006 |
| VEOLIA ENVIRONNEMENT SA | COMMON | 144,456 | 3,399,909 |
| VERBUND AG | COMMON | 40,037 | 1,059,582 |
| VERISK ANALYTICS INC | COMMON | 17,900 | 1,934,276 |
| VERIZON COMMUNICATIONS INC | COMMON | 187,282 | 10,123,926 |
| VERMILION ENERGY INC | COMMON | 8,000 | 164,224 |
| VF CORP | COMMON | 54,400 | 3,839,012 |
| VIACOM INC | COMMON | 104,986 | 3,000,364 |
| VICINITY CENTRES | COMMON | 78,025 | 144,942 |
| VITAL KSK HOLDINGS INC | COMMON | 34,100 | 296,647 |
| VIVENDI SA | COMMON | 56,674 | 1,362,020 |
| VODAFONE GROUP PLC | COMMON | 331,644 | 650,278 |
| VOESTALPINE AG | COMMON | 26,862 | 983,150 |
| VONOVIA SE | COMMON | 29,088 | 1,316,329 |
| VOYA FINANCIAL INC | COMMON | 60,698 | 2,157,578 |
| WACOAL HOLDINGS CORP | COMMON | 11,600 | 352,884 |

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|--|--|---------------|----------------------|
| WALGREENS BOOTS ALLIANCE INC | COMMON | 44,475 | \$ 3,047,245 |
| WALMART INC | COMMON | 101,642 | 8,827,340 |
| WALT DISNEY CO/THE | COMMON | 66,112 | 6,398,141 |
| WARTSILA OYJ ABP | COMMON | 39,322 | 624,757 |
| WASHINGTON H SOUL PATTINSON & | COMMON | 18,641 | 345,217 |
| WASTE CONNECTIONS INC | COMMON | 24,500 | 1,873,375 |
| WASTE MANAGEMENT INC | COMMON | 106,357 | 6,607,097 |
| WATERSTONE FINANCIAL INC | COMMON | 56,601 | 813,333 |
| WD-40 CO | COMMON | 3,188 | 539,416 |
| WEC ENERGY GROUP INC | COMMON | 15,700 | 1,083,457 |
| WELLCARE HEALTH PLANS INC | COMMON | 15,657 | 3,393,219 |
| WELLTOWER INC | COMMON | 52,400 | 3,634,992 |
| WESFARMERS LTD | COMMON | 239,231 | 7,295,451 |
| WEST JAPAN RAILWAY CO | COMMON | 10,900 | 761,200 |
| WESTON (GEORGE) LTD | COMMON | 16,988 | 1,221,074 |
| WESTPAC BANKING CORP | COMMON | 108,223 | 3,287,675 |
| WESTROCK CO | COMMON | 22,700 | 846,029 |
| WH GROUP LTD | COMMON | 5,284,000 | 4,234,850 |
| WHARF HOLDINGS LTD/THE | COMMON | 222,000 | 571,292 |
| WHARF REAL ESTATE INVESTMENT C | COMMON | 105,000 | 628,161 |
| WHELOCK & CO LTD | COMMON | 65,000 | 359,707 |
| WILMAR INTERNATIONAL LTD | COMMON | 414,800 | 953,528 |
| WM MORRISON SUPERMARKETS PLC | COMMON | 458,624 | 1,302,992 |
| WOLTERS KLUWER NV | COMMON | 20,787 | 1,218,107 |
| WOODSIDE PETROLEUM LTD | COMMON | 21,831 | 481,579 |
| WOOLWORTHS GROUP LTD | COMMON | 218,599 | 4,769,618 |
| WORLDPAY INC | COMMON | 42,100 | 3,216,022 |
| WSP GLOBAL INC | COMMON | 20,300 | 860,649 |
| WW GRAINGER INC | COMMON | 9,200 | 2,589,525 |
| XCEL ENERGY INC | COMMON | 54,500 | 2,684,130 |
| XENIA HOTELS & RESORTS INC | COMMON | 11,496 | 273,533 |
| XERO LTD | COMMON | 9,837 | 290,024 |
| XILINX INC | COMMON | 20,600 | 1,737,406 |
| XPO LOGISTICS INC | COMMON | 24,300 | 1,361,532 |
| XYLEM INC/NY | COMMON | 25,400 | 1,658,623 |
| YAMADA DENKI CO LTD | COMMON | 144,500 | 706,751 |
| YAMAHA CORP | COMMON | 18,800 | 797,624 |
| YAMAHA MOTOR CO LTD | COMMON | 9,200 | 179,884 |
| YAMANA GOLD INC | COMMON | 248,900 | 551,452 |
| YANGZIJANG SHIPBUILDING HOLDI | COMMON | 551,500 | 584,639 |
| YOKOGAWA ELECTRIC CORP | COMMON | 26,200 | 451,061 |
| YUE YUEN INDUSTRIAL HOLDINGS L | COMMON | 763,000 | 2,425,318 |
| YUM! BRANDS INC | COMMON | 54,195 | 4,769,364 |
| Z ENERGY LTD | COMMON | 54,090 | 263,156 |
| ZENSHO HOLDINGS CO LTD | COMMON | 4,700 | 120,110 |
| ZIMMER BIOMET HOLDINGS INC | COMMON | 22,600 | 2,319,892 |
| ZIONS BANCORP NA | COMMON | 37,595 | 1,619,144 |
| ZOETIS INC | COMMON | 81,600 | 6,087,273 |
| ZURICH INSURANCE GROUP AG | COMMON | 11,245 | 3,281,646 |
| SUB TOTAL - CORPORATE STOCKS - COMMON | | 2,061,556,452 | 2,221,299,836 |
| PARTNERSHIP/JOINT VENTURE INTERESTS | | | |
| AAC CAPITAL BENELUX FD III CV | LIMITED PARTNERSHIP | 10,795,183 | 13,671,613 |
| ACCEL-KKR CAP PARTNERS IV LP | LIMITED PARTNERSHIP | 19,009,117 | 3,704,349 |
| ACCEL-KKR CAPITAL PARTNERS III LP | LIMITED PARTNERSHIP | 17,822,900 | 1 |
| ACCEL-KKR CAPITAL STRAT V LP | LIMITED PARTNERSHIP | 7,440,329 | 7,032,474 |
| ALINDA INFRASTRUCTURE FUND II LP | LIMITED PARTNERSHIP | 22,264,373 | 19,369,611 |
| ALMANAC REALTY SECURITIES V LP | LIMITED PARTNERSHIP | 887,581 | 1 |
| ALMANAC REALTY SECURITIES VII | LIMITED PARTNERSHIP | 21,935,769 | 16,978,591 |
| AMBERBROOK VII LP | LIMITED PARTNERSHIP | 18,157,353 | 10,627,611 |
| AMERICAN CORE REALTY FD LP | LIMITED PARTNERSHIP | 58,543,414 | 49,813,482 |
| ARES CORP OPPORTUNITIES FD IV LP | LIMITED PARTNERSHIP | 27,061,314 | 15,732,007 |
| ARES CORP OPPORTUNITIES III | LIMITED PARTNERSHIP | 14,228,868 | 262,253 |
| ARES CORPORATE OPP FD V LP | LIMITED PARTNERSHIP | 15,856,113 | 16,451,181 |
| ARES MEZZANINE PARTNERS LP. | LIMITED PARTNERSHIP | 70,775 | 1 |

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Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390

Plan No. 001

| (a) (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|--|--|-------------|----------------------|
| ASB ALLEGIANCE RE FUND LP | LIMITED PARTNERSHIP | 56,062,798 | \$ 51,250,000 |
| AXIUM INFRA NA IV LP CL L | LIMITED PARTNERSHIP | 270,000 | 270,000 |
| BARING ASIA PRIVATE EQUITY V | LIMITED PARTNERSHIP | 5,125,973 | 2,650,483 |
| BEECKEN PETTY OKEEFE IV-A LP | LIMITED PARTNERSHIP | 17,130,721 | 6,380,185 |
| BLACKSTONE REAL ESTATE PARTNERS VII LP | LIMITED PARTNERSHIP | 21,345,957 | 1 |
| BLUE SEA CAPITAL FUND I LP | LIMITED PARTNERSHIP | 31,178,642 | 26,826,644 |
| BPG INVESTMENT PARTNERSHIP IX LP | LIMITED PARTNERSHIP | 18,155,000 | 2,902,102 |
| BRAZOS EQUITY FUND III | LIMITED PARTNERSHIP | 4,368,232 | 1 |
| BROOKFIELD CAP PTNRS IV LP | LIMITED PARTNERSHIP | 39,725,496 | 1,727,997 |
| CARLYLE INFRASTRUCTURE PTNR | LIMITED PARTNERSHIP | 3,359,759 | 1 |
| CARLYLE REALTY PARTNERS VI LP | LIMITED PARTNERSHIP | 2,202,906 | 120,105 |
| CARLYLE REALTY PARTNERS VII LP | LIMITED PARTNERSHIP | 15,247,578 | 10,223,368 |
| CARLYLE REALTY PARTNERS VIII LP | LIMITED PARTNERSHIP | 2,882,708 | 2,653,134 |
| CBPE CAPITAL FUND VIII B LP | LIMITED PARTNERSHIP | 5,497,760 | 1 |
| CLAYTON DUBILIER & RICE IX LP | LIMITED PARTNERSHIP | 17,340,436 | 9,835,495 |
| CLAYTON DUBILIER RICE FD X LP | LIMITED PARTNERSHIP | 7,484,326 | 8,294,897 |
| DOVER ST IX CAYMAN FUND LP | LIMITED PARTNERSHIP | 18,994,677 | 14,540,958 |
| DOVER STREET VIII CAYMAN FUND LP | LIMITED PARTNERSHIP | 14,443,664 | 6,659 |
| DUNE RE FUND IV | LIMITED PARTNERSHIP | (245,379) | 1 |
| DUNE REAL ESTATE FUND III LP | LIMITED PARTNERSHIP | 27,346,821 | 17,253,493 |
| ECLIPSE CONTINUITY FUND I LP | LIMITED PARTNERSHIP | 9,248,192 | 8,090,280 |
| ECLIPSE FUND II LP | LIMITED PARTNERSHIP | 6,083,141 | 3,169,770 |
| EIF US POWER FUND IV | LIMITED PARTNERSHIP | 17,262,902 | 13,915,835 |
| EPIRIS FUND II LP | LIMITED PARTNERSHIP | 8,615,995 | 12,731,503 |
| EQUUS INVEST PTNRSH XI LP | LIMITED PARTNERSHIP | 7,887,050 | 9,147,069 |
| EQUUS INVESTMENT PARTNERS X LP | LIMITED PARTNERSHIP | 23,282,000 | 17,564,362 |
| EXPONENT PRIVATE EQUITY PARTNERS III LP | LIMITED PARTNERSHIP | 28,165,101 | 29,704,711 |
| FRANCE SPECIAL SIT FD II FPCCI | LIMITED PARTNERSHIP | 10,089,400 | 15,062,759 |
| FRANCISCO PARTNERS AGILITY A LP | LIMITED PARTNERSHIP | 5,450,376 | 537,500 |
| FRANCISCO PARTNERS III LP | LIMITED PARTNERSHIP | 15,697,770 | 239,015 |
| FRANCISCO PARTNERS IV-A LP | LIMITED PARTNERSHIP | 39,074,490 | 24,812,706 |
| FRANCISCO PARTNERS V-B LP | LIMITED PARTNERSHIP | 6,254,674 | 6,270,000 |
| FRONTIER FUND IV LP | LIMITED PARTNERSHIP | 35,019,847 | 24,818,364 |
| FRONTIER FUND V-B LP | LIMITED PARTNERSHIP | 11,481,287 | 12,037,185 |
| FSN CAPITAL IV | LIMITED PARTNERSHIP | 94,533,151 | 1 |
| FSN CAPITAL V LP | LIMITED PARTNERSHIP | 41,629,403 | 7,144,216 |
| FTV IV LP | LIMITED PARTNERSHIP | 31,798,048 | 17,354,000 |
| FTV V LP | LIMITED PARTNERSHIP | 25,547,580 | 24,420,000 |
| GENSTAR CAP PTNRS VIII BL LP | LIMITED PARTNERSHIP | 19,948,329 | 16,120,210 |
| GENSTAR CAPITAL PTNRS VII LP | LIMITED PARTNERSHIP | 27,770,604 | 13,322,135 |
| GLOBAL ENERGY & POWER INFRA FUND I LP | LIMITED PARTNERSHIP | 26,183,424 | 15,912,250 |
| GLOBAL ENERGY & POWER INFRA FUND II LP | LIMITED PARTNERSHIP | 51,662,004 | 27,697,646 |
| GLOBAL INFRASTRUCTURE PARTNERS B LP | LIMITED PARTNERSHIP | 26,268,790 | 1 |
| GLOBAL INFRASTRUCTURE PARTNERS II-B FEEDER FUND L P | LIMITED PARTNERSHIP | 83,087,088 | 38,377,254 |
| GREATPOINT VENT INNOV FD II LP | LIMITED PARTNERSHIP | 3,140,724 | 3,686,802 |
| GREEN EQ INVEST OFFSHORE VI LP | LIMITED PARTNERSHIP | 21,340,132 | 9,491,009 |
| GREEN EQUITY INVEST OFFSHR FD VII LP | LIMITED PARTNERSHIP | 18,255,766 | 17,013,052 |
| GTCR FUND X/A & X/B LP | LIMITED PARTNERSHIP | 4,744,944 | 1 |
| GTCR FUND XI/A/B LP | LIMITED PARTNERSHIP | 27,545,158 | 10,098,766 |
| GTCR FUND XII/A & XII/B LP | LIMITED PARTNERSHIP | 4,875,476 | 7,184,915 |
| HAHN & COMPANY II LP | LIMITED PARTNERSHIP | 30,817,098 | 22,554,666 |
| HAHN & COMPANY III LP | LIMITED PARTNERSHIP | 2,344,795 | 2,846,702 |
| HARVEST PARTNERS VI LP | LIMITED PARTNERSHIP | 8,872,119 | 1 |
| HARVEST PARTNERS VII LP | LIMITED PARTNERSHIP | 14,439,457 | 13,735,179 |
| HGCAPITAL 6 A LP | LIMITED PARTNERSHIP | 846,262 | 1 |
| HGCAPITAL 7 C LP | LIMITED PARTNERSHIP | 15,527,890 | 11,674,776 |
| HIGHSTAR CAPITAL IV LP | LIMITED PARTNERSHIP | 25,345,134 | 31,098,975 |
| INVESCO CORE REAL ESTATE-USA LP | LIMITED PARTNERSHIP | 70,270,698 | 1 |
| JP MORGAN STRATEGIC PROPERTY FUND | LIMITED PARTNERSHIP | 230,675,253 | 207,999,825 |
| K3 PRIVATE INVESTORS LP | LIMITED PARTNERSHIP | 15,622,263 | 12,535,387 |
| K4 PRIVATE INVESTORS LP | LIMITED PARTNERSHIP | 11,412,162 | 12,171,388 |
| KHOSLA SEED FUND C | LIMITED PARTNERSHIP | 12,848,461 | 9,287,693 |
| KHOSLA VENTURES III LP | LIMITED PARTNERSHIP | 6,314,680 | 8,077,462 |
| KHOSLA VENTURES IV LP | LIMITED PARTNERSHIP | 27,462,347 | 11,301,104 |
| KHOSLA VENTURES SEED B L P | LIMITED PARTNERSHIP | 9,797,411 | 3,792,427 |
| KHOSLA VENTURES SEED L P | LIMITED PARTNERSHIP | 3,835,521 | 2,613,938 |
| KHOSLA VENTURES V LP | LIMITED PARTNERSHIP | 21,830,808 | 16,347,202 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390
Plan No. 001

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| KHOSLA VENTURES VI LP | LIMITED PARTNERSHIP | 4,379,812 | \$ 4,560,000 |
| KKR GLOBAL INFRA INVESTORS II LP | LIMITED PARTNERSHIP | 51,654,563 | 53,043,807 |
| KPS SPECIAL SITUATIONS FUND IV LP | LIMITED PARTNERSHIP | 7,791,317 | 5,716,017 |
| LANDMARK RE PARTNERS VII LP | LIMITED PARTNERSHIP | 23,376,694 | 15,083,795 |
| LANDMARK RE PARTNERS VIII LP | LIMITED PARTNERSHIP | 6,741,479 | 4,851,547 |
| LANDMARK REAL ESTATE PTN VI LP | LIMITED PARTNERSHIP | 6,313,096 | 1 |
| LIGHTYEAR FUND III LP | LIMITED PARTNERSHIP | 14,550,291 | 31,439 |
| LINCOLNSHIRE EQUITY FD IV-A LP | LIMITED PARTNERSHIP | 8,771,229 | 1,064,982 |
| MACQUARIE INFRA PARTNERS A & B LP | LIMITED PARTNERSHIP | 130,268,887 | 10,485,652 |
| MACQUARIE INFRA PARTNERS II | LIMITED PARTNERSHIP | 70,832,041 | 25,852,576 |
| MACQUARIE INFRA PARTNERS III LP | LIMITED PARTNERSHIP | 43,319,451 | 29,956,001 |
| MAYFIELD XIV L P | LIMITED PARTNERSHIP | 9,799,355 | 4,800,000 |
| MAYFIELD XV | LIMITED PARTNERSHIP | 2,794,730 | 2,090,000 |
| MCCARTHY CAPITAL FUND V | LIMITED PARTNERSHIP | 15,668,517 | 8,311,407 |
| MERIDIAM INFRA NA FD II DOM LP | LIMITED PARTNERSHIP | 35,685,571 | 17,159,145 |
| MERIT MEZZANINE FUND V | LIMITED PARTNERSHIP | 11,232,105 | 3,362,254 |
| NEW ENTERPRISE ASSOCIATES 13 LP | LIMITED PARTNERSHIP | 13,695,098 | 5,316,619 |
| NEW MOUNTAIN PARTNERS III LP | LIMITED PARTNERSHIP | 16,216,767 | 3,107,905 |
| NEW MOUNTAIN PARTNERS IV LP | LIMITED PARTNERSHIP | 33,208,688 | 18,035,705 |
| OAKTREE RE DEBT FUND II LP | LIMITED PARTNERSHIP | 8,064,535 | 7,811,936 |
| OAKTREE REAL ESTATE OPPORTUNITIES FUND VI L.P. | LIMITED PARTNERSHIP | 19,696,961 | 7,073,923 |
| PRESIDIO PARTNERS 2007 LP | LIMITED PARTNERSHIP | 3,647,807 | 8,060,323 |
| PWP GROWTH EQUITY FUND II LP | LIMITED PARTNERSHIP | 10,639,268 | 11,120,301 |
| QUANTUM ENERGY PARTNERS V | LIMITED PARTNERSHIP | 14,238,170 | 4,321,428 |
| QUANTUM ENERGY PARTNERS VI LP | LIMITED PARTNERSHIP | 35,055,374 | 15,846,261 |
| QUANTUM ENERGY PTNRS VII LP | LIMITED PARTNERSHIP | 11,612,588 | 10,941,720 |
| QUANTUM PARALLEL PTNRS VI-C LP | LIMITED PARTNERSHIP | 8,438,582 | 5,338,757 |
| RAINE PARTNERS III | LIMITED PARTNERSHIP | (569,168) | 1 |
| RAITH REAL ESTATE FD I-A LP | LIMITED PARTNERSHIP | 11,891,473 | 5,581,564 |
| RAITH REAL ESTATE FUND II LP | LIMITED PARTNERSHIP | 82,545 | 699,694 |
| RIVERSIDE FD V OFFSHORE LP | LIMITED PARTNERSHIP | 14,504,965 | 16,456,272 |
| RIVERSTONE GLOBAL E&P FUND V | LIMITED PARTNERSHIP | 14,216,354 | 14,534,954 |
| RIVERSTONE TE/SWF PTNRS VI LP | LIMITED PARTNERSHIP | 20,301,624 | 17,499,993 |
| ROCKWOOD CAP RE PARTNERS FD IX LP | LIMITED PARTNERSHIP | 10,571,936 | 700,797 |
| ROCKWOOD CAPITAL RE PTNRS FD X LP | LIMITED PARTNERSHIP | 14,983,731 | 14,169,495 |
| ROCKWOOD CAPITAL RE VIII | LIMITED PARTNERSHIP | 124,277 | 1 |
| RRE VENTURES VI LP | LIMITED PARTNERSHIP | 18,898,347 | 16,570,065 |
| RRE VENTURES VII LP | LIMITED PARTNERSHIP | 5,017,126 | 5,349,287 |
| RREEF AMERICA REIT II | LIMITED PARTNERSHIP | 70,088,717 | 65,500,000 |
| SUNCOKE ENERGY PARTNERS LP | LIMITED PARTNERSHIP | 25,469 | 399,083 |
| SV LIFE SCIENCES FUND V LP | LIMITED PARTNERSHIP | 13,503,686 | 7,371,429 |
| TA ASSOCIATES XI LP | LIMITED PARTNERSHIP | 18,277,953 | 1 |
| TA REALTY ASSOCIATES FUND IX CORP | LIMITED PARTNERSHIP | 13,488 | 1 |
| TA XII-A LP | LIMITED PARTNERSHIP | 33,214,901 | 24,030,000 |
| THE REALTY ASSOCIATES FUND X UPT LP | LIMITED PARTNERSHIP | 16,527,690 | 1,798,247 |
| THOMA BRAVO FUND XII LP | LIMITED PARTNERSHIP | 36,135,799 | 32,707,007 |
| THOMA BRAVO FUND XIII | LIMITED PARTNERSHIP | (37,042) | 1 |
| TORCHLIGHT DEBT OPP FD IV LP | LIMITED PARTNERSHIP | 12,974,718 | 1 |
| TORCHLIGHT DEBT OPP FUND V LP | LIMITED PARTNERSHIP | 17,434,706 | 13,451,042 |
| TORQUEST PTNRS FD US IV LP | LIMITED PARTNERSHIP | 18,527,125 | 13,614,566 |
| UBS TRUMBULL PROP INC FD LP | LIMITED PARTNERSHIP | 100,000,000 | 100,000,000 |
| UBS US TRUMBULL PROPERTY FUND LP | LIMITED PARTNERSHIP | 138,437,934 | 125,762,089 |
| VERITAS CAPITAL FUND V LP | LIMITED PARTNERSHIP | 65,707,887 | 36,777,191 |
| VERITAS CAPITAL FUND VI LP | LIMITED PARTNERSHIP | 23,868,785 | 21,141,862 |
| WARBURG PINCUS PE XII LP | LIMITED PARTNERSHIP | 27,068,897 | 23,634,585 |
| WARBURG PINCUS PRIVATE EQUITY X LP | LIMITED PARTNERSHIP | 7,586,923 | 1 |
| WARBURG PINCUS PRIVATE EQUITY XI LP | LIMITED PARTNERSHIP | 32,648,620 | 12,238,089 |
| WAYZATA OPPORTUNITIES FUND II | LIMITED PARTNERSHIP | 737,672 | 1 |
| WAYZATA OPPORTUNITIES FUND III | LIMITED PARTNERSHIP | 4,137,010 | 4,379,934 |
| WESTBROOK RE FUND X LP | LIMITED PARTNERSHIP | 11,457,742 | 10,063,002 |
| WESTBROOK REAL ESTATE FUND IX LP | LIMITED PARTNERSHIP | 13,061,336 | 3,096,642 |
| SUB TOTAL- PARTNERSHIP/JOINT VENTURE INTERESTS | | 1,931,409,142 | 3,066,825,716 |

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|--|--|---------------|----------------------|
| COMMON/COLLECTIVE TRUSTS | | | |
| INTERMEDIATE CREDIT INDEX NL FUND | FUND CM1F | 3,662,048 | \$ 104,322,630 |
| INTERMEDIATE US GOVT INDEX FUND | FUND CM1E | 7,593,225 | 182,262,986 |
| MSCI ACWI IMI INDX SL FUND | ZVC5 | 413,218,037 | 5,853,521,936 |
| SSGA US ASSET BACKED INDEX NON LENDING FUND | SSGA CME6 | 109,873 | 2,761,368 |
| SSGA US COMMERCIAL MORTGAGE | SSGA CMBS | 391,483 | 10,356,761 |
| SSGA US MORTGAGE BACKED INDX NL FUND | SSGA CMESNON | 5,249,018 | 147,083,197 |
| US TOTAL MARKET INDEX NL FUND | CMNE | 2,350,382 | 91,226,835 |
| SUB TOTAL - COMMON/COLLECTIVE TRUSTS | | 6,391,535,713 | 8,236,167,435 |
| POOLED SEPARATE ACCOUNTS | | | |
| PRISA SEPARATE ACCOUNT | REAL ESTATE INVESTMENT TRUST | 144,006,363 | 56,343,064 |
| REGISTERED INVESTMENT COMPANIES | | | |
| AFL-CIO HIT | HOUSING INVESTMENT TRUST | 258,731 | 283,372,373 |
| DOUBLELINE SELECTIVE CREDIT | DOUBLELINE SELECTIVE CREDIT | 16,778,179 | 163,500,000 |
| GOLDMAN SACHS GOVT-FS | GOLDMAN SACHS GOVERNMENT | 165,604,392 | 165,604,392 |
| PIMCO FDS | SHORT TERM FLTG NAV PORT II | 2,768,280 | 27,702,996 |
| PIMCO FDS PAC INVT MGMT SER | ASSET BKD SECS PORTFOLIO | 4,157,889 | 50,246,984 |
| PIMCO FDS PAC INVT MGMT SER | EMERGING MKTS PORT FOLIO INSTL | 2,652,508 | 25,844,531 |
| PIMCO FDS PAC INVT MGMT SER | HIGH YIELD PORTFOLIO INSTL CL | 2,678,070 | 20,470,661 |
| PIMCO FDS PAC INVT MGMT SER | INTL PORT | 6,038,104 | 53,398,627 |
| PIMCO FDS PAC INVT MGMT SER | INVT GRADE CORP PORTFOLIO INS | 14,406,949 | 139,431,742 |
| PIMCO FDS PAC INVT MGMT SER | MTG PORTFOLIO INSTL CL | 16,647,837 | 179,375,950 |
| PIMCO FDS PAC INVT MGMT SER | MUNICIPAL SECTOR PORTFOLIO | 976,570 | 7,500,434 |
| PIMCO FDS PAC INVT MGMT SER | REAL RETURN BD PORT INSTL CL | 280,917 | 2,530,437 |
| PIMCO FDS PAC INVT MGMT SER | US GOVT SECT PORTFOLIO INSTR | 9,865,299 | 91,326,321 |
| SUB TOTAL - REGISTERED INVESTMENT COMPANIES | | 1,210,305,448 | 1,172,469,903 |
| OTHER | | | |
| BELDING MI AREA SCHS | 6.70% | 5/1/2027 | 285,000 |
| BOSTON MA | 4.40% | 4/1/2026 | 625,000 |
| CALIFORNIA ST | 6.20% | 3/1/2019 | 3,100,000 |
| CALIFORNIA ST | 6.20% | 10/1/2019 | 4,935,000 |
| CALIFORNIA ST DEPT OF WTR RESO | 2.00% | 5/1/2022 | 750,000 |
| EURO STOXX 50 FUTURE (EUX) | | | 14 |
| GRANITE UT SCH DIST SALT LAKE | 4.12% | 6/1/2019 | 560,000 |
| HAWAII ST | 2.80% | 10/1/2027 | 1,000,000 |
| HONOLULU CITY & CNTY HI | 3.80% | 9/1/2031 | 505,000 |
| HOUSTON TX | 3.63% | 3/1/2029 | 375,000 |
| HOUSTON TX UTILITY SYS REVENUE | 3.92% | 11/15/2030 | 300,000 |
| ICELAND RIKISBREF | 8.75% | 2/26/2019 | 172,110,000 |
| ILLINOIS ST | 5.00% | 11/1/2020 | 1,050,000 |
| ILLINOIS ST | 5.00% | 11/1/2021 | 1,050,000 |

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| ILLINOIS ST | 5.88% | 3/1/2019 | 1,120,000 | \$ 1,154,664 | \$ 1,122,363 |
| ILLINOIS ST SALES TAX REVENUE | 2.30% | 6/15/2019 | 450,000 | 459,338 | 448,079 |
| L'ANSE CREUSE MI PUBLIC SCHS | 2.68% | 5/1/2022 | 425,000 | 425,000 | 424,703 |
| MARYLAND ST CMNTY DEV ADMIN DE | 3.24% | 9/1/2048 | 305,000 | 305,000 | 300,574 |
| MASSACHUSETTS ST | 4.50% | 8/1/2031 | 1,000,000 | 1,068,260 | 1,083,160 |
| MEXICAN BONOS | 10.00% | 12/5/2024 | 101,000,000 | 10,366,953 | 5,727,540 |
| MEXICAN BONOS | 8.00% | 12/7/2023 | 193,500,000 | 17,832,899 | 10,080,518 |
| MINNEAPOLIS MN SPL SCH DIST #1 | 5.13% | 12/15/2025 | 500,000 | 550,000 | 562,845 |
| NEW YORK CITY NY TRANSITIONAL | 2.75% | 5/1/2024 | 250,000 | 250,000 | 245,315 |
| NEW YORK CITY NY TRANSITIONAL | 3.43% | 8/1/2026 | 550,000 | 537,251 | 547,949 |
| NEW YORK ST URBAN DEV CORP REV | 2.86% | 3/15/2024 | 860,000 | 875,265 | 848,424 |
| NEW ZEALAND GOVERNMENT BO REGS | 3.00% | 4/15/2020 | 20,890,000 | 13,531,923 | 14,707,035 |
| NEW ZEALAND GOVERNMENT BO REGS | 5.00% | 3/15/2019 | 26,085,000 | 23,573,659 | 18,161,887 |
| OREGON ST | 5.89% | 6/1/2027 | 650,000 | 784,908 | 761,826 |
| PORT OF MORROW OR TRANSMISSION | 3.10% | 9/1/2023 | 500,000 | 506,275 | 503,790 |
| RIKISBREF | 6.00% | 10/13/2016 | 126,945,000 | 741,030 | 731,015 |
| S&P500 EMINI FUTURE (CME) | EXP MAR 19 | | 9 | 0 | 77,558 |
| SAINT PAUL MN HSG & REDEV AUTH | 4.19% | 7/1/2027 | 150,000 | 150,000 | 156,867 |
| SAN JOSE CA REDEV AGY SUCCESSO | 3.25% | 8/1/2029 | 540,000 | 530,437 | 524,221 |
| SANTA ANA CA CMNTY REDEV AGY S | 4.02% | 9/1/2028 | 730,000 | 730,000 | 767,982 |
| SOUTH CAROLINA ST HSG FIN & DE | 4.00% | 7/1/2037 | 505,000 | 524,054 | 509,308 |
| TEXAS ST | 3.42% | 10/1/2026 | 710,000 | 710,000 | 724,143 |
| TEXAS ST | 4.63% | 4/1/2033 | 250,000 | 278,655 | 274,658 |
| TEXAS ST | 5.37% | 4/1/2029 | 305,000 | 324,825 | 346,553 |
| TEXAS ST A & M UNIV REVENUES | 3.38% | 5/15/2029 | 925,000 | 925,000 | 922,678 |
| TEXAS ST TRANSPRTN COMMISSION | 5.18% | 4/1/2030 | 750,000 | 881,850 | 862,320 |
| UNIV OF NORTH CAROLINA NC AT C | 3.33% | 12/1/2036 | 225,000 | 213,795 | 214,945 |
| UTAH ST BRD OF RGTS REVENUE | VAR RT | 12/26/2030 | 673,662 | 673,662 | 672,517 |
| VERMONT ST STUDENT ASSISTANCEC | VAR RT | 4/30/2030 | 393,966 | 394,458 | 391,571 |
| VERMONT ST STUDENT ASSISTANCEC | VAR RT | 7/28/2030 | 389,885 | 389,885 | 385,339 |
| WASHINGTON ST | 3.45% | 8/1/2029 | 205,000 | 200,976 | 204,703 |
| WASHINGTON ST | 5.09% | 8/1/2033 | 750,000 | 874,875 | 847,545 |
| WISCONSIN ST GEN FUND ANNUAL A | 2.05% | 5/1/2023 | 600,000 | 579,102 | 580,740 |
| SUB TOTAL - OTHER | | | | <u>98,791,020</u> | <u>80,941,738</u> |
| TOTAL ASSETS HELD FOR INVESTMENT PURPOSES | | | | <u>\$ 14,612,449,506</u> | <u>\$ 17,778,926,027</u> |
| U.S. GOVERNMENT SECURITIES - LOANED TO THIRD PARTIES | | | | | |
| US TREASURY BILL | N/BINTR: 0.00 | MATD: 04/25/19 | 7,992,000 | \$ 7,992,000 | \$ 7,948,204 |
| US TREASURY BOND | N/BINTR: 3.00 | MATD: 08/15/48 | 3,585,347 | 3,585,347 | 3,592,436 |
| US TREASURY NOTE | N/BINTR: 3.13 | MATD: 11/15/28 | 6,044,000 | 6,044,000 | 6,305,385 |
| US TREASURY NOTE | N/BINTR: 2.50 | MATD: 12/31/20 | 15,432,187 | 15,432,187 | 15,454,243 |
| SUB TOTAL - U.S. GOVERNMENT SECURITIES - LOANED TO THIRD PARTIES | | | | <u>33,053,534</u> | <u>33,300,268</u> |
| CORPORATE DEBT - OTHER - LOANED TO THIRD PARTIES | | | | | |
| ALEXANDRIA REAL ESTATE EQUITIE | N/BINTR: 4.00 | MATD: 01/15/2024 | 130,000 | 130,000 | 131,444 |
| ALLERGAN FUNDING SCS | N/BINTR: 3.80 | MATD: 03/15/2025 | 560,000 | 560,000 | 563,285 |
| ALLY FINANCIAL INC | N/BINTR: 5.13 | MATD: 09/30/2024 | 200,000 | 196,000 | 210,195 |
| AMC NETWORKS INC | N/BINTR: 4.75 | MATD: 12/15/2022 | 1,659,000 | 1,576,050 | 1,675,291 |
| AMERICAN EXPRESS CO | N/BINTR: 3.40 | MATD: 02/27/2023 | 75,000 | 75,000 | 76,048 |
| AMERICAN EXPRESS CO | N/BINTR: 4.20 | MATD: 11/6/2025 | 48,000 | 48,000 | 49,870 |
| AMERICAN EXPRESS CO | N/BINTR: 2.50 | MATD: 08/1/2022 | 11,000 | 11,000 | 10,864 |
| ANTERO RESOURCES CORP | N/BINTR: 5.38 | MATD: 11/1/2021 | 727,000 | 668,840 | 740,768 |
| ANTERO RESOURCES CORP | N/BINTR: 5.13 | MATD: 12/1/2022 | 1,325,000 | 1,192,500 | 1,331,746 |
| ANTERO RESOURCES CORP | N/BINTR: 5.63 | MATD: 06/1/2023 | 775,000 | 744,000 | 780,328 |
| AT&T INC | N/BINTR: 3.20 | MATD: 03/1/2022 | 270,000 | 270,000 | 272,852 |
| BANK OF AMERICA CORP | N/BINTR: 4.18 | MATD: 11/25/2027 | 200,000 | 200,000 | 200,360.00 |
| BANK OF AMERICA CORP | N/BINTR: 0.01 | MATD: 12/20/2028 | 3,686,000 | 3,501,700 | 3,531,562 |
| BANK OF NEW YORK MELLON CORP/T | N/BINTR: 2.60 | MATD: 02/7/2022 | 45,000 | 45,000 | 45,098 |
| BAYTEX ENERGY CORP 144A | N/BINTR: 5.63 | MATD: 06/1/2024 | 300,000 | 300,000 | 269,813 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390
Plan No. 001

| (a) (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | | | (d) Cost | (e) Current Value |
|--|--|------------------|-----------|------------|----------------------|
| BB&T CORP | N/BINTR: 2.63 | MATD: 06/29/2020 | 100,000 | \$ 100,000 | \$ 99,694 |
| BNP PARIBAS SA | N/BINTR: 4.25 | MATD: 10/15/2024 | 3,200,000 | 3,200,000 | 3,237,932 |
| BNP PARIBAS SA 144A | N/BINTR: 4.38 | MATD: 09/28/2025 | 600,000 | 612,000 | 604,067 |
| CANADIAN IMPERIAL BANK OF COMM | N/BINTR: 2.10 | MATD: 10/5/2020 | 1,300,000 | 1,300,000 | 1,286,203 |
| CCO HOLDINGS LLC / CCO HOLDING | N/BINTR: 5.25 | MATD: 09/30/2022 | 1,853,000 | 1,741,820 | 1,899,577 |
| CENTURYLINK INC | N/BINTR: 5.63 | MATD: 04/1/2020 | 860,000 | 799,800 | 884,725 |
| CHEMOURS CO/THE | N/BINTR: 6.63 | MATD: 05/15/2023 | 75,000 | 75,000 | 78,411 |
| CHESAPEAKE ENERGY CORP | N/BINTR: 4.88 | MATD: 04/15/2022 | 648,500 | 564,195 | 620,520 |
| CINCINNATI BELL INC 144A | N/BINTR: 7.00 | MATD: 07/15/2024 | 1,245,000 | 1,245,000 | 1,074,573 |
| CITIGROUP INC | N/BINTR: 2.70 | MATD: 10/27/2022 | 212,000 | 205,640 | 208,538 |
| CITIGROUP INC | N/BINTR: 2.70 | MATD: 03/30/2021 | 175,760 | 175,760 | 175,694 |
| COMCAST CORP | N/BINTR: 3.95 | MATD: 10/15/2025 | 131,000 | 131,000 | 136,358 |
| COMCAST CORP | N/BINTR: 3.38 | MATD: 02/15/2025 | 59,000 | 59,000 | 59,879 |
| CONSOLIDATED COMMUNICATIONS IN | N/BINTR: 6.50 | MATD: 10/1/2022 | 4,142,000 | 3,976,320 | 3,838,253 |
| CONTINENTAL RESOURCES INC/OK | N/BINTR: 5.00 | MATD: 04/15/2023 | 2,100,000 | 1,995,000 | 2,156,238 |
| CONTINENTAL RESOURCES INC/OK | N/BINTR: 3.80 | MATD: 06/1/2024 | 96,000 | 90,240 | 95,146 |
| CONTINENTAL RESOURCES INC/OK | N/BINTR: 4.50 | MATD: 09/15/2022 | 288,000 | 279,360 | 295,551 |
| COX COMMUNICATIONS INC 144A | N/BINTR: 2.95 | MATD: 06/30/2023 | 270,000 | 259,200 | 262,289 |
| CVS HEALTH CORP | N/BINTR: 3.50 | MATD: 07/20/2022 | 610,000 | 616,100 | 614,928 |
| DENBURY RESOURCES INC 144A | N/BINTR: 9.00 | MATD: 05/15/2021 | 104,000 | 97,760 | 104,156 |
| DISH DBS CORP | N/BINTR: 5.88 | MATD: 11/15/2024 | 5,200,000 | 5,148,000 | 4,323,294 |
| DISH DBS CORP | N/BINTR: 5.00 | MATD: 03/15/2023 | 1,010,000 | 898,900 | 887,678 |
| DISH DBS CORP | N/BINTR: 7.75 | MATD: 07/1/2026 | 2,520,000 | 2,520,000 | 2,164,576 |
| ECOLAB INC | N/BINTR: 2.58 | MATD: 12/1/2027 | 1,895,000 | 1,876,050 | 1,864,541 |
| ECOLAB INC | N/BINTR: 3.25 | MATD: 08/10/2022 | 180,000 | 180,000 | 176,976 |
| ELANCO ANIMAL HEALTH INC 144A | N/BINTR: 4.90 | MATD: 08/28/2028 | 750,000 | 750,000 | 790,181 |
| ENERGY TRANSFER OPERATING LP | N/BINTR: 4.50 | MATD: 04/15/2024 | 2,550,000 | 2,550,000 | 2,588,352 |
| ENLINK MIDSTREAM PARTNERS LP | N/BINTR: 4.15 | MATD: 06/1/2025 | 9 | 9 | 8 |
| ENSCO ROWAN PLC | N/BINTR: 7.75 | MATD: 02/1/2026 | 564,000 | 564,000 | 473,055 |
| ENTERPRISE PRODUCTS OPERATING | N/BINTR: 3.75 | MATD: 02/15/2025 | 100,000 | 100,000 | 102,457 |
| ENTERPRISE PRODUCTS OPERATING | N/BINTR: 2.85 | MATD: 04/15/2021 | 330,000 | 333,300 | 330,706 |
| ERP OPERATING LP | N/BINTR: 4.63 | MATD: 12/15/2021 | 100,000 | 101,000 | 104,316 |
| EXXON MOBIL CORP | N/BINTR: 2.73 | MATD: 03/1/2023 | 50,000 | 50,000 | 50,338 |
| FIRST QUANTUM MINERALS LT 144A | N/BINTR: 7.25 | MATD: 05/15/2022 | 500,000 | 480,000 | 496,403 |
| FORD MOTOR CO | N/BINTR: 6.63 | MATD: 10/1/2028 | 471,000 | 386,220 | 475,956 |
| FORD MOTOR CREDIT CO LLC | N/BINTR: 5.60 | MATD: 01/7/2022 | 2,200,000 | 2,200,000 | 2,223,387 |
| FORD MOTOR CREDIT CO LLC | N/BINTR: 3.34 | MATD: 03/28/2022 | 305,000 | 311,100 | 290,781 |
| FORD MOTOR CREDIT CO LLC | N/BINTR: 4.25 | MATD: 09/20/2022 | 1,600,000 | 1,600,000 | 1,568,296 |
| GENERAL MILLS INC | N/BINTR: 3.70 | MATD: 10/17/2023 | 68,000 | 68,000 | 69,174 |
| GENERAL MOTORS FINANCIAL CO IN | N/BINTR: 4.15 | MATD: 06/19/2023 | 100,000 | 100,000 | 98,722 |
| GLAXOSMITHKLINE CAPITAL INC | N/BINTR: 3.38 | MATD: 05/15/2023 | 132,000 | 132,000 | 134,497 |
| GOLDMAN SACHS GROUP INC/THE | N/BINTR: 3.85 | MATD: 01/26/2027 | 510,000 | 510,000 | 500,384 |
| GOLDMAN SACHS GROUP INC/THE | N/BINTR: 5.38 | MATD: 03/15/2020 | 170,000 | 168,300 | 177,794 |
| GOLDMAN SACHS GROUP INC/THE | N/BINTR: 3.00 | MATD: 04/26/2022 | 10,000 | 10,000 | 9,948 |
| HALLIBURTON CO | N/BINTR: 3.80 | MATD: 11/15/2025 | 298,000 | 298,000 | 300,552 |
| HCA INC | N/BINTR: 5.38 | MATD: 09/1/2026 | 400,000 | 400,000 | 416,436 |
| HESS INFRASTRUCTURE PARTN 144A | N/BINTR: 5.63 | MATD: 02/15/2026 | 300,000 | 300,000 | 304,781 |
| JPMORGAN CHASE & CO | N/BINTR: 0.01 | MATD: 02/1/2028 | 300,000 | 324,000 | 297,012 |
| JPMORGAN CHASE & CO | N/BINTR: 2.70 | MATD: 05/18/2023 | 190,000 | 190,000 | 186,319 |
| JPMORGAN CHASE & CO | N/BINTR: 0.01 | MATD: 07/23/2024 | 2,100,000 | 2,100,000 | 2,121,698 |
| KRAFT HEINZ FOODS CO | N/BINTR: 4.00 | MATD: 06/15/2023 | 130,000 | 130,000 | 132,354 |
| LLOYDS BANKING GROUP PLC | N/BINTR: 4.34 | MATD: 01/9/2048 | 54,000 | 52,920 | 46,138 |
| MARSH & MCLENNAN COS INC | N/BINTR: 3.88 | MATD: 03/15/2024 | 113,000 | 113,000 | 114,824 |
| MCDONALD'S CORP | N/BINTR: 3.55 | MATD: 04/1/2023 | 350,000 | 350,000 | 355,662 |
| METLIFE INC | N/BINTR: 3.05 | MATD: 12/15/2022 | 500,000 | 495,000 | 501,982 |
| METLIFE INC | N/BINTR: 3.60 | MATD: 04/10/2024 | 1,800,000 | 1,800,000 | 1,852,344 |
| MICROCHIP TECHNOLOGY INC 144A | N/BINTR: 4.33 | MATD: 06/1/2023 | 370,000 | 370,000 | 366,241 |
| MONDELEZ INTERNATIONAL INC | N/BINTR: 3.63 | MATD: 05/7/2023 | 350,000 | 350,000 | 357,490 |
| MORGAN STANLEY | N/BINTR: 3.10 | MATD: 10/23/2024 | 200,000 | 200,000 | 202,955 |
| MORGAN STANLEY | N/BINTR: 2.75 | MATD: 05/19/2022 | 80,000 | 80,000 | 79,173 |
| MORGAN STANLEY | N/BINTR: 4.10 | MATD: 05/22/2023 | 490,000 | 475,300 | 500,010 |
| MORGAN STANLEY | N/BINTR: 3.13 | MATD: 07/27/2026 | 100,000 | 99,000 | 95,233 |
| NATIONAL RETAIL PROPERTIES INC | N/BINTR: 4.30 | MATD: 10/15/2028 | 100,000 | 99,000 | 101,966 |
| NAVIENT CORP | N/BINTR: 5.63 | MATD: 08/1/2033 | 100,000 | 77,000 | 77,813 |
| NEW ALBERTSONS LP | N/BINTR: 8.00 | MATD: 05/1/2031 | 50,000 | 41,000 | 45,500 |
| NEW ALBERTSONS LP | N/BINTR: 7.45 | MATD: 08/1/2029 | 4,465,000 | 3,884,550 | 4,095,521 |
| NEWFIELD EXPLORATION CO | N/BINTR: 5.63 | MATD: 07/1/2024 | 185,000 | 151,700 | 194,190 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390
Plan No. 001

| (a) (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | | (d) Cost | (e) Current Value |
|--|--|------------------|-------------|----------------------|
| NOBLE HOLDING INTERNATIONAL 144A | N/BINTR: 7.88 | MATD: 02/1/2026 | 1,835,000 | \$ 1,744,397 |
| NOBLE HOLDING INTERNATIONAL LT | N/BINTR: 7.75 | MATD: 01/15/2024 | 216,000 | 211,680 |
| NUANCE COMMUNICATIONS INC | N/BINTR: 1.25 | MATD: 04/1/2025 | 300,000 | 291,000 |
| OASIS PETROLEUM INC | N/BINTR: 6.88 | MATD: 01/15/2023 | 379,000 | 322,150 |
| ONEOK PARTNERS LP | N/BINTR: 4.90 | MATD: 03/15/2025 | 100,000 | 84,000 |
| ORACLE CORP | N/BINTR: 2.50 | MATD: 05/15/2022 | 1,000,000 | 1,010,000 |
| PETROLEOS MEXICANOS | N/BINTR: 4.88 | MATD: 01/18/2024 | 2,200,000 | 2,178,000 |
| PRECISION DRILLING CORP | N/BINTR: 5.25 | MATD: 11/15/2024 | 9,750,000 | 9,750,000 |
| QEP RESOURCES INC | N/BINTR: 5.25 | MATD: 05/1/2023 | 3,410,000 | 3,137,200 |
| QUICKEN LOANS INC 144A | N/BINTR: 5.75 | MATD: 05/1/2025 | 515,000 | 515,000 |
| RANGE RESOURCES CORP | N/BINTR: 5.00 | MATD: 03/15/2023 | 1,920,000 | 1,728,000 |
| RANGE RESOURCES CORP | N/BINTR: 5.00 | MATD: 08/15/2022 | 220,000 | 195,800 |
| SANOFI | N/BINTR: 3.38 | MATD: 06/19/2023 | 629,693 | 629,693 |
| SEALED AIR CORP 144A | N/BINTR: 5.25 | MATD: 04/1/2023 | 157,000 | 157,000 |
| SHERWIN-WILLIAMS CO/THE | N/BINTR: 3.45 | MATD: 06/1/2027 | 3,750,000 | 3,750,000 |
| SM ENERGY CO | N/BINTR: 5.00 | MATD: 01/15/2024 | 2,415,000 | 1,980,300 |
| SM ENERGY CO | N/BINTR: 6.13 | MATD: 11/15/2022 | 195,000 | 103,350 |
| SM ENERGY CO | N/BINTR: 5.63 | MATD: 06/1/2025 | 785,000 | 361,100 |
| SPRINGLEAF FINANCE CORP | N/BINTR: 6.88 | MATD: 12/15/2019 | 100,000 | 99,000 |
| SPRINGLEAF FINANCE CORP | N/BINTR: 5.25 | MATD: 03/15/2025 | 255,101 | 255,101 |
| SUNTRUST BANKS INC | N/BINTR: 2.90 | MATD: 03/3/2021 | 320,000 | 320,000 |
| TELECOM ITALIA SPA/MILANO 144A | N/BINTR: 5.30 | MATD: 05/30/2024 | 861,300 | 844,074 |
| TENET HEALTHCARE CORP | N/BINTR: 5.13 | MATD: 05/1/2025 | 2,482,000 | 2,457,180 |
| TENNeco INC | N/BINTR: 5.00 | MATD: 07/15/2026 | 2,510,000 | 2,309,200 |
| TOYOTA MOTOR CORP | N/BINTR: 3.42 | MATD: 07/20/2023 | 230,000 | 230,000 |
| TRI POINTE GROUP INC / TRI POI | N/BINTR: 5.88 | MATD: 06/15/2024 | 2,300,000 | 2,254,000 |
| UNILEVER CAPITAL CORP | N/BINTR: 2.60 | MATD: 05/5/2024 | 100,000 | 99,000 |
| UNITED PARCEL SERVICE INC | N/BINTR: 2.50 | MATD: 04/1/2023 | 56,000 | 56,000 |
| UNITED RENTALS NORTH AMERICA I | N/BINTR: 6.50 | MATD: 12/15/2026 | 1,150,000 | 1,150,000 |
| UNITED STATES STEEL CORP | N/BINTR: 6.65 | MATD: 06/1/2037 | 602,000 | 487,620 |
| UNITED TECHNOLOGIES CORP | N/BINTR: 2.80 | MATD: 05/4/2024 | 640,000 | 640,000 |
| UNITEDHEALTH GROUP INC | N/BINTR: 2.13 | MATD: 03/15/2021 | 64,000 | 64,000 |
| US BANK NA/CINCINNATI OH | N/BINTR: 3.40 | MATD: 07/24/2023 | 370,000 | 370,000 |
| XEROX CORP | N/BINTR: 5.63 | MATD: 12/15/2019 | 375,000 | 423,750 |
| SUB TOTAL - CORPORATE DEBT - OTHER - LOANED TO THIRD PARTIES | | | 100,756,832 | 99,740,777 |
| CORPORATE STOCK - LOANED TO THIRD PARTIES | | | | |
| ALLISON TRANSMISSION HOLDINGS | COMMON | | 724 | 33,058 |
| AMEDISYS INC | COMMON | | 671 | 78,467 |
| APOLLO COMMERCIAL REAL ESTATE | COMMON | | 20,151 | 374,003 |
| BAYCOM CORP | COMMON | | 500 | 11,055 |
| BCE INC | COMMON | | 26,500 | 1,089,945 |
| BLACKROCK TCP CAPITAL CORP | COMMON | | 6,700 | 92,594 |
| BOK FINANCIAL CORP | COMMON | | 2,088 | 177,146 |
| BOLSAS Y MERCADOS ESPANOLES SH | COMMON | | 1,665 | 68,781 |
| CACI INTERNATIONAL INC | COMMON | | 1,297 | 244,277 |
| CALLAWAY GOLF CO | COMMON | | 3,031 | 70,531 |
| CAPITOL FEDERAL FINANCIAL INC | COMMON | | 23,900 | 286,322 |
| CHIMERA INVESTMENT CORP | COMMON | | 16,006 | 300,753 |
| CHURCH & DWIGHT CO INC | COMMON | | 59,813 | 3,043,884 |
| CHURCHILL DOWNS INC | COMMON | | 400 | 27,992 |
| COLGATE-PALMOLIVE CO | COMMON | | 59,850 | 4,188,303 |
| COLUMBIA SPORTSWEAR CO | COMMON | | 793 | 49,785 |
| COMMONWEALTH BANK OF AUSTRALIA | COMMON | | 49,488 | 3,654,194 |
| CRACKER BARREL OLD COUNTRY STO | COMMON | | 700 | 117,250 |
| CROCS INC | COMMON | | 8,797 | 239,454 |
| CSG SYSTEMS INTERNATIONAL INC | COMMON | | 3,633 | 171,587 |
| DECKERS OUTDOOR CORP | COMMON | | 4,982 | 589,122 |
| DEMANT A/S | COMMON | | 4,687 | 80,570 |
| DENNY'S CORP | COMMON | | 23,388 | 377,015 |
| EMPLOYERS HOLDINGS INC | COMMON | | 1,100 | 50,336 |
| FIRSTENERGY CORP | COMMON | | 8,800 | 317,680 |
| FULTON FINANCIAL CORP | COMMON | | 12,337 | 202,944 |
| GAP INC/THE | COMMON | | 173,869 | 5,092,623 |
| GEOPARK LTD | COMMON | | 2,000 | 35,020 |

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Assets (Held at End of Year)

As of January 31, 2019

Form 5500, Schedule H, Line 4i

E.I.N. 36-6052390
Plan No. 001

| (a) (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|--|--|-----------------------|-----------------------|
| H&R BLOCK INC | COMMON | 26,755 \$ | 688,941 \$ |
| HAWAIIAN ELECTRIC INDUSTRIES I | COMMON | 69,857 | 2,528,823 |
| HERSHA HOSPITALITY TRUST | COMMON | 40,336 | 921,678 |
| HORMEL FOODS CORP | COMMON | 15,035 | 589,372 |
| ICA GRUPPEN AB | COMMON | 130,276 | 4,615,679 |
| INTERPUBLIC GROUP OF COS INC/T | COMMON | 23,740 | 568,573 |
| INTERSHOP HOLDING AG | COMMON | 196 | 96,748 |
| J&J SNACK FOODS CORP | COMMON | 4,619 | 582,502 |
| JACK HENRY & ASSOCIATES INC | COMMON | 31,342 | 2,880,643 |
| K12 INC | COMMON | 3,872 | 67,102 |
| KEARNY FINANCIAL CORP/MD | COMMON | 12,265 | 170,238 |
| KEPPEL INFRASTRUCTURE TRUST | COMMON | 1,376,099 | 5,944,748 |
| KIMBALL INTERNATIONAL INC | COMMON | 4,700 | 75,764 |
| KIMBERLY-CLARK CORP | COMMON | 27,009 | 2,990,707 |
| KKR REAL ESTATE FINANCE TRUST | COMMON | 1,700 | 34,612 |
| KOHL'S CORP | COMMON | 48,653 | 3,225,207 |
| LANCASTER COLONY CORP | COMMON | 5,373 | 986,214 |
| LUMINEX CORP | COMMON | 3,914 | 87,204 |
| MACY'S INC | COMMON | 84,000 | 2,676,240 |
| MEDIFAST INC | COMMON | 4,267 | 159,970 |
| MERCURY GENERAL CORP | COMMON | 2,600 | 131,404 |
| METTLER-TOLEDO INTERNATIONAL I | COMMON | 1,893 | 1,084,935 |
| MICROSTRATEGY INC | COMMON | 300 | 39,096 |
| MSG NETWORKS INC | COMMON | 5,306 | 124,054 |
| MTR CORP LTD | COMMON | 18,400 | 83,720 |
| NEW MEDIA INVESTMENT GROUP INC | COMMON | 21,989 | 385,687 |
| NEWMONT GOLDCORP CORP | COMMON | 13,703 | 470,013 |
| NORTHWEST BANCSHARES INC | COMMON | 79,889 | 1,338,940 |
| ORTHOPIX MEDICAL INC | COMMON | 1,376 | 81,473 |
| OXFORD INDUSTRIES INC | COMMON | 1,513 | 121,176 |
| PENNYMAC MORTGAGE INVESTMENT T | COMMON | 6,300 | 117,306 |
| PIEDMONT OFFICE REALTY TRUST I | COMMON | 73,149 | 1,362,766 |
| PRESTIGE CONSUMER HEALTHCARE I | COMMON | 35,192 | 1,401,697 |
| PROVIDENT FINANCIAL HOLDINGS I | COMMON | 1,200 | 23,784 |
| REGIS CORP | COMMON | 9,713 | 204,750 |
| RHOEN-KLINIKUM AG | COMMON | 3,674 | 115,290 |
| ROYAL GOLD INC | COMMON | 3,605 | 281,262 |
| SAFETY INSURANCE GROUP INC | COMMON | 149 | 13,116 |
| SCHOLASTIC CORP | COMMON | 6,700 | 302,036 |
| SENIOR HOUSING PROPERTIES TRUS | COMMON | 47,601 | 1,106,247 |
| SERVICE CORP INTERNATIONAL/US | COMMON | 31 | 1,134 |
| SHOE CARNIVAL INC | COMMON | 6,615 | 263,277 |
| SPIRE INC | COMMON | 24,938 | 1,886,310 |
| STARWOOD PROPERTY TRUST INC | COMMON | 24,634 | 537,021 |
| SUNCOKE ENERGY PARTNERS LP | COMMON | 500 | 7,835 |
| SYSCO CORP | COMMON | 118,400 | 5,834,752 |
| TORCHMARK CORP | COMMON | 21,022 | 1,811,045 |
| TRUSTMARK CORP | COMMON | 21,384 | 684,930 |
| UNITED THERAPEUTICS CORP | COMMON | 29,222 | 3,745,384 |
| UNIVERSAL HEALTH SERVICES INC | COMMON | 4,500 | 532,530 |
| US PHYSICAL THERAPY INC | COMMON | 1,002 | 109,098 |
| VALERO ENERGY CORP | COMMON | 9,120 | 725,405 |
| VECTOR GROUP LTD | COMMON | 47,140 | 669,859 |
| VERBUND AG | COMMON | 40,000 | 1,058,800 |
| VOYA FINANCIAL INC | COMMON | 10,360 | 368,298 |
| WALT DISNEY CO/THE | COMMON | 44,712 | 4,327,227 |
| WATERSTONE FINANCIAL INC | COMMON | 2,878 | 41,357 |
| WD-40 CO | COMMON | 2,674 | 452,441 |
| SUB TOTAL - CORPORATE STOCK - LOANED TO THIRD PARTIES | | <u>82,801,108</u> | <u>79,167,173</u> |
| TOTAL - SECURITIES LOANED TO THIRD PARTIES | | <u>\$ 216,611,474</u> | <u>\$ 212,208,218</u> |

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

Measurement Date: February 1, 2018

[Form 5500 Sch. MB, Line 8b(2)]

Years of Credited Service

| Age | Under 1 | 1 - 4 | 5 - 9 | 10 - 14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 + | Total |
|----------|---------|--------|--------|---------|---------|---------|---------|---------|---------|------|--------|
| Under 25 | 433 | 2,334 | 127 | - | - | - | - | - | - | - | 2,894 |
| 25 - 29 | 475 | 4,209 | 1,509 | 114 | - | - | - | - | - | - | 6,307 |
| 30 - 34 | 416 | 3,842 | 2,429 | 1,408 | 60 | - | - | - | - | - | 8,155 |
| 35 - 39 | 1,774 | 5,725 | 2,435 | 2,249 | 1,023 | 42 | - | - | - | - | 13,248 |
| 40 - 44 | 304 | 2,829 | 2,626 | 2,336 | 1,689 | 611 | 22 | - | - | - | 10,417 |
| 45 - 49 | 288 | 2,599 | 2,151 | 2,477 | 2,162 | 1,193 | 519 | 35 | - | - | 11,424 |
| 50 - 54 | 260 | 2,285 | 2,037 | 2,367 | 2,448 | 1,467 | 1,070 | 591 | 36 | - | 12,561 |
| 55 - 59 | 191 | 1,846 | 1,946 | 2,295 | 2,558 | 1,423 | 1,143 | 845 | 417 | 33 | 12,697 |
| 60 - 64 | 104 | 973 | 1,189 | 1,488 | 1,529 | 785 | 573 | 419 | 318 | 170 | 7,548 |
| 65 - 69 | 35 | 216 | 295 | 353 | 326 | 117 | 80 | 70 | 56 | 58 | 1,606 |
| 70 + | 10 | 76 | 83 | 90 | 59 | 23 | 10 | 8 | 13 | 21 | 393 |
| Total | 4,290 | 26,934 | 16,827 | 15,177 | 11,854 | 5,661 | 3,417 | 1,968 | 840 | 282 | 87,250 |

Notes

- Participants with a missing date of birth were assumed to be age 35 at commencement of participation.



**Schedule MB, Lines 9c and 9h –
Schedule of Funding Standard Account Bases**

Charges

[Schedule MB, Line 9c]

| Type | Date Established | Initial Period | Initial Balance | Outstanding at 2/1/2018 Period | Outstanding at 2/1/2018 Balance | Annual Payment |
|----------------------|------------------|----------------|------------------|--------------------------------|---------------------------------|------------------------|
| Combined | 2/1/2008 | 16.67 | \$ 4,834,942,347 | 1.67 | \$ 972,637,231 | \$ 598,146,606 |
| Exper Loss | 2/1/2008 | 20.00 | 133,944,488 | 5.00 | 61,937,682 | 14,302,194 |
| Assumption | 2/1/2008 | 20.00 | 338,196,323 | 5.00 | 156,386,397 | 36,111,597 |
| ENIL (2008) | 2/1/2009 | 29.00 | 2,291,730,560 | 20.00 | 2,007,111,402 | 186,209,143 |
| Exper Loss | 2/1/2009 | 20.00 | 300,741,627 | 6.00 | 161,176,665 | 32,112,296 |
| ENIL (2008) | 2/1/2010 | 28.00 | 48,157,612 | 20.00 | 42,604,889 | 3,952,656 |
| ENIL (2008) | 2/1/2011 | 27.00 | 78,751,005 | 20.00 | 70,441,293 | 6,535,170 |
| Exper Loss | 2/1/2011 | 15.00 | 92,848,068 | 8.00 | 61,974,486 | 9,914,041 |
| Exper Loss | 2/1/2012 | 15.00 | 184,350,911 | 9.00 | 133,884,967 | 19,684,442 |
| Exper Loss | 2/1/2015 | 15.00 | 189,944,991 | 12.00 | 166,845,176 | 20,281,761 |
| Exper loss | 2/1/2016 | 15.00 | 692,137,478 | 13.00 | 638,140,517 | 73,904,382 |
| Exper Loss | 2/1/2017 | 15.00 | 389,264,118 | 14.00 | 374,646,376 | 41,564,465 |
| Exper Loss | 2/1/2018 | 15.00 | 81,701,569 | 15.00 | 81,701,569 | 8,723,851 |
| Assumption | 2/1/2018 | 15.00 | 237,345,709 | 15.00 | 237,345,709 | 25,343,069 |
| Total Charges | | | | | \$5,166,834,359 | \$1,076,785,673 |

See the comments following this Exhibit.

**Schedule MB, Lines 9c and 9h –
Schedule of Funding Standard Account Bases**

Credits

[Schedule MB, Line 9h]

| <u>Type</u> | <u>Date Established</u> | <u>Initial Period</u> | <u>Initial Balance</u> | <u>Outstanding at 2/1/2018</u> | | <u>Annual Payment</u> |
|----------------------|-----------------------------|---------------------------|----------------------------|--------------------------------|------------------------|---------------------------|
| | | | | <u>Period</u> | <u>Balance</u> | |
| Exper Gain | 2/1/2010 | 15.00 | \$ 1,743,559,049 | 7.00 | \$1,053,389,490 | \$ 186,172,051 |
| Exper Gain | 2/1/2013 | 15.00 | 14,028,517 | 10.00 | 10,953,347 | 1,497,923 |
| Exper Gain | 2/1/2014 | 15.00 | 130,150,282 | 11.00 | 108,208,187 | 13,897,060 |
| <u>Total Credits</u> | | | | | <u>\$1,172,551,024</u> | <u>\$ 201,567,034</u> |
| Net Total | | | | | \$3,994,283,335 | \$ 875,218,639 |

See the comments following this Exhibit.

**Schedule MB, Lines 9c and 9h –
Schedule of Funding Standard Account Bases**

The table above shows the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

| Abbreviation | Description |
|--------------|---|
| Initial Liab | Initial unfunded actuarial accrued liability |
| Exper Loss | Actuarial experience loss (charge only) |
| Exper Gain | Actuarial experience gain (credit only) |
| ENIL (2008) | Eligible net investment loss under the Pension Relief Act of 2010 |
| Amendment | Plan amendment |
| Assumption | Change in actuarial assumptions |
| Method | Change in the actuarial cost method or asset valuation method |
| Combined | Combined charge base or combined credit base |
| Offset | Combined and offset charge and credit base |

**Schedule MB, Line 11 –
Justification for Change in Actuarial Assumptions**

***Justification for
Changes in
Assumptions and
Methods*** The changes in assumptions were made in connection with an experience study performed by Horizon Actuarial based on valuation data from the period of February 1, 2012 through January 1, 2017 and were made to more accurately reflect the expected experience of the Plan.

The changes in the interest rate and mortality tables used to determine the RPA '94 current liability were mandated legislative changes.

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

Plan Name Central Pension Fund of the International Union
of Operating Engineers and Participating Employers

Plan Sponsor The Board of Trustees of the Central Pension Fund of the International Union
of Operating Engineers and Participating Employers

EIN / PN 36-6052390 / 001

Interest Rates 7.75% per annum, compounded annually, net of investment expense
for determining costs and liabilities. This rate was chosen based on the Plan's asset
allocation, past experience, discussions with the Plan's investment advisor, and the results
of Horizon Actuarial's 2018 Survey of Capital Market Assumptions.

2.96% per annum for determining Current Liability

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

Retirement Age Active participants:

Retirement Rates (per 100 participants)

| Age | Credited Service | |
|-----|-----------------------|------------------------|
| | Less than 25 Years | 25 Years or Greater |
| 55 | 4.0 | 11.0 |
| 56 | 2.0 | 7.0 |
| 57 | 2.0 | 7.0 |
| 58 | 3.0 | 9.0 |
| 59 | 4.0 | 10.0 |
| 60 | 5.0 | 13.0 |
| 61 | 9.0 | 18.0 |
| 62 | 24.0 | 45.0 |
| 63 | 14.0 | 21.0 |
| 64 | 15.0 | 23.0 |
| 65 | 36.0 | 40.0 |
| 66 | 24.0 | 31.0 |
| 67 | 20.0 | 23.0 |
| 68 | 20.0 | 22.0 |
| 69 | 21.0 | 25.0 |
| 70+ | 100.0 | 100.0 |

Inactive vested participants: Earlier of 65 or 62 with 25 years of credited service

The weighted average retirement age for active participants is 63. This average is based on the active population as of the valuation date. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

The retirement assumption is based on historical and demographic data, adjusted to reflect estimated future experience and professional judgement.

**Operating
Expenses**

Beginning of year expenses are assumed to equal the actual expenses in the year preceding the valuation date, adjusted to reflect the impact of any scheduled increases in PBGC premiums. Investment-related fees are not included in assumed operating expenses. For the Plan Year beginning February 1, 2018, assumed operating expenses equal \$19,887,420 as of the beginning of the Plan Year (equivalent to \$20,658,058 as of the middle of the Plan Year).



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

Hours Worked For the purpose of projecting future benefit accruals, it is assumed that each active participant will work the same number of hours per year as worked during the Plan Year preceding the valuation date, adjusted by the ratio of the 3-year average of total hours (as provided by the fund office) to the 3-year average of total hours from the participant data.

Contribution Income For the purpose of projecting future benefit accruals, it is assumed that the Plan will receive contributions on behalf of each active participant equal to the contributions received during the Plan Year preceding the valuation date, adjusted by the ratio of the 3-year average of total hours worked (as provided by the Fund Office) to the 3-year average of total hours worked from the participant data (the same ratio used to adjust Hours Worked).

For the purpose of projecting assets, future annual contributions are assumed to equal the contributions received during the Plan Year preceding the valuation date.

Date of Benefit Eligibility All dates of eligibility are based on projecting the current rate of credited service accrual or vesting service accrual, whichever is applicable.

Non-Disabled Mortality *Participants:*

The sex-distinct RP-2014 Mortality Tables with Blue Collar Adjustment, adjusted to base year 2006, with fully generational projection using 25% of Projection Scale MP-2016.

Beneficiaries:

The sex-distinct RP-2014 Mortality Tables with Blue Collar Adjustment, adjusted to base year 2006, with fully generational projection using 25% of Projection Scale MP-2016.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

The non-disabled mortality assumption was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables, expectations regarding future mortality improvement, and professional judgement.

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

Disabled Mortality The sex-distinct RP-2014 Disabled Mortality Tables, adjusted to base year 2006, with 2-year set forward and no future improvement.

The disabled mortality assumption was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables, the Plan’s definition of disabled, expectations regarding future mortality improvement, and professional judgement.

Disability Illustrations of the annual rates of disablement are shown in the table below for selected ages:

Representative Disability Rates (per 1,000 participants)

| Age | Males | Females |
|-----|--------|---------|
| 20 | 0.433 | 0.202 |
| 25 | 0.520 | 0.278 |
| 30 | 0.715 | 0.579 |
| 35 | 1.042 | 0.988 |
| 40 | 1.550 | 1.456 |
| 45 | 2.861 | 2.582 |
| 50 | 6.177 | 5.152 |
| 55 | 11.795 | 9.572 |
| 60 | 15.307 | 10.766 |

The disability assumption was chosen based on a review of standard disability rate tables and historical and current demographic data, and reflects anticipated future experience and professional judgement.

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

Withdrawal Illustrations of the annual rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected years of service:

Representative Withdrawal Rates (per 100 participants)

| Years of Vesting Service | Hoisting & Portable | Stationary |
|--------------------------|---------------------|------------|
| 0 | 26 | 15 |
| 5 | 9 | 7 |
| 10 | 5 | 4 |
| 15 | 4 | 4 |
| 20+ | 2 | 2 |

The withdrawal assumption was chosen based on a review of standard termination rate tables and historical and current demographic data, and reflects anticipated future experience and professional judgement.

Form of Payment Single participants are assumed to elect a Life Annuity (with 60 monthly payments guaranteed for benefits earned before August 1, 2005). Married participants are assumed to elect a Joint and 50% Survivor Benefit (with 60 monthly payments guaranteed for benefits earned before August 1, 2005), including the “Pop-Up” feature.

Marriage 80% of non-retired participants are assumed to be married.

Spouse Ages Husbands are assumed to be three years older than wives.

Cost Method The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.



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

Asset Valuation Method The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year. The investment loss for the Plan Year ending January 31, 2009 is recognized over ten years (instead of five years) in accordance with the provisions of the Pension Relief Act of 2010, as elected by the Trustees. Expected investment return is calculated using the net market value of assets as of the beginning of the plan year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value. The investment loss for the Plan Year ending January 31, 2009 has been fully recognized in the actuarial value of assets as of February 1, 2018.

Pension Relief Act of 2010 The following special rules were elected by the Trustees under the Pension Relief Act of 2010:

- Special amortization rule: The portions of experience losses attributable to the eligible net investment losses incurred during the plan year ending January 31, 2009 are amortized in the funding standard account over a period ending January 31, 2038.
- Special asset valuation rule: Eligible net investment losses incurred during the plan year ending January 31, 2009 are smoothed in the actuarial value of assets over a period of 10 years.

The special rules apply retroactively to the plan year beginning February 1, 2009. For purposes of determining the amounts of the eligible net investment losses to be recognized in the funding standard account under the special amortization rule, the “prospective” method described in IRS Notice 2010-83 was used.

This report reflects the Trustees’ decision to stop applying the special amortization rule under the Pension Relief Act of 2010 (“PRA”) effective for the February 1, 2012 valuation.

The investment loss for the Plan Year ending January 31, 2009 has been fully recognized in the actuarial value of assets as of February 1, 2018.

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

Participant Data Participant census data as of February 1, 2018 were provided by the Central Pension Fund.

No future new or rehired employees are assumed. Participants with a missing date of birth are assumed to enter the plan at age 35.

Participants who worked 400 hours or more in the plan year ending January 31, 2018 were considered active for purposes of this valuation.

It is assumed that suspended, in-payment participants continue to receive benefits immediately and without interruption as of the valuation date.

Participants with no local number provided are assumed to be Stationary.

**Nature of
Actuarial
Calculations**

The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

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

Changes in Assumptions

Since the prior valuation, the following assumptions have been changed:

- The non-disabled mortality assumption was changed from the Sex-Distinct 1983 Group Annuity Mortality Tables with no future improvement to the Sex Distinct RP-2014 Mortality Tables with Blue Collar adjustment, adjusted to base year 2006, with fully generational projection using 25% of Projection Scale MP-2016.
- The disabled mortality assumption was changed from the Social Security Administration 2004 table for disabled lives with no future improvement to the Sex Distinct RP-2014 Disabled Mortality Tables, adjusted to base year 2006, with 2-year set forward and no future improvement.
- Active Retirement Rates

- Prior rates (per 100 participants):

| Age | Credited Service | | | |
|-----|--------------------|-------------|-------------|---------------------|
| | Less Than 15 Years | 15-19 Years | 20-24 Years | 25 Years or Greater |
| 55 | 2.0 | 6.0 | 6.0 | 11.0 |
| 56 | 1.0 | 2.0 | 2.0 | 7.0 |
| 57 | 1.0 | 3.0 | 3.0 | 7.0 |
| 58 | 2.0 | 4.0 | 4.0 | 8.0 |
| 59 | 2.0 | 7.0 | 7.0 | 9.0 |
| 60 | 3.0 | 7.0 | 7.0 | 13.0 |
| 61 | 4.0 | 8.0 | 8.0 | 14.0 |
| 62 | 20.0 | 36.0 | 42.0 | 54.0 |
| 63 | 9.0 | 20.0 | 20.0 | 22.0 |
| 64 | 9.0 | 15.0 | 15.0 | 23.0 |
| 65 | 40.0 | 42.0 | 48.0 | 44.0 |
| 66 | 16.0 | 22.0 | 22.0 | 22.0 |
| 67 | 16.0 | 22.0 | 22.0 | 22.0 |
| 68 | 17.0 | 22.0 | 22.0 | 22.0 |
| 69 | 17.0 | 22.0 | 22.0 | 22.0 |
| 70+ | 100.0 | 100.0 | 100.0 | 100.0 |

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

- New Rates (per 100 participants):

| Age | Credited Service | |
|-----|--------------------|---------------------|
| | Less than 25 Years | 25 Years or Greater |
| 55 | 4.0 | 11.0 |
| 56 | 2.0 | 7.0 |
| 57 | 2.0 | 7.0 |
| 58 | 3.0 | 9.0 |
| 59 | 4.0 | 10.0 |
| 60 | 5.0 | 13.0 |
| 61 | 9.0 | 18.0 |
| 62 | 24.0 | 45.0 |
| 63 | 14.0 | 21.0 |
| 64 | 15.0 | 23.0 |
| 65 | 36.0 | 40.0 |
| 66 | 24.0 | 31.0 |
| 67 | 20.0 | 23.0 |
| 68 | 20.0 | 22.0 |
| 69 | 21.0 | 25.0 |
| 70+ | 100.0 | 100.0 |

- Withdrawal Rates

- Prior rates (per 100 participants):

Stationary Participants

| Age | Credited Service (Years) | | | | | | |
|-----|--------------------------|-----|-----|-----|-------|-------|-----|
| | <2 | 2-3 | 4-6 | 7-9 | 10-14 | 15-19 | 20+ |
| 20 | 16 | 9 | 7 | 6 | 0 | 0 | 0 |
| 25 | 9 | 9 | 7 | 6 | 5 | 0 | 0 |
| 30 | 9 | 6 | 6 | 6 | 5 | 4 | 0 |
| 35 | 9 | 6 | 6 | 6 | 4 | 4 | 0 |
| 40 | 9 | 6 | 6 | 6 | 4 | 3 | 2 |
| 45 | 8 | 4 | 4 | 3 | 2 | 2 | 1 |
| 50 | 4 | 3 | 2 | 2 | 2 | 2 | 1 |

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

Hoisting and Portable Participants

| Age | Credited Service (Years) | | | | | | |
|-----|--------------------------|-----|-----|-----|-------|-------|-----|
| | <2 | 2-3 | 4-6 | 7-9 | 10-14 | 15-19 | 20+ |
| 20 | 24 | 10 | 7 | 7 | 0 | 0 | 0 |
| 25 | 17 | 10 | 7 | 6 | 5 | 0 | 0 |
| 30 | 17 | 9 | 6 | 5 | 4 | 4 | 0 |
| 35 | 17 | 9 | 6 | 4 | 4 | 4 | 0 |
| 40 | 15 | 6 | 5 | 3 | 2 | 2 | 2 |
| 45 | 14 | 3 | 3 | 2 | 1 | 1 | 1 |
| 50 | 14 | 3 | 2 | 1 | 0 | 0 | 0 |

- New Rates (per 100 participants):

| Years of Vesting Service | Hoisting & Portable | Stationary |
|--------------------------|---------------------|------------|
| 0 | 26 | 15 |
| 5 | 9 | 7 |
| 10 | 5 | 4 |
| 15 | 4 | 4 |
| 20+ | 2 | 2 |

- Disability Rates

- Prior Rates (per 1,000 participants):

| Age | Males | Females |
|-----|--------|---------|
| 20 | 0.586 | 0.274 |
| 25 | 0.703 | 0.376 |
| 30 | 0.966 | 0.783 |
| 35 | 1.408 | 1.335 |
| 40 | 2.094 | 1.967 |
| 45 | 3.659 | 3.302 |
| 50 | 8.159 | 6.804 |
| 55 | 15.579 | 12.643 |
| 60 | 20.217 | 14.219 |



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

○ New Rates (per 1,000 participants):

| Age | Males | Females |
|-----|--------|---------|
| 20 | 0.433 | 0.202 |
| 25 | 0.520 | 0.278 |
| 30 | 0.715 | 0.579 |
| 35 | 1.042 | 0.988 |
| 40 | 1.550 | 1.456 |
| 45 | 2.861 | 2.582 |
| 50 | 6.177 | 5.152 |
| 55 | 11.795 | 9.572 |
| 60 | 15.307 | 10.766 |

- The assumption for future hours worked for benefit accruals was changed from the assumption that each active participant will work the same number of hours per year as worked during the Plan Year preceding the valuation date to the assumption that each active participant will work the same number of hours per year as worked during the Plan Year preceding the valuation date, adjusted by the ratio of the 3-year average of total hours (as provided by the Fund Office) to the 3-year average of total hours worked from the valuation data.
- The assumption for future contributions for benefit accruals was changed from the assumption that the Plan will receive contributions on behalf of each active participant equal to the contributions received during the Plan Year preceding the valuation date to the assumption that the Plan will receive contributions on behalf of each active participant equal to the contributions received during the Plan Year preceding the valuation date, adjusted by the ratio of the 3-year average of total hours worked (as provided by the Fund Office) to the 3-year average of total hours worked from the valuation data.
- The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the IRS prescribed assumptions.

Schedule MB – Statement by the Enrolled Actuary

| | |
|---------------------------|---|
| Plan Sponsor: | Board of Trustees of the Central Pension Fund of the International Union of Operating Engineers and Participating Employers |
| EIN / PN: | 36-6052390 / 001 |
| Plan Year: | Beginning February 1, 2018 and ending January 31, 2019 |
| Plan Name: | Central Pension Fund of the IUOE and Participating Employers (the “Plan”) |
| Enrolled Actuary: | Jonathan M. Feldman |
| Enrollment Number: | 17-06980 |

Actuarial assumptions: The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the Plan, subject to the following conditions.

Census data and financial information: The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the participant census data and financial information furnished by the Plan's administrator. The enrolled actuary has not performed a rigorous check of the accuracy of this information but has reviewed it and concluded it to be reasonable for the purpose of this actuarial valuation. The amount of contributions shown in Line 3 of Schedule MB was listed in reliance on information provided by the Plan's administrator. The contributions shown in Line 3 do not include any amounts owed for withdrawal liability.

Attached as separate exhibits are:

- Line 6 Statement of Assumptions/Methods
- Line 6 Summary of Plan Provisions
- Line 8b(1) Schedule of Projection of Expected Benefit Payments
- Line 8b(2) Schedule of Active Participant Data
- Lines 9c and 9h Schedule of Funding Standard Account Bases
- Line 11 Justification for Change in Actuarial Assumptions

**Schedule MB, Line 8b(1) –
Schedule of Projection of Expected Benefit Payments**

[Form 5500 Sch. MB, Line 8b(1)]

| Plan Year Beginning February 1 | Expected Annual Benefit Payments |
|---|---|
| 2018 | 1,157,503,898 |
| 2019 | 1,211,047,816 |
| 2020 | 1,264,819,612 |
| 2021 | 1,316,897,469 |
| 2022 | 1,366,829,735 |
| 2023 | 1,410,488,275 |
| 2024 | 1,455,719,765 |
| 2025 | 1,496,073,283 |
| 2026 | 1,532,761,895 |
| 2027 | 1,563,541,564 |

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

2018

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 02/01/2018 and ending 01/31/2019


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

Part II Basic Plan Information - enter all requested information

| | | |
|--|--|--|
| 1a Name of plan CENTRAL PENSION FUND OF THE IUOE & PARTICIPATING EMPLOYERS | | 1b Three-digit plan number (PN) ▶ 001 |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF THE CPF OF THE IUOE AND PARTIC 4115 CHESAPEAKE STREET, NW WASHINGTON DC 20016-4665 | | 1c Effective date of plan 09/07/1960 |
| | | 2b Employer Identification Number (EIN) 36-6052390 |
| | | 2c Plan Sponsor's telephone number 202-362-1000 |
| | | 2d Business code (see instructions) 525100 |

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

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

| | | | |
|------------------|---|-----------------|--|
| SIGN HERE |  | <u>10/10/19</u> | JAMES T. CALLAHAN-UNION TRUSTEE |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

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

Form 5500 (2018)
v. 171027

| | |
|--|--|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
|--|--|

| | |
|--|-----------------------------------|
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN 4d PN |
|--|-----------------------------------|

| | | |
|--|--------------|---------|
| 5 Total number of participants at the beginning of the plan year | 5 | 209,803 |
| 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) | 97,519 |
| a (2) Total number of active participants at the end of the plan year | 6a(2) | 99,632 |
| b Retired or separated participants receiving benefits | 6b | 52,609 |
| c Other retired or separated participants entitled to future benefits | 6c | 41,159 |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | 6d | 193,400 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | 6e | 20,356 |
| f Total. Add lines 6d and 6e | 6f | 213,756 |
| 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 | 6,085 |

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) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input checked="" type="checkbox"/> G (Financial Transaction Schedules) |
|---|---|

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**Central Pension Fund of the
International Union of Operating Engineers
and Participating Employers**

Schedule of Reportable Transactions

For the Year Ended January 31, 2019

Form 5500, Schedule H, Line 4j

E.I.N. 36-6052390
Plan No. 001

| Identity of Party Involved | Purchase Price | Selling Price | Expenses Incurred with Transactions | Cost | Current Value | Net Realized Gain or (Loss) |
|--|-------------------|------------------|---|----------------|------------------|-----------------------------------|
| I. Single transaction in excess of 5% None | | | | | | |
| II. Series of transactions with respect to any plan asset other than securities in excess of 5% None | | | | | | |
| III. Series of transactions with respect to securities of the same issue in excess of 5% | | | | | | |
| STATE STREET BANK + TRUST CO SHORT TERM INVESTMENT FUND | \$ 985,707,236 | \$ - | \$ - | \$ 985,707,236 | \$ 985,707,236 | \$ - |
| STATE STREET BANK + TRUST CO SHORT TERM INVESTMENT FUND | - | 1,201,117,364 | - | 1,201,117,364 | 1,201,117,364 | - |
| GOLDMAN SACHS GOVT-FS | 729,716,890 | - | - | 729,716,890 | 729,716,890 | - |
| GOLDMAN SACHS GOVT-FS | - | 564,112,498 | - | 564,112,498 | 564,112,498 | - |
| IV. Any transaction with respect to securities with a person if any prior or subsequent transaction with such person exceeded 5% None | | | | | | |

| | | |
|---|--|--|
| SCHEDULE MB (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> | 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. | <small>OMB No. 1210-0110</small> 2018 This Form is Open to Public Inspection |
|---|--|--|

For calendar plan year 2018 or fiscal plan year beginning 02/01/2018 and ending 01/31/2019

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

| | |
|--|--|
| A Name of plan Central Pension Fund of the IUOE & Participating Employers | B Three-digit plan number (PN) ▶ <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees of the CPF of the IUOE & Participating Employers | D Employer Identification Number (EIN) <u>36-6052390</u> |

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

1a Enter the valuation date: Month 2 Day 1 Year 2018

| | | |
|---|-----------------|----------------|
| b Assets | | |
| (1) Current value of assets | 1b(1) | 18,352,499,267 |
| (2) Actuarial value of assets for funding standard account | 1b(2) | 17,041,685,734 |
| c (1) Accrued liability for plan using immediate gain methods | 1c(1) | 17,888,464,870 |
| (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) | 17,888,464,870 |
| 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) | 36,267,147,260 |
| (b) Expected increase in current liability due to benefits accruing during the plan year | 1d(2)(b) | 1,216,624,414 |
| (c) Expected release from "RPA '94" current liability for the plan year | 1d(2)(c) | 1,199,640,516 |
| (3) Expected plan disbursements for the plan year | 1d(3) | 1,135,764,148 |

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 | <u>October 4, 2019</u> Date |
| | <u>Jonathan M. Feldman</u> Type or print name of actuary | <u>17-06980</u> Most recent enrollment number |
| | <u>Horizon Actuarial Services, LLC</u> Firm name | <u>(240) 247-4600</u> Telephone number (including area code) |
| | <u>8601 Georgia Avenue, Suite 700</u> <u>Silver Spring MD 20910</u> 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

2 Operational information as of beginning of this plan year:

| | | |
|---|-----------------------------------|------------------------------|
| a Current value of assets (see instructions) | 2a | 18,352,499,267 |
| b "RPA '94" current liability/participant count breakdown: | (1) Number of participants | (2) Current liability |
| (1) For retired participants and beneficiaries receiving payment | 74,007 | 15,248,670,075 |
| (2) For terminated vested participants | 40,760 | 4,616,698,431 |
| (3) For active participants: | | |
| (a) Non-vested benefits | | 1,610,104,561 |
| (b) Vested benefits | | 14,791,674,193 |
| (c) Total active | 87,250 | 16,401,778,754 |
| (4) Total | 202,017 | 36,267,147,260 |
| c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage | 2c | 50.60% |

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 |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| | 934,605,952 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ▶ | 3(b) | 3(c) |
| | | | | 934,605,952 | 0 |

4 Information on plan status:

| | | |
|---|-----------|--|
| a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) | 4a | 95.3% |
| b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5 | 4b | N |
| c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | |

Line 3a Contributions made throughout the year; no withdrawal liability payments

6 Checklist of certain actuarial assumptions:

| | | |
|---|--|--|
| a Interest rate for "RPA '94" current liability..... | 6a | 2.96 % |
| b Rates specified in insurance or annuity contracts..... | Pre-retirement | Post-retirement |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
| c Mortality table code for valuation purposes: | | |
| (1) Males | 6c(1) | A |
| (2) Females | 6c(2) | A |
| d Valuation liability interest rate | 6d | 7.75 % |
| e Expense loading | 6e | 5.0 % <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A |
| f Salary scale | 6f | % <input checked="" type="checkbox"/> N/A |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g | 7.6 % |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | 18.7 % |

7 New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1 | 81,701,569 | 8,723,851 |
| 4 | 237,345,709 | 25,343,069 |

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..... | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule..... | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?..... | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?..... | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended | 8d(2) | |
| (3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? | | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) | 8e | |

9 Funding standard account statement for this plan year:

Charges to funding standard account:

| | | |
|---|---------------------|---------------|
| a Prior year funding deficiency, if any | 9a | 0 |
| b Employer's normal cost for plan year as of valuation date..... | 9b | 421,331,356 |
| 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) | 5,166,834,359 |
| (2) Funding waivers | 9c(2) | 0 |
| (3) Certain bases for which the amortization period has been extended | 9c(3) | 0 |
| d Interest as applicable on lines 9a, 9b, and 9c..... | 9d | 116,104,070 |
| e Total charges. Add lines 9a through 9d..... | 9e | 1,614,221,099 |

| Credits to funding standard account: | | | |
|--------------------------------------|--|---------------------|---|
| f | Prior year credit balance, if any..... | 9f | 3,147,504,199 |
| g | Employer contributions. Total from column (b) of line 3..... | 9g | 934,605,952 |
| | | Outstanding balance | |
| h | Amortization credits as of valuation date..... | 9h | 1,172,551,024 |
| i | Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... | 9i | 295,769,001 |
| j | Full funding limitation (FFL) and credits: | | |
| (1) | ERISA FFL (accrued liability FFL)..... | 9j(1) | 4,757,824,829 |
| (2) | "RPA '94" override (90% current liability FFL)..... | 9j(2) | 16,515,655,211 |
| (3) | FFL credit..... | 9j(3) | 0 |
| k | (1) Waived funding deficiency..... | 9k(1) | 0 |
| | (2) Other credits..... | 9k(2) | 0 |
| l | Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)..... | 9l | 4,579,446,186 |
| m | Credit balance: If line 9l is greater than line 9e, enter the difference..... | 9m | 2,965,225,087 |
| n | Funding deficiency: If line 9e is greater than line 9l, enter the difference..... | 9n | |
| 9 o | Current year's accumulated reconciliation account: | | |
| (1) | Due to waived funding deficiency accumulated prior to the 2018 plan year..... | 9o(1) | 0 |
| (2) | Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code: | | |
| (a) | Reconciliation outstanding balance as of valuation date..... | 9o(2)(a) | 0 |
| (b) | Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))..... | 9o(2)(b) | 0 |
| (3) | Total as of valuation date..... | 9o(3) | 0 |
| 10 | Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)..... | 10 | |
| 11 | Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions..... | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |