

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">501</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/1950</td> </tr> </table>	1b Three-digit plan number (PN) ▶	501	1c Effective date of plan 07/01/1950	
1b Three-digit plan number (PN) ▶	501				
1c Effective date of plan 07/01/1950					
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 NYCDCC WELFARE FUND 395 HUDSON STREET NEW YORK, NY 10014	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 13-5615576</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 212-366-7300</td> </tr> <tr> <td>2d Business code (see instructions) 236200</td> </tr> </table>	2b Employer Identification Number (EIN) 13-5615576	2c Plan Sponsor's telephone number 212-366-7300	2d Business code (see instructions) 236200	
2b Employer Identification Number (EIN) 13-5615576					
2c Plan Sponsor's telephone number 212-366-7300					
2d Business code (see instructions) 236200					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/01/2022	KRISTIN O'BRIEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/01/2022	ROBERT W. LESNIEWSKI
	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 (2020)
v. 200204

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 21122
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 14658 6a(2) 13594 6b 6584 6c 6d 20178 6e 6f 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 1168

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

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

4A 4B 4D 4E 4F 4K 4L 4Q 4U

9a Plan funding 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	9b Plan benefit 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
---	--

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021	
<div>A Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND</div>	<div>B Three-digit plan number (PN) ▶ 501</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NYCDCC WELFARE FUND</div>	<div>D Employer Identification Number (EIN) 13-5615576</div>

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 AMALGAMATED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5501223	60216	260D06	44135	08/01/2019	07/31/2020

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

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

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	
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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here <input type="checkbox"/>		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b	Balance at the end of the previous year	7b	
c	<div style="display: flex;"> <div style="flex: 1;"> Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below)..... ▶ </div> <div style="flex: 0.5;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">7c(1)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">7c(2)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">7c(3)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">7c(4)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">7c(5)</div> <div style="border: 1px solid black; height: 40px; margin-top: 2px;"></div> </div> </div>		
	(6) Total additions	7c(6)	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	
e	<div style="display: flex;"> <div style="flex: 1;"> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below)..... ▶ </div> <div style="flex: 0.5;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">7e(1)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">7e(2)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">7e(3)</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">7e(4)</div> <div style="border: 1px solid black; height: 40px; margin-top: 2px;"></div> </div> </div>		
	(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) ▶ **ACCIDENTAL DEATH AND DISMEMBERMENT**

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	2314540
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021		
<div>A Name of plan</div> <div>NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND</div>	<div>B Three-digit plan number (PN)</div> <div>501</div>	
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>BOARD OF TRUSTEES OF NYCDCC WELFARE FUND</div>	<div>D Employer Identification Number (EIN)</div> <div>13-5615576</div>	

Part I	<div>Information Concerning Insurance Contract Coverage, Fees, and Commissions</div> <div>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.</div>
--------	--

1 Coverage Information:

<div>(a) Name of insurance carrier</div> <div>SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.</div>
--

(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
94-0734860	71420	H2001	7015	01/01/2020	12/31/2020

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

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

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	
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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b	Balance at the end of the previous year	7b	
c	<div style="display: flex;"> <div style="flex: 1;"> Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below)..... ▶ </div> <div style="flex: 1; border: 1px solid black; padding: 2px;"> 7c(1) 7c(2) 7c(3) 7c(4) 7c(5) </div> </div>		
	(6) Total additions	7c(6)	
d	Total of balance and additions (add lines 7b and 7c(6))	7d	
e	<div style="display: flex;"> <div style="flex: 1;"> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below)..... ▶ </div> <div style="flex: 1; border: 1px solid black; padding: 2px;"> 7e(1) 7e(2) 7e(3) 7e(4) </div> </div>		
	(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) ► SUPPLEMENTAL MEDICARE

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	3136
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021		
<div>A Name of plan</div> <div>NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND</div>	<div>B Three-digit plan number (PN)</div> <div>501</div>	
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>BOARD OF TRUSTEES OF NYCDCC WELFARE FUND</div>	<div>D Employer Identification Number (EIN)</div> <div>13-5615576</div>	

Part I	<div>Information Concerning Insurance Contract Coverage, Fees, and Commissions</div> <div>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.</div>
--------	--

1 Coverage Information:

<div>(a) Name of insurance carrier</div> <div>TECHNOLOGY INSURANCE COMPANY</div>
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5615576	52512	TDL 10283779	10332	01/01/2020	12/31/2020

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

<div>(a) Total amount of commissions paid</div> <div>33380</div>	<div>(b) Total amount of fees paid</div> <div>0</div>
--	---

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

<div>(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid</div> <div>SURACY INSURANCE AGENCY INC</div> <div>6001 COCHRAN ROAD</div> <div>SUITE 402</div> <div>OLON, OH 44139</div>
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
33380			3

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

(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	
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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b	Balance at the end of the previous year	7b	
c	<div style="display: flex;"> <div style="flex: 1;"> Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below)..... ▶ </div> <div style="flex: 1; border: 1px solid black; padding: 2px;"> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7c(1)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7c(2)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7c(3)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7c(4)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7c(5)</div> <div></div> </div> <div style="height: 40px; border: 1px solid black;"></div> </div> </div>	7c(6)	
	(6) Total additions		
d	Total of balance and additions (add lines 7b and 7c(6))	7d	
e	<div style="display: flex;"> <div style="flex: 1;"> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below)..... ▶ </div> <div style="flex: 1; border: 1px solid black; padding: 2px;"> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7e(1)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7e(2)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7e(3)</div> <div></div> </div> <div style="display: flex; border-bottom: 1px solid black;"> <div style="width: 10%; text-align: center;">7e(4)</div> <div></div> </div> <div style="height: 40px; border: 1px solid black;"></div> </div> </div>	7e(5)	
	(5) Total deductions		
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) ► PAID FAMILY LEAVE

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	1112671
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021		
A Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NYCDCC WELFARE FUND	D Employer Identification Number (EIN) 13-5615576	

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)..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
COMPREHENSIVE PROFESSIONAL SYS INC	
13-3025997	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GENERAL VISION SERVICES LLC	
11-3580576	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
GROSVEOR CAPITAL MANAGEMENT LP	
36-3795985	
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
HAMILTON LANE ADVISORS LLC	
23-2962336	

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

PACIFIC INVESTMENT MGMT CO LLC

33-0629048

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

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

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

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

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

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

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

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

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

EMPIRE HEALTHCHOICE ASSURANCE INC.

23-7391136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 49 50 62	NONE	5545279	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)

EXPRESS SCRIPTS INC

22-3461740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	1962725	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)

SCHULTHEIS & PANETTIERI LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	1769834	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)

VIRGINIA & AMBINDER LLP

13-4166736

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	1495665	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)

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	1484735	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)

ADMINISTRATIVE SERVICES ONLY INC

11-2995970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	550671	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)

THE SEGAL COMPANY (EASTERN STATES)

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	425619	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)

KAUFF MCGUIRE & MARGOLIS LLP

13-3573855

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	381836	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)

INNOVATIVE SOFTWARE SOLUTIONS INC

23-2182079

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	364304	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)

LESNIEWSKI ROBERT

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	315637	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)

LORD ABBETT & CO LLC

13-5620131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	294922	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)

WESTERN ASSET MANAGEMENT COMPANY

52-1200960

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	273154	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)

O'BRIEN FOWLKES KRISTIN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	260773	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 TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	241539	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)

BAHN PLLC

84-3431469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	211611	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)

HARVARD PROTECTION SERVICES

13-4127048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	SECURITY PROVIDER	203205	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)

ROGER E. MAHER

23 83RD STREET
BROOKLYN, NY 11209

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ARBITRATOR	194118	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)

JACOBSEN DAVID

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	190736	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)

LAZARD ASSET MANAGEMENT LLC

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	187359	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 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 50 51 52 59 62	NONE	176539	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)

LAMBERT BENJAMIN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	175903	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)

CONSIDINE FRANCES

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	153774	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)

FIACCO GINO

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	146285	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)

DAVIDIAN WILLIAM

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	138107	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)

CORDERO LUIS

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	136381	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)

STEWART DAVID

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	130574	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)

HERNSDORF BRYCE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	127892	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)

SCHMIDT MONICA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	126572	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)

GROSSMAN MARLENE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	125273	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)

ALISHAYEVA OLGA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	122865	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)

PADULA JILLIAN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	122083	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 JENNIFER

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	116858	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)

MINETELLO GERARD F

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	112295	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)

MCMAHON MATTHEW

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	107126	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)

MOY TAMMY

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	105436	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)

MARTINEZ STEVEN R.

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	104501	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)

LACEY GINA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	101043	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)

SCHILLING EILEEN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	98766	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)

GRAHAM VIRGINIA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	96220	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)

OZARD CHRISTOPHER

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	93459	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)

VELAJ SENADA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	89546	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)

DAVILA ALICIA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	88605	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)

PAYDEN & RYGEL

95-3921788

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	88437	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)

SOLAAS STEVEN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	86362	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)

OSHANANI EDMOND

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	85116	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)

MITCHELL SONYA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	84882	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)

CLARKE MAUREEN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	84184	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)

HANLEY JOAN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	84138	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)

HERNANDEZ JESSICA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	81957	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)

ORTIZ (RAMOS) MONIQUE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	81327	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)

SANCHEZ CIONGOLI KATHERINE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	79920	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)

WOLSKY JONATHAN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	78774	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)

ARCHER, BYINGTON, GLENNON & LEVINE

26-0873462

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	78462	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)

KALISON JEFFREY

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	77613	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)

GIMBLET SUZANNE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	76280	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)

RODRIGUEZ VERONICA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	73144	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)

WILLIAMS SHARON

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	70535	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)

JACKSON LISA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	68889	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)

CABA TOMASINA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	66049	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)

SCHNEIDER JAMES

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	63733	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)

CONSOLIDATED TECHNOLOGIES, INC

13-3951711

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	63655	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)

CLARKE MONIQUE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	61620	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)

RICE DANIEL

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	61616	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)

ZAMBRANO KATTY S.

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	60722	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)

MORAN REINA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	60593	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)

NETTNIN CORY MATTHEW

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	59888	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)

GOMEZ CARINA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	59004	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)

ROSARIO ROBERT

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	58458	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)

GARZA SONIA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	58038	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)

JAVED UMER

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	57424	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)

JACKSON JENNIFER

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	57114	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)

ANTIGUA JOCELY

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	54162	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)

WEINBERG SHARON

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	53988	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)

MORGAN SHANA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	53136	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)

IANNIZZI THERESA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	53058	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)

CRESPO JOLENNY

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	53021	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)

CUEVAS MARIA R

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	53016	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)

TORRES KRYSTLE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	52904	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)

MARTINEZ JOSEPH

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	52351	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)

FIRST CHOICE STAFFING NY INC

13-4130422

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	51674	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)

PRINGLE STELLE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	51647	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)

DAVIS MELESHA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	50840	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)

CENDER KAREN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	50343	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)

BROOMES TIFFANY

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	49236	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 ADV TRUST CO

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?
28 51 52	NONE	48943	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)

MORAN JESSICA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	48840	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)

LOPICCOLO (PINELLO) FRANCESCA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	48672	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)

BYNUM VANESSA L

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	48631	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)

GRIMES MICHELLE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	46280	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)

TORRES MARIA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	46091	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)

CLARRETT KENISHA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	45987	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)

VERAS HEATHER

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	45966	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)

RODRIGUEZ EFRIM

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	45603	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)

IBRAHIM-ELHAG THURAYA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	44462	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)

MOSTAFA JONATHAN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	43640	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)

JUSINO PRISCILLA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	43396	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)

PEPITONE CHRISTOPHER

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	42847	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)

GALLAGHER FIDUCIARY ADVISORS LLC

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	42769	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)

PARADES ANGEL

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	42581	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)

MUCCIARONE MARIA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	41101	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)

YLAGAN NICKO

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	41078	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)

ANSAY JOHN ALVIN RONA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	40966	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)

LEACOCK CANDACE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	40535	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)

SMITH CHAWANA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	40492	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 WAGNER LAW GROUP, PC

04-3323315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	40363	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)

SANTANA ISMAEL

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	40117	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)

DIAZ YESENIA M.

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	34841	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)

ARCEO BRYAN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	33220	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)

O'BRIEN ROBERT

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	32441	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)

CURRA NICOLE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	31807	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)

TORRES-ALICEA LEEANNE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	31277	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)

KHRIN MARIYA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	30065	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)

HEYMAN PARTNERS

42 PINECREST PARKWAY
HASTINGS-ON-HUDSON, NY 10706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	30000	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)

DENSON MONIKA S.

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	27906	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)

LOGDAT RICA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	26806	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)

MELGAR ALEJANDRA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	25905	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)

PAYLOCITY CORPORATION

1400 AMERICAN LANE
SCHAUMBURG, IL 60173

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	20917	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)

AMALGAMATED EMPLOYEE BENEFITS ADMIN

13-3432221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	20900	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)

INTERNATIONAL SCHOLARSHIP & TUITION

62-1247492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	19398	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)

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 51 52	NONE	10928	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 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)

C. HUNT WALKER COMPANY LLC

26-1435151

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	10800	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 SERVICES

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?
22 53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	110446	Yes <input type="checkbox"/> No <input checked="" 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
SEGAL SELECT INSURANCE SERVICES	53	18603
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CHUBB 13-1963496	INSURANCE BROKERAGE COMMISSIONS AND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	60792
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ULLICO CASUALTY GROUP 13-2988846	INSURANCE BROKERAGE COMMISSIONS AND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	6814
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AM WINS BROKERAGE OF NEW YORK 13-4279678	INSURANCE BROKERAGE COMMISSIONS AND FEES	

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
SSEGAL SELECT INSURANCE SERVICES	53	24237

(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.
EUCLID SPECIALTY MANAGERS LLC 45-3957469	INSURANCE BROKERAGE COMMISSIONS AND FEES

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
---	--	--

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

A Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	B Three-digit plan number (PN)	501
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NYCDCC WELFARE FUND	D Employer Identification Number (EIN) 13-5615576	

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: SS U.S. TIPS INDEX NL CTF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 02-6138231-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 76357900
a Name of MTIA, CCT, PSA, or 103-12 IE: SS MSCI ACWI EX USA INDEX NL CTF		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 80-6103053-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53252864
a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET TRU BOND, LLC		
b Name of sponsor of entity listed in (a): WESTERN ASSET MANAGEMENT COMPANY, LLC		
c EIN-PN 20-1226970-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58699752
a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT CORE PLUS FULL DISCRETION TRST		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC		
c EIN-PN 20-8080381-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120136277
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW BROAD MARKET 3000 INDEX FD		
b Name of sponsor of entity listed in (a): AMALGAMATED BANK		
c EIN-PN 46-2044954-020	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102027397
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2020 or fiscal plan year beginning 07/01/2020 and ending 06/30/2021		
A Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	B Three-digit plan number (PN) ►	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NYCDCC WELFARE FUND	D Employer Identification Number (EIN) 13-5615576	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	6523810	9164054
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	20807000	24620000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	14939522	23902262
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1382368	321598
(2) U.S. Government securities	1c(2)	119341194	90518669
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	63017935	52481330
(B) All other	1c(3)(B)	114811886	125035091
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	24723684	18599983
(5) Partnership/joint venture interests	1c(5)	38370487	51160978
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	0	11552548
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	294949551	351774438
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	55032258	58699752
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	92158333	102829801
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	16374327	16641480

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	1287377	2112693
f Total assets (add all amounts in lines 1a through 1e).....	1f	863719732	939414677

Liabilities

g Benefit claims payable	1g	44600000	68100000
h Operating payables	1h	2453181	1756367
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	57293040	61962306
k Total liabilities (add all amounts in lines 1g through 1j)	1k	104346221	131818673

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	759373511	807596004
--	-----------	-----------	-----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	384621104	
(B) Participants	2a(1)(B)	3485147	
(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)		388106251
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	1885825	
(C) Corporate debt instruments	2b(1)(C)	5825485	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)	2655614	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10366924
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3085489	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3085489
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	747370995	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	748834126	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1463131
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	8177748	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		8177748

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		57206963
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		3667517
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6159661
c Other income	2c		13512569
d Total income. Add all income amounts in column (b) and enter total.....	2d		488819991

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	424173492	
(2) To insurance carriers for the provision of benefits	2e(2)	3410698	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		427584190
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)	3374379	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1222390	
(4) Other.....	2i(4)	8416539	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		13013308
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		440597498

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		48222493
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

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

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

(1) Name: SCHULTHEIS & PANETTIERI, LLP

(2) EIN: 13-1577780

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		191860194
4g	X		191860194
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			



Schultheis & Panettieri LLP

Accountants and Consultants

Please Reply to:

450 Wireless Boulevard
Hauppauge, NY 11788
Telephone: (631) 273-4778
Fax: (631) 273-3488

21 Vernon Street
Floral Park, NY 11001
Telephone: (516) 216-5695

485A US Route 1 South
Suite 360
Iselin, NJ 08830
Telephone: (732) 268-1301

www.snpcpa.com

PARTNERS

Carol Westfall, CPA
Vincent F. Panettieri, CPA
Max Capone, CPA
James M. Heinzman, CPA
Donna Panettieri, CPA
Peter M. Murray, CPA
Gary Waldren, CPA
Alexander Campo, CPA.CITP
Jennifer Evans, CPA
Richard B. Silvestro, CPA
Jamie L. Krainski, CPA
Vincent A. Gelpi, CPA

DIRECTORS

Stephen Bowen
Anthony Sgroi
William R. Shannon
William Austin
Kimberly Miller
Michael Fox
Viorel Kuzma

Independent Auditor's Report**Board of Trustees**

New York City District Council of Carpenters
Welfare Fund

Report on the Financial Statements

We have audited the accompanying financial statements of the New York City District Council of Carpenters Welfare Fund (the "Plan"), which comprise the statements of net assets available for benefits and plan benefit obligations as of June 30, 2021 and 2020, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended June 30, 2021 and 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of June 30, 2021 and 2020, and the changes in financial status for the years ended June 30, 2021 and 2020 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 23 through 50 is presented for purposes of additional analysis and is not a required part of the financial statements. The supplemental information on pages 23 through 45 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in cursive script, reading "Schullhas & Parcellieri LLP".

Hauppauge, New York
February 17, 2022

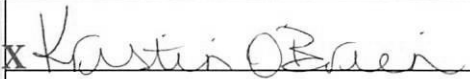
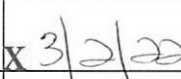
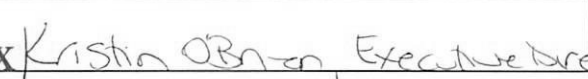
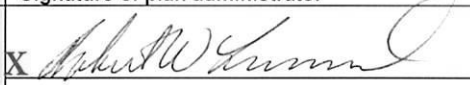
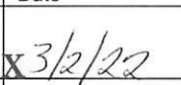
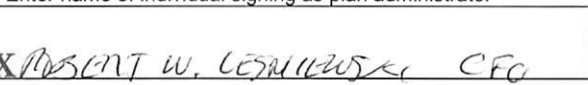
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
---	---	---

Part I Annual Report Identification Information			
For calendar plan year 2020 or fiscal plan year beginning <u>07/01/2020</u> and ending <u>06/30/2021</u>			
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____	
B This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report	
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>		
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)		

Part II Basic Plan Information—enter all requested information			
1a Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND		1b Three-digit plan number (PN) ▶	501
		1c Effective date of plan 07/01/1950	
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 NYCDCC WELFARE FUND 395 HUDSON STREET NEW YORK NY 10014		2b Employer Identification Number (EIN) 13-5615576	
		2c Plan Sponsor's telephone number (212) 366-7300	
		2d Business code (see instructions) 236200	

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

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

SIGN HERE			
	Signature of plan administrator	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 (2020)
v. 200204

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 21,122
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="text-align: right; vertical-align: bottom;"> 6a(1) 14,658 6a(2) 13,594 6b 6,584 6c 6d 20,178 6e 6f 6g 6h </div>
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 1,168
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: <div style="text-align: center; margin-top: 10px;"> 4A 4B 4D 4E 4F 4K 4L 4Q 4U </div>	

9a Plan funding 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	9b Plan benefit 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
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 type="checkbox"/> R (Retirement Plan Information) (2) <input 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>3</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 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

YEARS ENDED JUNE 30, 2021 AND 2020

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1 - 2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Statements of Plan Benefit Obligations	5
Statements of Changes in Plan Benefit Obligations	6
Notes to Financial Statements	7 - 22
Supplemental Information	
Schedule of Interest Bearing Cash	23
Schedule of U.S. Government Securities	24
Schedule of Corporate Debt Instruments - Preferred	25 - 28
Schedule of Corporate Debt Instruments - Other	29 - 37
Schedule of Corporate Stock - Common	38
Schedule of Partnerships/Joint Venture Interests	39
Schedule of Non-Participant Loans	40
Schedule of Common/Collective Trust Funds	41
Schedule of 103-12 Investment Entities	42
Schedule of Registered Investment Companies	43
Schedule of Other Investments	44
Schedule of Reportable Transactions	45
Schedule Reconciling the Statement of Net Assets Available for Benefits to Form 5500	46
Schedules of Administrative Expenses	47
Directive 12 - Schedules of Administrative Expenses	48 - 49
Directive 12 - Schedule of Benefit Expenses	50



Schultheis & Panettieri LLP

Accountants and Consultants

Please Reply to:

450 Wireless Boulevard
Hauppauge, NY 11788
Telephone: (631) 273-4778
Fax: (631) 273-3488

21 Vernon Street
Floral Park, NY 11001
Telephone: (516) 216-5695

485A US Route 1 South
Suite 360
Iselin, NJ 08830
Telephone: (732) 268-1301

www.snpcpa.com

PARTNERS

Carol Westfall, CPA
Vincent F. Panettieri, CPA
Max Capone, CPA
James M. Heinzman, CPA
Donna Panettieri, CPA
Peter M. Murray, CPA
Gary Waldren, CPA
Alexander Campo, CPA.CITP
Jennifer Evans, CPA
Richard B. Silvestro, CPA
Jamie L. Krainski, CPA
Vincent A. Gelpi, CPA

DIRECTORS

Stephen Bowen
Anthony Sgroi
William R. Shannon
William Austin
Kimberly Miller
Michael Fox
Viorel Kuzma

Independent Auditor's Report**Board of Trustees**

New York City District Council of Carpenters
Welfare Fund

Report on the Financial Statements

We have audited the accompanying financial statements of the New York City District Council of Carpenters Welfare Fund (the "Plan"), which comprise the statements of net assets available for benefits and plan benefit obligations as of June 30, 2021 and 2020, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended June 30, 2021 and 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of June 30, 2021 and 2020, and the changes in financial status for the years ended June 30, 2021 and 2020 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 23 through 50 is presented for purposes of additional analysis and is not a required part of the financial statements. The supplemental information on pages 23 through 45 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in cursive script, reading "Schullhas & Parcellini LLP".

Hauppauge, New York
February 17, 2022

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments at fair value		
U.S. government securities	\$ 90,518,669	\$ 119,341,194
Corporate debt instruments	177,516,421	177,829,821
Corporate stock	675,115	881,814
Partnership/joint venture interests	79,907,578	64,686,527
Loans (other than participant loans)	11,552,548	-
Common/collective trust funds	351,774,438	294,949,551
103-12 investment entities	58,699,752	55,032,258
Registered investment companies	100,771,734	91,159,297
Municipal bonds	<u>4,862,920</u>	<u>16,374,327</u>
Total investments	876,279,175	820,254,789
Receivables		
Employers' contributions	24,620,000	20,807,000
Accrued interest/dividends	2,147,249	1,859,955
Prescription subsidies and rebates	9,005,000	10,614,000
Cash	9,164,054	6,523,810
Collateral held under securities lending agreement	11,902,312	-
Other assets	<u>2,110,846</u>	<u>1,287,377</u>
Total assets	<u>935,228,636</u>	<u>861,346,931</u>
Liabilities		
Accounts payable	1,756,367	2,453,181
Related organizations	36,602,200	29,720,729
Net trades pending settlement	5,625,258	21,502,089
Contractor surety bonds	3,646,495	3,697,421
Payable under securities lending agreement	<u>11,902,312</u>	<u>-</u>
Total liabilities	<u>59,532,632</u>	<u>57,373,420</u>
Net assets available for benefits	<u>\$ 875,696,004</u>	<u>\$ 803,973,511</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 73,748,758	\$ 25,822,832
Interest/dividends	<u>13,452,413</u>	<u>11,358,267</u>
Total investment income	87,201,171	37,181,099
Less investment expenses	<u>(1,222,390)</u>	<u>(1,594,868)</u>
Net investment income	85,978,781	35,586,231
Contributions		
Participants'	3,485,147	4,507,157
Employers'	261,900,408	264,938,373
Employers' - Vacation	122,720,696	127,910,038
Medicare drug subsidy	13,414,330	9,392,243
Other income	<u>98,239</u>	<u>269,870</u>
Total additions	<u>487,597,601</u>	<u>442,603,912</u>
Deductions from net assets attributed to:		
Benefits paid to or for participants		
Health care		
Active participants	213,531,563	188,031,065
Retired participants	76,730,207	65,946,933
Group health insurance premiums	3,410,698	6,706,936
Vacation	109,353,957	147,942,208
Disability	721,765	1,294,948
Scholarships	<u>336,000</u>	<u>336,000</u>
Total benefits paid	404,084,190	410,258,090
Administrative expenses	<u>11,790,918</u>	<u>10,745,031</u>
Total deductions	<u>415,875,108</u>	<u>421,003,121</u>
Net increase	71,722,493	21,600,791
Net assets available for benefits		
Beginning of year	<u>803,973,511</u>	<u>782,372,720</u>
End of year	<u>\$ 875,696,004</u>	<u>\$ 803,973,511</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

STATEMENTS OF PLAN BENEFIT OBLIGATIONS

JUNE 30, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	\$ 37,200,000	\$ 25,700,000
Vacation benefits payable	<u>30,900,000</u>	<u>18,900,000</u>
	<u>68,100,000</u>	<u>44,600,000</u>
 Postemployment benefit obligations		
Accumulated eligibility credits	<u>159,900,000</u>	<u>150,300,000</u>
 Postretirement benefit obligations, net of amounts currently payable		
Retired participants	1,051,200,000	1,096,400,000
Other participants fully eligible for benefits	630,000,000	929,400,000
Participants not yet fully eligible for benefits	<u>970,500,000</u>	<u>1,320,600,000</u>
	<u>2,651,700,000</u>	<u>3,346,400,000</u>
 Plan's total benefit obligations	<u><u>\$ 2,879,700,000</u></u>	<u><u>\$ 3,541,300,000</u></u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS

YEARS ENDED JUNE 30, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Amounts currently payable		
Balance at beginning of year	\$ 44,600,000	\$ 67,800,000
Claims reported and approved for payment	427,584,190	387,058,090
Total benefits paid	<u>(404,084,190)</u>	<u>(410,258,090)</u>
Balance at end of year	<u>68,100,000</u>	<u>44,600,000</u>
Postemployment benefit obligations		
Balance at beginning of year	150,300,000	162,300,000
Net change during year:		
Accumulated eligibility credits	<u>9,600,000</u>	<u>(12,000,000)</u>
Balance at end of year	<u>159,900,000</u>	<u>150,300,000</u>
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	3,346,400,000	2,773,700,000
Increase (decrease) in postretirement benefits attributed to:		
Changes in actuarial assumptions	(746,300,000)	462,100,000
Interest	82,600,000	92,900,000
Expected benefits paid	(88,500,000)	(84,600,000)
Benefits earned	118,600,000	102,300,000
Actuarial loss (gain) experience	<u>(61,100,000)</u>	<u>-</u>
Balance at end of year	<u>2,651,700,000</u>	<u>3,346,400,000</u>
Plan's total benefit obligations at end of year	<u>\$ 2,879,700,000</u>	<u>\$ 3,541,300,000</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

Note 1 - Description of Plan and Significant Accounting Policies

The following description of the New York City District Council of Carpenters Welfare Fund (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan first became effective July 1, 1950 and is a welfare benefit plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the District Council of New York and Vicinity of the United Brotherhood of Carpenters and Joiners of America (the "District Council") and various employers and employer associations in the construction industry in the New York Metropolitan Area. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

Purpose

The purpose of the Plan is to provide health and other benefits to eligible participants.

Benefits

Benefits are paid by means of a trust and group insurance contracts. The benefits include, but are not limited to health care coverage with medical, hospital, prescription drug, dental, hearing, vision, disability, scholarship, vacation, accidental death & dismemberment, and life insurance benefits.

Participants consist of the following classes

Active participants and dependents

A participant achieves initial eligibility on the first day of the month after they have completed 250 hours in the previous calendar quarter. Continued eligibility is maintained by completing 250 hours of covered employment in the preceding quarter. Any additional hours worked above the required 250 hours may be added to the participant's accumulated eligibility credits (hours bank) for a later quarter. A participant may not accumulate eligibility credits in excess of 750 hours (maximum hours bank). Accumulated eligibility credits expire after nine months.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Participants consist of the following classes (cont'd)

Active participants and dependents cont'd

Participants are allowed to "buy" up to 50 hours per calendar quarter to make up the difference between total hours worked in covered employment and the 250 required hours. The cost of each missing hour is equivalent to the current hourly contribution rate for outside construction employers.

An individual on whose behalf contributions are currently required to be made to the Plan by an employer subject to a collective bargaining agreement with the Union is eligible for vacation benefits.

Retired participants and dependents

In order to be eligible for coverage as a retiree, the participant's employer or employers must have contributed to the Plan for the participant as an active employee, and they must satisfy one of the following three requirements:

The participant is at least 55 years old, has earned at least 30 vesting credits with the New York City District Council of Carpenters Pension Fund (the "Pension Fund"); or

The participant is at least 55 years old, has earned at least 20 vesting credits under the Pension Fund and, during the 60-month period immediately preceding the effective date of their pension is eligible as an active participant for at least 24 months; or

The participant is at least 55 years old, has 25 years with a minimum of 250 hours worked in covered employment each year, has earned at least 15 vesting credits under the Pension Fund and, during the 60-month period immediately preceding the effective date of their pension is eligible as an active participant for at least 24 months.

Retirees and their dependents are required to pay a monthly premium to maintain coverage. Total retiree contributions received for the years ended June 30, 2021 and 2020, included in the participant contributions on the Statement of Changes in Net Assets Available for Benefits, were \$2,321,236 and \$3,004,972, respectively. The monthly rate ranges from \$14 to \$117.

A participant will be permanently ineligible for retiree coverage if he/she works in disqualifying employment in any two months on or after July 1, 2019 in the fifteen years before he/she would otherwise be eligible for retiree coverage.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Participants consist of the following classes (cont'd)

Inactive participants and surviving dependents

Participants who fail to meet eligibility requirements may pay to extend coverage for a maximum period of 18 months. Qualifying spouses and dependents may pay to extend coverage for a maximum period of up to 36 months.

Disability participants

A participant achieves initial disability eligibility if they receive short-term disability or Workers' Compensation benefits under applicable state law and are an eligible active employee. The individual must satisfy two requirements in order to be eligible for continued Welfare Fund coverage during periods of disability: (1) receipt of a Phase 1 Disability Pension from the New York City District Council of Carpenters Pension Fund (the "Pension Fund"), and (2) must have accrued a minimum of 5 Vesting Credits from the Pension Fund.

For the period after the end of the first 24 months of disability, the individual must satisfy two requirements in order to be eligible for continued Welfare Fund coverage during periods of disability: (1) receipt of a Phase II Disability Pension from the Pension Fund, and (2) must have accrued a minimum of 20 Vesting Credits from the Pension Fund.

Municipal participants

Active participants covered by the municipal employees contract with the City of New York are eligible from the date of hire to the date of termination. Retired municipal employees are eligible for limited retiree health benefits if the City of New York makes retiree contributions to the Plan on behalf of the individual.

Temporary extension of eligibility in response to COVID-19

The Trustees approved a temporary extension of benefit eligibility, by crediting all eligible participants with 250 hours (excluding retirees) so that they may continue their coverage through the third quarter of 2020. In addition, retiree premiums were waived for the months of August through October 2020.

Plan termination

The Trustees expect and intend to continue the Plan indefinitely, but reserve the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions. If the Plan is terminated, trust assets will be used to pay all expenses under the terms of the Plan in the order of priority specified in the Plan and as otherwise required by law.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Basis of accounting

The financial statements are presented on the accrual basis of accounting.

Investment valuation and income recognition

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

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

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

Administrative expense allocation

The administrative office is occupied by the Plan and various related organizations. Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements received from related organizations for the years ended June 30, 2021 and 2020 were \$11,867,319 and \$11,836,682, respectively.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Postretirement benefits obligations

Although the Plan has calculated and reported a postretirement benefit obligation, this amount is based on the assumption that the Plan will continue in its current form and that the Trustees will continue to provide benefits to retired participants. However, such benefits do not vest, and the Trustees reserve the right to amend the Plan to modify or discontinue any benefits. The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to participants' service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated participants and their beneficiaries and dependents, and (2) active participants and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan's participating employers and from existing trust assets. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

The present value of the expected postretirement benefit obligation is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The 2021 actuarial experience gain decreased obligations by \$61,100,000, which was the net result of gains and losses due to demographic changes.

The 2021 valuation assumption changes decreased obligations by \$746,300,000, which was the net result of (1) a decrease in obligations due to revising the valuation-year per capita health costs and the future trend on such costs, and (2) a decrease in obligations due to raising the discount rate from 2.50% to 2.75%.

The 2020 valuation assumption changes increased obligations by \$462,100,000, which is the net result of (1) a decrease in obligations due to the removal of the potential impact of the excise tax on high cost plans, and (2) an increase in obligations due to revising the retirement rate assumptions, and (3) an increase in obligations due to lowering the discount rate from 3.40% to 2.50%.

The following were other significant assumptions used in the valuation as of June 30, 2021 and 2020:

Discount rate	2021: 2.75%
	2020: 2.50%

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Postretirement benefits obligations (cont'd)

Mortality - healthy	Non-annuitants - RP-2014 Healthy Employee Mortality Table with generational projection using Scale MP-2017 from 2006
	Annuitants - RP-2014 Healthy Annuitant Mortality Table with generational projection using Scale MP-2017 from 2006
Mortality - disabled	85% of RP-2014 Disabled Retiree Mortality Table with generational projection using Scale MP-2017 from 2006
Actives' retirement age	Ranging from 30% to 100% for ages 55 through 70 and over
Inactives' retirement age	Ranging from 40% to 100% for ages 55 through 65 and over
Health trend rates - hospital and medical	2021: Pre-65: 8.00% in 2022 graded to 4.50% over 14 years
	2021: Post-65: Claims are \$0 in 2022, and estimated to increase to \$25 in 2023, \$50 in 2024 then trended 5.00% graded to 4.50% over 2 years
	2020: Pre-65: 8.00% in 2021 graded to 4.50% over 14 years
	2020: Post-65: Claims are \$0 in 2021 with no trend through 2022, then 8.0% in 2023 graded to 4.5% over 14 years
Health trend rates - prescription drug	2021: 8.50% in 2022 graded to 4.50% over 16 years
	2020: 7.75% in 2021 graded to 4.50% over 13 years
Administrative expense increase rate	3.0%

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

Note 1 - Description of Plan and Significant Accounting Policies (cont'd)

Postretirement benefits obligations (cont'd)

The foregoing assumptions are based on the premise that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

Projected retiree contributions for the covered areas expected to fund a portion of the Plan's estimated cost of providing postretirement benefits as of June 30, 2021 and 2020 were \$47,400,000 and \$50,100,000, respectively. Accumulated postretirement benefit obligations have been reported net of these amounts.

The average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point, it would increase the obligation as of June 30, 2021 and 2020 by \$478,800,000 and \$661,700,000, respectively.

Other Plan benefits

Estimated claims payable and claims incurred but not reported are based on payments made in the subsequent plan year which pertain to prior plan years.

Plan obligations for accumulated eligibility of active participants are estimated annually at June 30th, based on historical claims cost data and projected claims for active participants' future claims. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at present value. Although the Plan has calculated and reported an obligation for accumulated eligibility, this amount is based on the assumption that the Plan will continue in its current form and that the Trustees will continue to provide benefits to active participants. However, such benefits do not vest, and the Trustees reserve the right to amend the Plan to modify or discontinue benefits. The amount reported as the accumulated eligibility obligation represents the estimated present value of those estimated future benefits that are attributed by the terms of the Plan to active participants' service rendered through June 30th.

Medicare Part D

The Medicare Prescription Drug Improvement and Modernization Act of 2003 (the "Act") provides for a federal subsidy to sponsors of retiree health care benefit plans providing a benefit that is at least actuarially equivalent to Medicare Part D. Under the Act, for multiemployer plans, any Medicare subsidy is received directly by the Plan and not the individual employers participating in the Plan. The Plan's accumulated postretirement benefit obligation has been reported net of the Medicare subsidy related to benefits attributed to past service.

The Plan's retiree prescription drug benefit, net of the Medicare subsidy, for the years ended June 30, 2021 and 2020, was \$20,728,139 and \$24,025,416, respectively. The total Medicare subsidy received during the years ended June 30, 2021 and 2020 was \$13,414,330 and \$9,392,243, respectively.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

Note 2 - Fair value measurements

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

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

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

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

U.S. government securities, corporate debt instruments, corporate stock, registered investment companies and municipal bonds: Valued at the closing price reported in the active market in which the securities are traded.

Loans (other than participant loans): Value determined by the bank in custody of the securities.

Investments measured at net asset value: Partnership/joint venture interests, common/collective trust funds and 103-12 investment entities' values are estimated by the management of the investment entities.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables below are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

Note 2 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of June 30, 2021, with fair value measurements on a recurring basis:

	<u>2021</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value as determined by quoted market price				
U.S. government securities	\$ 90,518,669	\$ 79,997,039	\$ 10,521,630	\$ -
Corporate debt instruments	177,516,421	-	177,516,421	-
Corporate stock	675,115	675,115	-	-
Loans (other than participant loans)	11,552,548	6,927,531	4,625,017	-
Registered investment companies	100,771,734	100,771,734	-	-
Municipal bonds	<u>4,862,920</u>	<u>-</u>	<u>4,862,920</u>	<u>-</u>
Total assets in the fair value hierarchy	385,897,407	<u>\$ 188,371,419</u>	<u>\$ 197,525,988</u>	<u>\$ -</u>
Investments measured at net asset value	<u>490,381,768</u>			
Investments at fair value	<u>\$ 876,279,175</u>			

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

Note 2 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of June 30, 2020, with fair value measurements on a recurring basis:

	<u>2020</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value as determined by quoted market price				
U.S. government securities	\$ 119,341,194	\$ 66,672,059	\$ 52,669,135	\$ -
Corporate debt instruments	177,829,821	-	177,829,821	-
Corporate stock	881,814	881,814	-	-
Registered investment companies	91,159,297	91,159,297	-	-
Municipal bonds	<u>16,374,327</u>	<u>-</u>	<u>16,374,327</u>	<u>-</u>
Total assets in the fair value hierarchy	405,586,453	<u>\$ 158,713,170</u>	<u>\$ 246,873,283</u>	<u>\$ -</u>
Investments measured at net asset value	<u>414,668,336</u>			
Investments at fair value	<u>\$ 820,254,789</u>			

Note 3 - Cash

At times throughout the year the Plan may have, on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the Trustees believe it is not exposed to any significant credit risks.

Note 4 - Loans (other than participant loans)

The Plan has an agreement with its custodial bank authorizing the bank to lend securities held in the Plan's account to third parties. The bank must obtain collateral from the borrower in the form of cash, letters of credit issued by an entity other than the borrower, or acceptable securities. Both the collateral and the securities loaned are marked-to-market on a daily basis so that all loaned securities are fully collateralized at all times. The collateral held is reported as both an asset and a liability in the financial statements.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

Note 4 - Loans (other than participant loans) (cont'd)

Although the Plan's securities lending activities are collateralized as described above, they involve both market and credit risk. In this context, market risk refers to the possibility that the borrowers of securities will be unable to collateralize the loan upon a sudden material change in the fair value of the loaned securities or the collateral. 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.

Income earned during 2021 and 2020 was \$7,632 and \$1,648, respectively.

There were no securities loaned by the Plan as of June 30, 2020. The fair value of securities loaned by the Plan was \$11,552,548 as of June 30, 2021. The fair value of the collateral held by the Plan was \$11,902,312 as of June 30, 2021. Securities loaned are presented as loans (other than participant loans) in the investments fair value portion of the balance sheet.

Note 5 - Partnerships

Grosvenor Institutional Partners, LP ("GIP") is a Delaware Limited Liability Partnership which invests substantially all of its assets in the Grosvenor Institutional Partners Master Fund, LTD (the "GIP Master Fund"). The GIP Master Fund is a Cayman Islands exempted company which invests primarily in offshore investment funds, investment partnerships, and pooled investment vehicles which generally implement "non-traditional" or "alternative" investment strategies. Redemptions may be made at the end of any calendar quarter upon 70 days notice. The payment of withdrawal proceeds is subject to the underlying provisions of the GIP Master Fund and to audit contingency and other customary reserves. The estimated fair value of the Plan's investment as of June 30, 2021 and 2020 was \$32,630,065 and \$28,473,241, respectively.

The U.S. Real Estate Investment Fund, LLC (the "U.S. REIF") is a limited liability company and an open-end, commingled real estate investment fund intended to have an indefinite term. The U.S. REIF's investment objectives are to invest in a pool of real estate assets that are diversified by geography and property type, with a focus on yield-driven investments and, to a lesser extent, on value-added investments. The real estate investments of the U.S. REIF are stated at estimated fair value and are reviewed and adjusted quarterly. Nonetheless, the estimated fair value of the U.S. REIF's investments in real estate, operating company, and joint ventures do not necessarily represent the prices at which the investments would be sold, since the market prices of investments can only be determined by negotiation between a willing buyer and seller that culminates in an actual sale. Redemptions can occur, upon written notice to Intercontinental Real Estate Corporation (the manager), effective as of the last day of the quarter following the quarter during which the U.S. REIF receives the notice of redemption, as liquid assets permit. To the extent that liquid assets are insufficient to satisfy all requests, the requests will be redeemed on a pro rata basis as liquid assets become available. The estimated fair value of the Plan's investment as of June 30, 2021 and 2020 was \$33,282,877 and \$30,826,494, respectively.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

Note 6 - Common/collective trusts funds

State Street MSCI ACWI ex USA Index Non-Lending Common Trust Fund ("MSCI ACWI NL") is maintained by State Street Global Advisors Trust Company, who serves as trustee, recordkeeper and investment manager. MSCI ACWI NL's investments in securities, including derivative instruments, are valued at fair value each business day. The per unit net asset value is determined each business day. Issuances and redemptions of MSCI ACWI NL units may be made on such days, based upon the closing market value on the valuation date of the investments bought or sold and the net asset value per unit of MSCI ACWI NL. The estimated fair value of the Plan's investment as of June 30, 2021 and 2020 was \$53,252,864 and \$39,288,746, respectively.

State Street U.S. Treasury Inflation Protected Securities (TIPS) Index Non-Lending Common Trust Fund ("TIPS Index NL") is maintained by State Street Global Advisors Trust Company, who serves as trustee, recordkeeper and investment manager. TIPS Index NL's investments, including derivative instruments, are valued at fair value each business day. The per unit net asset value of the TIPS Index NL is determined each business day. Issuances and redemptions of TIPS Index NL units may be made on such days, based upon the closing market value on the valuation date of the investments bought or sold and the net asset value per unit of the TIPS Index NL. The estimated fair value of the Plan's investment as of June 30, 2021 and 2020 was \$76,357,900 and \$71,750,261, respectively.

Longview Broad Market 3000 Index Fund ("Longview 3000") is a tax-exempt, nonregistered diversified index fund. It was established effective September 20, 2012, by Amalgamated Bank ("Amalgamated") as one of the investment options offered by the Investment Management Division of Amalgamated to private trusts exempt from federal income tax. Longview 3000 is under the exclusive management and control of Amalgamated. Amalgamated also serves as the custodian of Longview 3000. The net asset value is determined at the close of each business day, which excludes admissions and withdrawals that were executed on that day and not settled until the next business day. Admissions and withdrawals may, at the option of Amalgamated, be made in cash or in-kind or partly in cash and partly in-kind. In-kind admissions and withdrawals consist of investments in securities at fair value at the date of the admission or withdrawal. The estimated fair value of the Plan's investment as of June 30, 2021 and 2020 was \$102,027,397 and \$70,832,466, respectively.

The NHIT Core Plus Full Discretion Trust (the "NHIT Full Discretion Trust") is a common collective trust fund. Redemptions may be made, in whole or in part, on any valuation date as of the transaction cutoff time. Redemption requests are irrevocable, once submitted. Loomis Sayles Trust Company, LLC (the "NHIT Trustee") may restrict additions and withdrawals for the accounts of "market timers" if more than two purchases and sales are made for the Subscriber's account over a 90-day interval, as determined by the NHIT Full Discretion Trust. The NHIT Trustee has the right to reject the admission to the NHIT Full Discretion Trust of any prospective investor, or redeem the units of any investor, including the admission or continuation of a person who would cause the NHIT Fixed Income Full Discretion Trust to be required to register as an investment company under the Investment Company Act or the units to be required to be registered under the Securities Act. The estimated fair value of the Plan's investment as of June 30, 2021 and 2020 was \$120,136,277 and \$113,078,078, respectively.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

Note 7 - 103-12 Investment entities

Western Asset Total Return Unconstrained (TRU) Bond, L.L.C. ("Western Asset") was formed on July 1, 2004 and is a Delaware Limited Liability Company. Western Asset invests substantially all of its assets in the Western Asset Total Return Unconstrained (TRU) Bond Master Fund, Ltd. ("WA Master Fund"). The WA Master Fund is organized as an exempted company under the laws of the Cayman Islands. The net asset value of Western Asset is determined on the relevant Dealing Day. A Dealing Day is every business day on which federal, state or local banks are open for business in New York and the New York Stock Exchange is open for trading. Issuances and redemptions of Western Asset are made on such days, based upon the closing net asset value. Subject to certain limitations, a shareholder may redeem all or a portion of its shares upon 15 business days' prior written notice to Western Asset. Redemption proceeds may be payable in cash or in kind as deemed appropriate. The investment manager may temporarily suspend the determination of the net asset value of Western Asset, and the issuance and redemption of its shares, and may postpone the date of payment of redemption proceeds during any period when it is not reasonably practicable for the investment manager to fairly determine the value of Western Asset's net assets. The estimated fair value of the Plan's investment as of June 30, 2021 and 2020 was \$58,699,752 and \$55,032,258, respectively.

Note 8 - Party-in-interest transactions

Certain Plan investments are held by the manager of the investment; therefore, transactions relating to those investments qualify as exempt party-in-interest transactions and are identified as such on the supplemental schedules of investments.

Note 9 - Risks and uncertainties

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

The actuarial present value of benefit obligations are reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

Note 10 - Lease commitments

The New York City District Council of Carpenters Pension Fund (the "Pension Fund"), a related organization, is party to a lease agreement, expiring on July 31, 2027, with 395 Hudson New York, LLC. Under the terms of the agreement, the Pension Fund will pay rent plus escalation charges for real estate taxes and occupancy expenses for office space on the ninth floor at 395 Hudson Street, New York. Effective May 1, 2016, the lease was amended to include office space on the fifth floor.

The Plan's portion of occupancy expenses for the years ended June 30, 2021 and 2020 was \$1,041,926 and \$922,045, respectively.

Rent and escalation charges are allocated between the Plan, the Pension Fund and all other related organizations based on the estimated benefit received. For the years ended June 30, 2021 and 2020, the Plan's share of total occupancy expenses was approximately 51% and 47%, respectively.

Note 11 - Employers' contributions

In accordance with collective bargaining agreements and participation agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Employer contributions are generally based on an hourly rate or quarterly contributions as determined by the Plan's actuary.

In March 2020, the COVID-19 outbreak in the United States caused business disruption through government mandated closings in the construction industry negatively impacting the Plan's employers' contributions income. Due to the uncertainty regarding the duration of these business disruptions, the financial impact cannot be reasonably estimated at this time.

Note 12 - Benefit obligations compared to net assets available for benefits

	2021	2020
Net assets available for benefits	\$ 875,696,004	\$ 803,973,511
Plan's total benefit obligations	<u>2,879,700,000</u>	<u>3,541,300,000</u>
Plan's total benefit obligations over net assets available for benefits	<u><u>\$ (2,004,003,996)</u></u>	<u><u>\$ (2,737,326,489)</u></u>

The Plan's benefit obligations over net assets available for benefits as of June 30, 2021 and 2020 relate primarily to the postretirement benefit obligation, the funding of which is not explicitly covered by the contribution rate provided by the current bargaining agreement. Such postretirement benefits have been historically funded from current contributions for active participants, and the Trustees may choose to continue this "pay as you go" funding, or the Trustees may seek to increase contributions or reduce benefits.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

Note 13 - Reconciliation of financial statements to Form 5500

For financial statement purposes, claims payable and claims incurred but not reported are presented on the Statement of Plan's Benefit Obligations. This differs from the reporting requirements of the Department of Labor which requires that these liabilities be shown on the Statement of Net Assets Available for Benefits.

The following is a reconciliation of the net assets available for benefits reported on the financial statements to the net assets available for benefits reported on Form 5500:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$ 875,696,004	\$ 803,973,511
Less: claims payable and claims incurred but not reported	<u>68,100,000</u>	<u>44,600,000</u>
Net assets available for benefits as reported on Form 5500	<u>\$ 807,596,004</u>	<u>\$ 759,373,511</u>

The net increase (decrease) in net assets available for benefits is also affected by the difference in the reporting requirements related to benefit obligations. For financial statement purposes the change in benefit liabilities between two years is shown on the Statement of Changes in Plan Benefit Obligations. For Form 5500 purposes this change is included in benefits paid.

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

For financial statement purposes, certain reimbursements are reported as Medicare drug subsidy. The reporting requirements of the Department of Labor require these amounts be reported as other income.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2021 AND 2020

Note 13 - Reconciliation of financial statements to Form 5500 (cont'd)

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income (loss)	\$ 85,978,781	\$ 1,222,390	\$ 87,201,171
Contributions	388,106,251	-	388,106,251
Medicare drug subsidy	13,414,330	(13,414,330)	-
Other income	<u>98,239</u>	<u>13,414,330</u>	<u>13,512,569</u>
Total additions	<u>487,597,601</u>	<u>1,222,390</u>	<u>488,819,991</u>
Benefits paid to or for participants	404,084,190	23,500,000	427,584,190
Administrative expenses	<u>11,790,918</u>	<u>1,222,390</u>	<u>13,013,308</u>
Total deductions	<u>415,875,108</u>	<u>24,722,390</u>	<u>440,597,498</u>
Net increase (decrease)	<u>\$ 71,722,493</u>	<u>\$ (23,500,000)</u>	<u>\$ 48,222,493</u>

In addition to the above reclassifications, the Plan's investments have been reclassified for Form 5500 purposes in accordance with the Department of Labor's plan asset regulations. See the Schedule Reconciling the Statement of Net Assets Available for Benefits to Form 5500 on page 46.

Note 14 - Tax status

The trust funding the Plan has received an exemption letter from the IRS dated November 1, 1951, stating that the trust is tax exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code ("IRC"). The Plan and trust are required to operate in conformity with the IRC to maintain the tax exempt status of the trust. The Trustees believe that the Plan, including amendments, is being operated in compliance with the applicable requirements of the IRC and, therefore, believe the related trust is tax exempt.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF INTEREST BEARING CASH

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION		(d)	(e)
	INTEREST BEARING CASH			
ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
GROSVENOR INSTITUTIONAL PARTNERS LP - INTEREST BEARING CASH			\$ 316,211	\$ 316,211
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - INTEREST BEARING CASH			<u>5,387</u>	<u>5,387</u>
			<u>\$ 321,598</u>	<u>\$ 321,598</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d) COST	(e) CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
U S TREASURY BILL	0.00%	09/09/2021	\$ 12,900,000	a	\$ 12,899,315
U S TREASURY BILL	0.00%	11/26/2021	1,400,000	a	1,399,772
U S TREASURY NOTE	1.50%	01/31/2022	1	1	1
FNMA GTD REMIC P/T 12-M2 A2	2.72%	02/25/2022	104,548	106,986	105,358
U S TREASURY NOTE	1.75%	09/30/2022	8,425,000	8,700,419	8,594,511
U S TREASURY NOTE	1.88%	10/31/2022	9,075,000	9,313,493	9,283,816
U S TREASURY NOTE	0.13%	03/31/2023	1,003,000	1,002,373	1,001,395
U S TREASURY NOTE	0.13%	12/15/2023	900,000	897,012	895,293
FHLMC MULTICLASS MTG KF28 A	0.46%	01/25/2024	104,741	104,765	104,813
FNMA POOL #0303823	2.21%	04/01/2024	305	317	305
FHLMC MULTICLASS MTG KI04 A	0.46%	07/25/2024	498,633	493,959	498,808
FHLMC MULTICLASS MTG KI05 A	0.44%	07/25/2024	431,881	431,881	432,585
FHLMC MULTICLASS MTG Q015 A	0.25%	08/25/2024	249,974	249,974	249,974
U S TREASURY NOTE	2.50%	01/31/2025	12,095,000	13,035,927	12,919,395
FHLMC MULTICLASS MTG KI06 A	0.32%	03/25/2025	377,692	377,692	378,013
FNMA POOL #0395122	2.52%	05/01/2025	595	621	596
FNMA POOL #0342042	2.08%	06/01/2025	169	173	169
FNMA POOL #0303824	2.22%	07/01/2025	149	153	150
U S TREASURY NOTE	2.00%	08/15/2025	7,315,000	7,712,439	7,699,623
U S TREASURY NOTE	0.75%	03/31/2026	1	1	1
GNMA II POOL #0008989	2.13%	10/20/2026	672	679	690
GNMA II POOL #0008991	2.13%	10/20/2026	24,313	24,582	24,988
GNMA II POOL #0080012	2.13%	11/20/2026	788	802	805
GNMA II POOL #0080093	2.25%	07/20/2027	154	155	159
U S TREASURY NOTE	2.25%	08/15/2027	3,485,000	3,725,184	3,729,089
GNMA II POOL #0080120	2.13%	10/20/2027	2,047	2,041	2,111
U S TREASURY NOTE	1.13%	02/29/2028	1,598,871	1,594,124	1,595,243
FNMA GTD REMIC P/T 19-M1 A2	3.55%	09/25/2028	2,025,000	2,212,373	2,315,608
U S TREASURY NOTE	1.63%	05/15/2031	1	1	1
U S TREASURY BOND	1.13%	05/15/2040	2,963,000	2,577,381	2,560,447
U S TREASURY BOND	3.38%	05/15/2044	12,205,000	15,434,829	15,228,179
FHLMC MULTICLASS MTG 4808 DG	3.50%	09/15/2045	346,545	355,155	358,016
FNMA POOL #0BH2675	3.50%	09/01/2047	863,126	886,323	928,836
U S TREASURY BOND	2.25%	08/15/2049	477,000	490,788	494,420
FNMA POOL #0CA4558	3.50%	11/01/2049	436,181	466,645	467,363
FHLMC POOL #QA-7336	3.00%	02/01/2050	278,935	288,088	292,740
FHLMC POOL #RA-2314	3.50%	03/01/2050	508,825	546,232	543,919
FNMA POOL #0CA5347	3.50%	03/01/2050	531,933	546,229	572,068
FNMA POOL #0FM4334	3.00%	04/01/2050	673,156	711,019	707,512
U S TREASURY BOND	1.63%	11/15/2050	1,888,000	1,678,294	1,696,538
COMMIT TO PUR GNMA II JUMBOS	2.50%	07/20/2051	2,450,000	2,534,602	2,536,044
			<u>\$ 85,640,236</u>	<u>\$ 90,802,799</u>	<u>\$ 90,518,669</u>

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
JOHN DEERE CAPITAL CORP	0.39%	09/10/2021	\$ 325,000	\$ 325,000	\$ 325,140
WELLS FARGO BANK NA	0.65%	10/22/2021	355,000	355,000	355,408
TD AMERITRADE HOLDING CORP	0.61%	11/01/2021	365,000	365,000	365,358
US BANK NA/CINCINNATI OH	1.80%	01/21/2022	385,000	384,865	387,968
MERCEDES-BENZ AUTO LEASE A A2	1.82%	03/15/2022	14,160	14,159	14,170
PEPSICO INC	0.54%	05/02/2022	230,000	230,000	230,589
INTEL CORP	0.51%	05/11/2022	180,000	180,000	180,544
APPLE INC	0.51%	05/11/2022	185,000	185,000	185,498
CATERPILLAR FINANCIAL SERVICES	0.90%	05/13/2022	380,000	380,000	382,276
NISSAN AUTO LEASE TRUST A A2A	1.80%	05/16/2022	33,226	33,225	33,263
MANUFACTURERS & TRADERS TRUST	0.77%	05/18/2022	250,000	250,000	251,285
WORLD OMNI AUTOMOBILE LE B A2B	0.33%	07/15/2022	8,420	8,420	8,421
TOYOTA AUTO RECEIVABLES 2 D A2	1.92%	07/15/2022	60,814	60,809	60,872
HONEYWELL INTERNATIONAL INC	0.38%	08/19/2022	65,000	65,000	65,021
HONEYWELL INTERNATIONAL INC	0.48%	08/19/2022	330,000	330,000	330,102
NISSAN AUTO RECEIVABLES B A2A	0.47%	10/17/2022	117,681	117,678	117,740
GM FINANCIAL AUTOMOBILE 2 A2A	0.71%	10/20/2022	434,437	435,221	435,210
HONDA AUTO RECEIVABLES 20 2 A2	0.74%	11/15/2022	96,467	96,459	96,586
GM FINANCIAL AUTOMOBILE 3 A2A	0.35%	11/21/2022	203,868	203,855	203,991
TOYOTA AUTO RECEIVABLES 2 B A2	1.38%	12/15/2022	100,743	100,735	100,976
VOLKSWAGEN AUTO LOAN ENH 1 A2A	0.93%	12/20/2022	114,470	114,467	114,607
GM FINANCIAL CONSUMER AUT 1 A2	1.83%	01/17/2023	933	933	934
HARLEY-DAVIDSON MOTORCYC A A2A	1.83%	01/17/2023	17,120	17,126	17,130
ADOBE INC	1.70%	02/01/2023	600,000	618,126	613,218
FORD CREDIT AUTO OWNER TR B A2	0.50%	02/15/2023	134,539	134,533	134,662
TOYOTA AUTO RECEIVABLES 2 C A2	0.36%	02/15/2023	155,910	155,904	156,000
WORLD OMNI AUTO RECEIVAB C A2A	1.96%	02/15/2023	56,636	56,634	56,684
WESTLAKE AUTOMOBILE 3A A2 144A	2.15%	02/15/2023	74,137	74,133	74,282
HONDA AUTO RECEIVABLES 20 3 A2	0.27%	02/21/2023	312,778	312,756	312,903
PNC BANK NA	1.74%	02/24/2023	250,000	250,000	252,293
PNC BANK NA	0.48%	02/24/2023	280,000	280,000	280,524
TRUIST BANK	0.74%	03/09/2023	625,000	627,603	629,875
MERCEDES-BENZ AUTO RECEIV 1 A2	0.46%	03/15/2023	139,765	139,763	139,882
MERCEDES-BENZ AUTO LEASE A A2	0.18%	03/15/2023	986,815	986,807	986,894
GM FINANCIAL CONSUMER AU 2 A2A	1.50%	03/16/2023	20,594	20,593	20,629
AMERICREDIT AUTOMOBILE R 1 A2A	1.10%	03/20/2023	73,687	73,686	73,739
GM FINANCIAL AUTOMOBILE L 2 A4	2.72%	03/20/2023	408,112	415,828	409,079
CARMAX AUTO OWNER TRUST 2 1 A2	1.87%	04/17/2023	71,382	71,378	71,631
FLORIDA POWER & LIGHT CO	0.28%	05/10/2023	225,000	225,000	224,872
SANTANDER DRIVE AUTO REC 2 A2A	0.62%	05/15/2023	22,520	22,520	22,524
ALLY AUTO RECEIVABLES TRUS 1 B	2.66%	05/15/2023	85,000	85,691	85,241
GM FINANCIAL CONSUMER AUT 3 A3	3.02%	05/16/2023	90,187	91,427	90,920
CONSUMERS ENERGY CO	0.35%	06/01/2023	70,000	69,976	69,866
US BANK NA/CINCINNATI OH	0.26%	06/02/2023	250,000	250,000	250,003
CARMAX AUTO OWNER TRUST 3 A2A	0.49%	06/15/2023	105,741	105,737	105,833
WORLD OMNI AUTO RECEIVAB A A2B	0.38%	06/15/2023	194,347	194,347	194,438
FORD CREDIT AUTO LEASE TR A A2	0.19%	07/15/2023	990,292	990,223	990,193
CNH EQUIPMENT TRUST 2020- A A2	1.08%	07/17/2023	35,596	35,594	35,656
TOYOTA AUTO RECEIVABLES 2 A A2	0.16%	07/17/2023	1,304,000	1,303,989	1,304,000
GM FINANCIAL AUTOMOBILE L 2 A2	0.22%	07/20/2023	150,000	149,997	149,988
FLORIDA POWER & LIGHT CO	0.51%	07/28/2023	150,000	150,000	150,011
SANTANDER DRIVE AUTO RECEI 3 C	3.51%	08/15/2023	48,895	49,518	48,962
SANTANDER DRIVE AUTO RECE 3 A2	0.46%	09/15/2023	103,206	103,203	103,238
SANTANDER DRIVE AUTO RECE 4 A2	0.42%	09/15/2023	138,982	138,978	139,031

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
VERIZON OWNER TRUST 2019 A A1A	2.93%	09/20/2023	349,887	354,493	354,061
PPL ELECTRIC UTILITIES CORP	0.40%	09/28/2023	90,000	90,000	90,029
FORD CREDIT FLOORPLAN MAS 3 A1	3.52%	10/15/2023	450,000	456,592	454,370
PRESTIGE AUTO RECEIV 1A D 144A	3.61%	10/16/2023	185,000	187,818	186,571
BRISTOL-MYERS SQUIBB CO	0.54%	11/13/2023	130,000	130,000	130,147
SANTANDER DRIVE AUTO RECE 1 A2	0.29%	11/15/2023	663,234	663,216	663,479
CPS AUTO RECEIVABLES D B 144A	2.35%	11/15/2023	154,399	154,390	154,969
GM FINANCIAL CONSUMER AUT 4 A2	0.26%	11/16/2023	406,141	406,112	406,304
AMERICREDIT AUTOMOBILE RE 1 A3	2.97%	11/20/2023	292,723	298,418	294,681
WORLD OMNI AUTO RECEIVABL C A2	0.35%	12/15/2023	184,224	184,205	184,346
DRIVE AUTO RECEIVABLES TR 1 A2	0.36%	12/15/2023	200,000	199,995	200,098
EXETER AUTOMOBILE RE 4A B 144A	2.30%	12/15/2023	122,863	122,842	123,200
AMERICREDIT AUTOMOBILE R 2 A2A	0.60%	12/18/2023	80,774	80,771	80,869
VERIZON OWNER TRUST 2019 B A1A	2.33%	12/20/2023	450,000	456,170	454,946
CARMAX AUTO OWNER TRUST 2 4 A2	0.31%	01/16/2024	242,856	242,829	243,024
EXETER AUTOMOBILE RECEIV 2A A2	0.27%	01/16/2024	150,000	149,995	149,994
HYUNDAI AUTO RECEIVABLES A A2	0.23%	02/15/2024	100,000	99,990	100,013
AVID AUTOMOBILE RECEI 1 A 144A	2.62%	02/15/2024	94,040	94,037	94,501
CARMAX AUTO OWNER TRUST 1 A2A	0.22%	02/15/2024	925,000	924,991	925,296
WORLD OMNI AUTO RECEIVABL A A2	0.17%	02/15/2024	934,000	933,974	934,019
RESIDENTIAL MORTGAGE 1 A1 144A	2.38%	02/25/2024	59,344	59,344	60,194
WESTLAKE AUTOMOBILE 1A C 144A	3.45%	03/15/2024	85,035	86,257	85,643
AMERICREDIT AUTOMOBILE RE 3 A2	0.42%	03/18/2024	261,507	261,499	261,735
VERIZON OWNER TRUST 2019 C A1A	1.94%	04/22/2024	450,000	457,383	456,359
PUBLIC STORAGE	0.49%	04/23/2024	85,000	85,000	85,133
HORMEL FOODS CORP	0.65%	06/03/2024	40,000	39,993	40,088
CARMAX AUTO OWNER TRUST 2 A2A	0.27%	06/17/2024	150,000	149,990	150,045
WORLD OMNI SELECT AUTO TR A A2	0.47%	06/17/2024	137,056	137,043	137,162
AMERICREDIT AUTOMOBILE RE 1 A2	0.28%	06/18/2024	300,000	299,995	300,132
SCF EQUIPMENT LEASI 2A A1 144A	2.22%	06/20/2024	140,155	140,143	140,994
SANTANDER DRIVE AUTO RECE 4 A3	0.48%	07/15/2024	300,000	300,703	300,498
SALESFORCE.COM INC	0.63%	07/15/2024	40,000	39,980	39,960
WORLD OMNI AUTO RECEIVABL B A2	0.20%	07/15/2024	350,000	349,989	350,035
SANTANDER DRIVE AUTO RECEI 4 C	3.56%	07/15/2024	229,760	233,171	231,042
CPS AUTO RECEIVABLES D C 144A	2.54%	08/15/2024	257,000	256,984	260,675
DRIVE AUTO RECEIVABLES TRU 3 D	4.30%	09/16/2024	360,170	370,277	368,522
FIRST INVESTORS AUTO 2A A 144A	2.21%	09/16/2024	127,756	127,751	128,659
WESTLAKE AUTOMOBILE 3A C 144A	2.49%	10/15/2024	256,000	255,951	260,285
WESTLAKE AUTOMOBILE 3A B 144A	2.41%	10/15/2024	256,000	255,996	257,971
SCF EQUIPMENT LEASI 1A A2 144A	3.23%	10/20/2024	30,826	29,463	30,889
CAPITAL ONE PRIME AUTO RE 2 A4	1.96%	02/18/2025	404,000	404,284	413,959
FLAGSHIP CREDIT AUTO 1 A 144A	0.31%	06/16/2025	309,296	309,278	309,252
WORLD FINANCIAL NETWORK CR B A	3.46%	07/15/2025	179,000	183,964	180,156
HAWAIIAN BRAND INTELLECTU 144A	5.75%	01/20/2026	118,000	124,933	126,850
SANTANDER CONSUMER A BA C 144A	1.29%	04/15/2026	705,000	704,711	711,599
SCF EQUIPMENT LEASI 2A A2 144A	2.47%	04/20/2026	500,000	499,897	511,815
GREENKO SOLAR MAURITIUS L 144A	5.95%	07/29/2026	200,000	205,250	215,330
SCF EQUIPMENT LEASIN 2A B 144A	2.76%	08/20/2026	234,000	233,972	242,426
HALCYON LOAN ADVISO 2A BR 144A	1.78%	07/25/2027	300,000	298,500	300,528
HERTZ VEHICLE FINANC 2A A 144A	1.68%	12/27/2027	515,000	514,920	516,207
TCW CLO 2019-1 AMR L 1A B 144A	1.83%	02/15/2029	300,000	300,150	300,165
QATAR GOVERNMENT INTERNAT 144A	4.00%	03/14/2029	330,000	388,163	379,751
KKR CLO 10 LTD 10 BR 144A	1.82%	09/15/2029	530,000	530,636	529,816
AOA 2015-1177 MORT 1177 A 144A	2.96%	12/13/2029	275,000	276,987	275,226

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
QATAR GOVERNMENT INTERNAT 144A	3.75%	04/16/2030	500,000	567,500	565,725
ONEMAIN FINANCIAL IS 1A A 144A	3.48%	02/14/2031	88,214	89,096	88,318
BARINGS CLO LTD 201 3A BR 144A	1.73%	04/20/2031	250,000	250,000	250,139
TENCENT HOLDINGS LTD 144A	2.88%	04/22/2031	200,000	199,982	207,024
ARES L CLO LTD 50A BR 144A	1.73%	01/15/2032	360,000	360,000	360,019
VOYA CLO 2018-4 L 4A A1AR 144A	0.01%	01/15/2032	500,000	500,000	500,000
DRYDEN 61 CLO LTD 61A A1R 144A	1.12%	01/17/2032	310,000	310,000	309,984
HILTON GRAND VACATIO AA A 144A	3.54%	02/25/2032	563,730	582,404	592,790
J.P. MORGAN CHASE MARK A 144A	3.39%	06/05/2032	115,000	116,923	116,105
NIAGARA PARK CLO LT 1A BR 144A	0.01%	07/17/2032	390,000	390,000	390,000
GS MORTGAGE SECURIT SMP B 144A	1.59%	08/15/2032	600,000	600,000	600,180
CIFC FUNDING 2021-I 1A A1 144A	1.24%	04/25/2033	500,000	500,000	500,701
JP MORGAN CHASE C WPT BFL 144A	1.60%	07/05/2033	308,853	308,853	309,709
CIFC FUNDING 2021-IV 4A A 144A	1.14%	07/15/2033	400,000	400,000	400,026
CIFC FUNDING 2021-IV 4A B 144A	1.67%	07/15/2033	500,000	500,000	500,033
CARLYLE US CLO 2021 1A A1 144A	1.33%	04/15/2034	530,000	530,000	531,601
KAYNE CLO 10 LTD 10A A 144A	0.01%	04/23/2034	410,000	410,000	410,015
BRITISH AIRWAYS 2020-1 CL 144A	4.25%	05/15/2034	44,451	45,376	47,877
DBWF MORTGAGE TRUS LCM A2 144A	3.42%	06/10/2034	260,000	270,298	268,167
HUDSONS BAY SIMO HB10 A10 144A	4.15%	08/05/2034	127,261	132,734	115,291
TRTX 2019-FL3 ISSUE FL3 C 144A	2.26%	10/15/2034	256,500	256,500	255,558
CITIGROUP COMMERCIAL 375P C 144A	3.52%	05/10/2035	180,793	184,479	185,335
ATRIUM HOTEL PORTF ATRM A 144A	1.04%	06/15/2035	200,000	196,438	199,996
BUSINESS JET SECURIT 1A A 144A	2.98%	11/15/2035	940,513	940,500	957,715
COMM 2016-787S MOR 787S A 144A	3.55%	02/10/2036	375,000	415,693	406,260
BUSINESS JET SECURIT 1A A 144A	2.16%	04/15/2036	1,242,349	1,242,338	1,252,375
ONEMAIN FINANCIAL IS 2A A 144A	3.14%	10/14/2036	295,000	315,834	317,116
BX COMMERCIAL MORTGA XL B 144A	1.17%	10/15/2036	90,527	90,527	90,674
BX COMMERCIAL MORTGA XL E 144A	1.89%	10/15/2036	226,316	226,316	226,534
FONTAINEBLEAU MIAM FBLU B 144A	3.45%	12/10/2036	250,000	257,498	262,903
FONTAINEBLEAU MIAM FBLU A 144A	3.14%	12/10/2036	250,000	257,500	263,118
GREAT WOLF TRUST 2 WOLF A 144A	1.13%	12/15/2036	290,000	289,275	290,180
AMSR 2020-SFR1 TRU SFR1 A 144A	1.82%	04/17/2037	799,233	799,204	810,015
CSMC 2014-USA OA L USA A2 144A	3.95%	09/15/2037	268,000	285,912	288,848
MANHATTAN WEST 2020 1MW A 144A	2.13%	09/10/2039	1,375,000	1,416,173	1,407,464
QATAR PETROLEUM 144A	3.13%	07/12/2041	200,000	199,262	199,262
CLI FUNDING VI LLC 3A A 144A	2.07%	10/18/2045	685,625	685,484	691,288
WELLS FARGO COMMERCIAL LC12 B	4.31%	07/15/2046	10,000	10,325	10,040
COMM 2014-UBS4 MOR UBS4 D 144A	4.71%	08/10/2047	525,000	484,157	461,486
CSAIL 2016-C7 COMMERC C7 D 144A	4.39%	11/15/2049	300,000	265,324	224,817
JPMBD COMMERCIAL MORTGAG C4 A3	3.14%	12/15/2049	1,600,000	1,662,875	1,733,216
STARWOOD MORTGAGE RE 1 A1 144A	2.28%	02/25/2050	51,090	51,090	51,663
CSMC 2020-AFC1 TR AFC1 A1 144A	2.24%	02/25/2050	93,492	93,491	94,609
WELLS FARGO COMMERCIAL C41 AS	3.79%	11/15/2050	290,463	309,051	317,662
TRP 2021-2 A 144A	2.15%	06/19/2051	700,000	699,713	701,757
TRP 2021 LLC 1 A 144A	2.07%	06/19/2051	1,025,000	1,024,788	1,020,008
BENCHMARK 2019-B11 MORT B11 A5	3.54%	05/15/2052	3,025,000	3,288,388	3,373,904
CSAIL 2019-C18 COMMERC C18 AS	3.32%	12/15/2052	122,455	126,128	132,876
WELLS FARGO COMMERC NXS5 E 144A	4.98%	01/15/2059	216,000	216,380	209,879
DEEPHAVEN RESIDENTI 4A A1 144A	2.79%	10/25/2059	61,546	61,085	61,946
ANGEL OAK MORTGAGE T 1 A1 144A	2.47%	12/25/2059	35,195	35,195	35,433
DEEPHAVEN RESIDENTIA 1 A1 144A	2.34%	01/25/2060	54,759	54,759	55,374
GCAT 2019-NQM2 TR NQM1 A1 144A	2.25%	01/25/2060	51,944	51,943	52,619
VERUS SECURITIZATION 1 A1 144A	2.42%	01/25/2060	109,305	108,489	110,723

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
CF HIPPOLYTA LLC 1A A1 144A	1.53%	03/15/2061	650,000	649,876	654,654
VISTA POINT SECURITI 2 A1 144A	1.48%	04/25/2065	156,308	156,498	157,166
VERUS SECURITIZATION 5 A1 144A	1.22%	05/25/2065	<u>228,392</u>	<u>228,391</u>	<u>228,975</u>
			\$ <u>51,613,820</u>	\$ <u>52,280,336</u>	\$ <u>52,481,330</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
	CORPORATE DEBT INSTRUMENTS - OTHER				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
GOLDMAN SACHS GROUP INC/THE	5.25%	07/27/2021	\$ 350,000	\$ 349,745	\$ 351,218
PUGET ENERGY INC	6.00%	09/01/2021	347,000	363,576	350,307
HEWLETT PACKARD ENTERPRISE CO	0.86%	10/05/2021	115,000	115,000	115,026
NATIONAL RURAL UTILITIES COOPE	1.75%	01/21/2022	715,000	714,371	721,070
DAIMLER FINANCE NORTH AME 144A	1.06%	02/15/2022	375,000	376,466	376,969
AMERICAN EXPRESS CREDIT CORP	0.83%	03/03/2022	145,000	145,000	145,595
BECTON DICKINSON AND CO	1.16%	06/06/2022	269,000	270,972	271,335
GENERAL MOTORS FINANCIAL CO IN	1.46%	06/30/2022	150,000	150,000	151,469
SRI LANKA GOVERNMENT INTE 144A	5.88%	07/25/2022	250,000	173,125	210,000
SIRIUS XM RADIO INC 144A	3.88%	08/01/2022	173,000	174,730	173,311
PAYPAL HOLDINGS INC	2.20%	09/26/2022	240,000	248,412	245,700
DTE ENERGY CO	0.55%	11/01/2022	325,000	324,834	325,569
WORLD OMNI AUTO RECEIVABL A A2	1.71%	11/15/2022	216,355	216,345	217,495
CAPITAL VISION/MYEYEDR 8/19	0.00%	12/31/2022	129,801	126,556	129,713
KINDER MORGAN INC	1.41%	01/15/2023	115,000	115,000	116,578
COUNTRY GARDEN HOLDINGS C REGS	4.75%	01/17/2023	200,000	202,000	204,603
BOEING CO/THE	1.17%	02/04/2023	240,000	240,000	241,111
GOLDMAN SACHS GROUP INC/THE	0.90%	02/23/2023	300,000	301,779	302,658
FIDELITY NATIONAL INFORMATION	0.38%	03/01/2023	85,000	84,933	84,883
CENTERPOINT ENERGY RESOURCES C	0.63%	03/02/2023	190,000	190,000	190,046
JOHN DEERE OWNER TRUST 20 B A2	0.41%	03/15/2023	314,648	314,827	314,833
CARNIVAL CORP 144A	11.50%	04/01/2023	199,000	197,010	225,119
JPMORGAN CHASE & CO	3.21%	04/01/2023	300,000	311,703	306,360
FOURSIGHT CAPITAL AUT 1 B 144A	3.53%	04/17/2023	6,191	6,257	6,199
PIONEER NATURAL RESOURCES CO	0.55%	05/15/2023	85,000	85,003	85,072
OKLAHOMA GAS AND ELECTRIC CO	0.55%	05/26/2023	65,000	65,000	65,001
OGE ENERGY CORP	0.70%	05/26/2023	45,000	45,000	44,960
MICROCHIP TECHNOLOGY INC	4.33%	06/01/2023	260,000	280,264	277,235
GOLDMAN SACHS GROUP INC/THE	2.91%	06/05/2023	230,000	236,215	235,136
TENET HEALTHCARE CORP	6.75%	06/15/2023	110,000	117,973	120,038
NVIDIA CORP	0.31%	06/15/2023	175,000	175,000	175,102
NIGERIA GOVERNMENT INTERN 144A	6.38%	07/12/2023	200,000	209,030	214,072
GM FINANCIAL CONSUMER AUT 3 A2	0.35%	07/17/2023	178,735	178,734	178,844
WORLD OMNI AUTOMOBILE LEA B A2	0.32%	09/15/2023	232,132	232,116	232,282
DOMINION ENERGY INC	0.65%	09/15/2023	115,000	115,000	115,045
GILEAD SCIENCES INC	0.67%	09/29/2023	55,000	55,000	55,042
AIB GROUP PLC 144A	4.75%	10/12/2023	375,000	406,796	407,321
JPMORGAN CHASE & CO	1.36%	10/24/2023	310,000	315,478	314,349
AMERICAN ELECTRIC POWER CO INC	0.66%	11/01/2023	180,000	180,000	180,142
GOLDMAN SACHS GROUP INC/THE	0.56%	11/17/2023	165,000	165,000	165,097
CVENT 6/16 COV-LITE TL	0.00%	11/29/2023	129,328	126,506	127,452
LEARFIELD COMMUNICATIONS 12/16	0.00%	12/01/2023	139,271	128,651	134,396
JOHN DEERE OWNER TRUST 20 A A2	0.20%	12/15/2023	200,000	199,975	199,992
KEYBANK NA/CLEVELAND OH	0.39%	01/03/2024	250,000	250,000	250,230
DANSKE BANK A/S 144A	5.38%	01/12/2024	500,000	554,854	554,465
TRANSOCEAN GUARDIAN LTD 144A	5.88%	01/15/2024	309,575	272,841	301,062
PARK AEROSPACE HOLDINGS L 144A	5.50%	02/15/2024	250,000	273,245	274,843
PHILLIPS 66	0.78%	02/15/2024	260,000	260,000	260,341
GOLDMAN SACHS GROUP INC/THE	4.00%	03/03/2024	2,150,000	2,286,138	2,335,330
GOLDMAN SACHS GROUP INC/THE	0.59%	03/08/2024	100,000	100,000	100,236
AVIS BUDGET RENTAL C 2A A 144A	2.97%	03/20/2024	1,600,000	1,647,000	1,660,592
AT&T INC	0.65%	03/25/2024	70,000	70,000	70,161
PLAYA FUNDING 4/17 COV-LITE	0.00%	04/05/2024	126,082	121,354	121,065
MORGAN STANLEY	0.73%	04/05/2024	190,000	190,000	190,382
SANTANDER DRIVE AUTO RECE 2 A2	0.28%	04/15/2024	250,000	249,995	250,010

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
	CORPORATE DEBT INSTRUMENTS - OTHER				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
CENTERPOINT ENERGY INC	0.68%	05/13/2024	75,000	75,000	75,313
UBS AG REGS	5.13%	05/15/2024	900,000	975,417	992,250
PERIMETER MASTER NOT 2A A 144A	4.23%	05/15/2024	117,000	116,981	122,065
AVOLON HOLDINGS FUNDING L 144A	5.25%	05/15/2024	225,000	243,970	247,496
BANK OF AMERICA CORP	0.54%	05/28/2024	225,000	225,000	225,137
CONTINENTAL RESOURCES INC/OK	3.80%	06/01/2024	126,000	90,011	133,245
OCCIDENTAL PETROLEUM CORP	2.90%	08/15/2024	192,000	189,120	196,320
GOLDEN ENTERTAINMENT 10/17	0.00%	08/15/2024	116,451	115,869	115,577
GLOBAL AIRCRAFT LEASING C 144A	6.50%	09/15/2024	182,682	174,493	183,667
DISCOVER CARD EXECUTION N A3 A	1.89%	10/15/2024	697,000	696,850	711,525
BANK OF AMERICA CORP	0.76%	10/24/2024	300,000	300,000	302,166
CITIGROUP INC	0.78%	10/30/2024	595,000	595,000	596,404
WARRIOR MET COAL INC 144A	8.00%	11/01/2024	94,000	96,341	95,410
LAMB WESTON HOLDINGS INC 144A	4.63%	11/01/2024	450,000	473,625	465,651
WOLVERINE ESCROW LLC 144A	8.50%	11/15/2024	129,000	126,098	125,130
HASBRO INC	3.00%	11/19/2024	171,000	181,499	181,963
AVIATION CAPITAL GROUP LL 144A	5.50%	12/15/2024	332,000	373,078	375,299
AERCAP IRELAND CAPITAL DAC / A	3.50%	01/15/2025	300,000	308,859	318,033
LAREDO PETROLEUM INC	9.50%	01/15/2025	1	1	1
ESKOM HOLDINGS SOC LTD 144A	7.13%	02/11/2025	200,000	207,000	211,000
KNOWLEDGE UNIVERSE/KINDER CARE	0.00%	02/21/2025	130,503	123,978	128,314
AMERICAN AIRLINES GROUP I 144A	3.75%	03/01/2025	1	1	1
LEARNING CARE 3/18 COV-LITE	0.00%	03/13/2025	131,652	125,399	129,349
AVIS BUDGET CAR RENTAL LL 144A	5.25%	03/15/2025	79,000	78,013	79,988
YUM! BRANDS INC 144A	7.75%	04/01/2025	41,000	41,000	44,588
CHOBANI LLC / CHOBANI FIN 144A	7.50%	04/15/2025	155,000	151,223	161,264
BANK OF AMERICA CORP	0.72%	04/22/2025	225,000	225,000	226,258
CPP 4/18 COV-LITE TLB	0.00%	04/25/2025	259,047	253,218	253,607
CITIGROUP INC	3.30%	04/27/2025	2,575,000	2,699,114	2,800,725
HEARTLAND DENTAL 4/18 COV-LITE	0.00%	04/30/2025	130,257	125,698	128,628
BOEING CO/THE	4.88%	05/01/2025	814,000	865,727	912,364
DELTA AIR LINES INC 144A	7.00%	05/01/2025	239,000	239,000	279,018
XPO LOGISTICS INC 144A	6.25%	05/01/2025	117,000	120,144	124,757
WILLIAM CARTER CO/THE 144A	5.50%	05/15/2025	114,000	116,960	120,613
GAP INC/THE 144A	8.63%	05/15/2025	112,000	117,880	122,864
BISON MIDSTREAM 5/18 TLB	0.00%	05/21/2025	136,273	126,783	132,793
GOLDMAN SACHS GROUP INC/THE	3.75%	05/22/2025	450,000	487,692	492,687
DIAMONDBACK ENERGY INC	4.75%	05/31/2025	111,000	118,952	125,002
DIAMONDBACK ENERGY INC	5.38%	05/31/2025	305,000	317,113	313,388
SM ENERGY CO	5.63%	06/01/2025	56,000	49,700	55,440
ROYAL CARIBBEAN CRUISES L 144A	11.50%	06/01/2025	106,000	109,850	122,165
JPMORGAN CHASE & CO	0.58%	06/01/2025	150,000	150,000	150,087
IRB HOLDING CORP 144A	7.00%	06/15/2025	114,000	118,633	123,082
NAVIENT CORP	6.75%	06/25/2025	216,000	224,733	238,950
AMERICAN AIRLINES INC 144A	11.75%	07/15/2025	114,000	122,408	143,070
FORTERRA FINANCE LLC / FR 144A	6.50%	07/15/2025	118,000	125,756	127,145
SSH GROUP/SPRING EDUCATION	0.00%	07/30/2025	131,836	125,574	126,940
AMC NETWORKS INC	4.75%	08/01/2025	100,000	102,994	102,670
TESLA INC 144A	5.30%	08/15/2025	150,000	140,610	155,046
FORD CREDIT FLOORPLAN MAS 1 A2	0.59%	09/15/2025	430,000	430,000	433,208
SPIRIT LOYALTY CAYMAN LTD 144A	8.00%	09/20/2025	69,000	76,418	78,039
AKZONOBEL SPECIALTY CHEMICALS	0.00%	10/01/2025	158,890	158,294	157,600
GENERAL MOTORS CO	6.13%	10/01/2025	950,000	1,140,765	1,125,019
DELTA AIR LINES INC / SKY 144A	4.50%	10/20/2025	108,000	108,000	116,095
CAPROCK MIDSTREAM 10/18 TLB	0.00%	10/22/2025	202,931	187,966	198,821

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
	CORPORATE DEBT INSTRUMENTS - OTHER				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
ACRISURE LLC / ACRISURE F 144A	7.00%	11/15/2025	121,000	119,488	123,420
APACHE CORP	4.63%	11/15/2025	123,000	123,000	132,840
BAYER US FINANCE II LLC 144A	4.25%	12/15/2025	521,000	596,175	580,613
MATTEL INC 144A	6.75%	12/31/2025	27,000	28,292	28,369
NATIONAL FUEL GAS CO	5.50%	01/15/2026	209,000	207,993	241,911
ENVIVA PARTNERS LP / ENVI 144A	6.50%	01/15/2026	171,000	174,893	178,695
AVIATION CAPITAL GROUP LL 144A	1.95%	01/30/2026	144,000	141,809	144,098
CALIFORNIA RESOURCES CORP 144A	7.13%	02/01/2026	1	1	1
MOHEGAN GAMING & ENTERTAI 144A	8.00%	02/01/2026	122,000	123,068	127,478
PARTY CITY HOLDINGS INC 144A	8.75%	02/15/2026	184,000	188,970	196,420
IRB HOLDING CORP 144A	6.75%	02/15/2026	125,000	120,000	129,375
AVOLON HOLDINGS FUNDING L 144A	2.13%	02/21/2026	227,000	224,837	226,183
PULTEGROUP INC	5.50%	03/01/2026	318,000	367,312	371,265
CARNIVAL CORP 144A	7.63%	03/01/2026	75,000	75,000	81,469
BAT INTERNATIONAL FINANCE PLC	1.67%	03/25/2026	1,200,000	1,204,140	1,199,856
JPMORGAN CHASE & CO	3.30%	04/01/2026	2,325,000	2,446,458	2,544,085
MHP LUX SA 144A	6.95%	04/03/2026	200,000	207,392	212,408
AVOLON HOLDINGS FUNDING L 144A	4.25%	04/15/2026	58,000	57,986	62,879
CPS AUTO RECEIVABLES B D 144A	4.75%	04/15/2026	130,000	138,887	138,683
ENN CLEAN ENERGY INTERNAT 144A	3.38%	05/12/2026	230,000	229,213	234,547
UNIVERSAL HEALTH SERVICES 144A	5.00%	06/01/2026	300,000	314,946	307,500
VEREIT OPERATING PARTNERSHIP L	4.88%	06/01/2026	267,000	297,107	307,699
WESTLAKE AUTOMOBILE 3A E 144A	3.34%	06/15/2026	300,000	309,844	309,549
HCA INC	5.25%	06/15/2026	350,000	413,448	405,304
AIRCATTLE LTD	4.25%	06/15/2026	200,000	208,058	217,276
DRIVE AUTO RECEIVABLES TRU 1 D	4.09%	06/15/2026	352,000	368,294	365,313
TRANSDIGM INC	6.38%	06/15/2026	119,000	121,918	123,280
SABINE PASS LIQUEFACTION LLC	5.88%	06/30/2026	827,000	959,988	979,350
DISH DBS CORP	7.75%	07/01/2026	172,000	178,461	194,790
TURKIYE IHRACAT KREDI BAN 144A	5.75%	07/06/2026	230,000	228,763	230,000
AVID AUTOMOBILE RECEI 1 B 144A	2.82%	07/15/2026	500,000	499,931	509,430
AVID AUTOMOBILE RECEI 1 C 144A	3.14%	07/15/2026	500,000	499,897	514,200
BRIGHTSPHERE INVESTMENT GROUP	4.80%	07/27/2026	75,000	78,726	80,662
VIRGIN MEDIA SECURED FINA 144A	5.50%	08/15/2026	450,000	473,063	464,625
CIKARANG LISTRINDO TBK PT 144A	4.95%	09/14/2026	200,000	206,500	204,760
MATADOR RESOURCES CO	5.88%	09/15/2026	1	1	1
SM ENERGY CO	6.75%	09/15/2026	1	1	1
WELLS FARGO & CO	3.00%	10/23/2026	2,275,000	2,355,763	2,454,543
UBER TECHNOLOGIES INC 144A	8.00%	11/01/2026	111,000	118,493	119,603
RITE AID CORP 144A	8.00%	11/15/2026	235,000	250,170	238,525
STEEL DYNAMICS INC	5.00%	12/15/2026	434,000	463,838	454,359
WEA FINANCE LLC 144A	2.88%	01/15/2027	296,000	302,296	305,664
PENN NATIONAL GAMING INC 144A	5.63%	01/15/2027	118,000	121,458	122,573
TENET HEALTHCARE CORP 144A	6.25%	02/01/2027	119,000	122,665	124,206
MEG ENERGY CORP 144A	7.13%	02/01/2027	343,000	342,935	365,408
LEGACY LIFEPOINT HEALTH L 144A	4.38%	02/15/2027	250,000	253,200	252,188
HCA INC	4.50%	02/15/2027	157,000	179,759	177,501
GARDA WORLD SECURITY CORP 144A	4.63%	02/15/2027	121,000	120,698	121,605
ZAYO GROUP HOLDINGS INC 144A	4.00%	03/01/2027	119,000	117,693	118,181
NAVIENT CORP	5.00%	03/15/2027	133,000	110,888	137,655
AMERICAN AXLE & MANUFACTURING	6.50%	04/01/2027	1	1	1
ANGLO AMERICAN CAPITAL PL 144A	4.75%	04/10/2027	250,000	271,493	287,500
SURGERY CENTER HOLDINGS I 144A	10.00%	04/15/2027	1	1	1
CSC HOLDINGS LLC 144A	5.50%	04/15/2027	200,000	211,500	210,010
BOEING CO/THE	5.04%	05/01/2027	365,000	375,864	421,349

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
CCO HOLDINGS LLC / CCO HO 144A	5.13%	05/01/2027	450,000	471,938	472,005
WYNN LAS VEGAS LLC / WYNN 144A	5.25%	05/15/2027	117,000	122,850	125,670
CLARIOS GLOBAL LP / CLARI 144A	8.50%	05/15/2027	123,000	124,299	134,095
CHEMOURS CO/THE	5.38%	05/15/2027	1	1	1
TRI POINTE HOMES INC	5.25%	06/01/2027	100,000	100,499	108,500
CLEVELAND-CLIFFS INC	5.88%	06/01/2027	122,000	126,270	128,253
CENTURY COMMUNITIES INC	6.75%	06/01/2027	95,000	101,915	100,819
WATCO COS LLC / WATCO FIN 144A	6.50%	06/15/2027	172,000	183,180	184,040
CAESARS ENTERTAINMENT INC 144A	8.13%	07/01/2027	1	1	1
NEXSTAR MEDIA INC 144A	5.63%	07/15/2027	247,000	250,071	261,820
TK ELEVATOR US NEWCO INC 144A	5.25%	07/15/2027	200,000	200,000	210,750
FIRSTENERGY CORP	4.65%	07/15/2027	246,000	264,141	267,525
TAPESTRY INC	4.13%	07/15/2027	117,000	125,444	128,323
SCRIPPS ESCROW INC 144A	5.88%	07/15/2027	150,000	153,794	154,875
AVIS BUDGET CAR RENTAL LL 144A	5.75%	07/15/2027	1	1	1
PARALLEL 2015-1 LTD 1A AR 144A	0.98%	07/20/2027	107,758	104,795	107,785
NGPL PIPECO LLC 144A	4.88%	08/15/2027	200,000	215,262	229,178
FORD MOTOR CREDIT CO LLC	4.13%	08/17/2027	475,000	470,250	503,871
E*TRADE FINANCIAL CORP	3.80%	08/24/2027	200,000	206,442	222,268
LOGMEIN INC 144A	5.50%	09/01/2027	120,000	123,900	124,206
FMG RESOURCES AUGUST 2006 144A	4.50%	09/15/2027	247,000	259,108	268,613
NATIONAL FUEL GAS CO	3.95%	09/15/2027	281,000	305,534	303,162
NEXTERA ENERGY OPERATING 144A	4.50%	09/15/2027	113,000	120,096	122,283
SOUTHWESTERN ENERGY CO	7.75%	10/01/2027	114,000	111,240	123,689
DRYDEN XXV SENIOR 25A DRR 144A	3.13%	10/15/2027	420,000	419,076	420,434
LIVE NATION ENTERTAINMENT 144A	4.75%	10/15/2027	1	1	1
PROGRESS RESIDENTI SFR3 A 144A	1.29%	10/17/2027	525,000	524,990	522,911
HALCYON LOAN ADVIS 3A A1R 144A	1.03%	10/18/2027	152,802	150,205	152,955
SHACKLETON 2015-VII 8A DR 144A	2.83%	10/20/2027	250,000	242,750	248,401
GARDA WORLD SECURITY CORP 144A	9.50%	11/01/2027	115,000	118,738	127,363
VIPER ENERGY PARTNERS LP 144A	5.38%	11/01/2027	90,000	92,925	93,754
ENI USA INC	7.30%	11/15/2027	150,000	196,542	195,807
UNITED RENTALS NORTH AMERICA I	3.88%	11/15/2027	350,000	357,875	367,756
UNITED RENTALS NORTH AMERICA I	3.88%	11/15/2027	450,000	456,188	472,829
AMUR EQUIPMENT FINAN 1A D 144A	2.30%	11/22/2027	475,000	474,883	474,630
MURPHY OIL CORP	5.88%	12/01/2027	1	1	1
BOYD GAMING CORP	4.75%	12/01/2027	72,000	51,840	74,520
MATCH GROUP HOLDINGS II L 144A	5.00%	12/15/2027	231,000	236,471	242,839
FLAGSHIP CREDIT AUTO 3 E 144A	4.98%	12/15/2027	250,000	276,567	268,368
LITHIA MOTORS INC 144A	4.63%	12/15/2027	118,000	120,588	124,797
AFFINITY GAMING 144A	6.88%	12/15/2027	117,000	123,728	124,166
LENDMARK FUNDING TRU 1A D 144A	5.34%	12/20/2027	300,000	310,125	309,810
CITIGROUP INC	3.89%	01/10/2028	729,000	809,134	811,727
CHURCHILL DOWNS INC 144A	4.75%	01/15/2028	40,000	40,670	41,388
UNITED RENTALS NORTH AMERICA I	4.88%	01/15/2028	117,000	116,901	124,173
NRG ENERGY INC	5.75%	01/15/2028	213,000	231,750	226,845
CONTIMORTGAGE HOME EQUITY 4 A8	7.22%	01/15/2028	4,051	4,180	3,900
LIVE NATION ENTERTAINMENT 144A	3.75%	01/15/2028	36,000	36,000	36,159
MINERVA LUXEMBOURG SA 144A	5.88%	01/19/2028	200,000	205,750	212,200
INSTALLED BUILDING PRODUC 144A	5.75%	02/01/2028	234,000	247,455	246,285
CCO HOLDINGS LLC / CCO HO 144A	5.00%	02/01/2028	150,000	155,669	157,386
RADIOLOGY PARTNERS INC 144A	9.25%	02/01/2028	118,000	122,518	130,390
ENCOMPASS HEALTH CORP	4.50%	02/01/2028	120,000	123,999	124,496
PETROLEOS MEXICANOS	5.35%	02/12/2028	370,000	356,125	363,877
HECLA MINING CO	7.25%	02/15/2028	78,000	78,000	85,215

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
TOLL BROTHERS FINANCE CORP	4.35%	02/15/2028	100,000	103,750	109,750
BAYER CORP 144A	6.65%	02/15/2028	83,000	101,148	104,661
LAMAR MEDIA CORP	3.75%	02/15/2028	425,000	426,063	432,438
EGYPT GOVERNMENT INTERNAT 144A	6.59%	02/21/2028	400,000	418,650	422,800
REPUBLIC OF KENYA GOVERNMENT 144A	7.25%	02/28/2028	255,000	278,588	281,699
FREEPORT-MCMORAN INC	4.13%	03/01/2028	795,000	832,015	829,781
ZAYO GROUP HOLDINGS INC 144A	6.13%	03/01/2028	1	1	1
GRIFFON CORP	5.75%	03/01/2028	106,000	106,000	112,625
AMERICAN TRAILER WORLD 3/21 CO	0.00%	03/03/2028	125,000	124,911	124,766
SAUDI GOVERNMENT INTERNAT 144A	3.63%	03/04/2028	250,000	264,500	276,225
CIT GROUP INC	6.13%	03/09/2028	49,000	59,045	59,790
AMR/AADVANTAGE 3/21 TL	0.00%	03/10/2028	245,000	252,656	255,229
PLAYTIKA 3/21 COV-LITE TLB	0.00%	03/13/2028	264,274	262,952	262,923
NCL FINANCE LTD 144A	6.13%	03/15/2028	122,000	125,965	127,850
CALPINE CORP 144A	5.13%	03/15/2028	114,000	114,713	116,138
NETFLIX INC	4.88%	04/15/2028	168,000	185,813	195,090
NVENT FINANCE SARL	4.55%	04/15/2028	445,000	464,977	489,144
CLEAR CHANNEL OUTDOOR HOL 144A	7.75%	04/15/2028	1	1	1
EPR PROPERTIES	4.95%	04/15/2028	198,000	217,420	214,044
UNITED AIR LINES 4/21 TLB	0.00%	04/21/2028	189,525	192,368	191,841
FRONTIER COMMUNICATIONS H 144A	5.00%	05/01/2028	143,000	143,000	147,838
DRIVE AUTO RECEIVABLES TRU 2 D	3.05%	05/15/2028	425,000	445,071	442,238
SOLERA 6/21 (USD) COV-LITE TL	0.00%	06/02/2028	190,477	189,525	190,930
STONECO LTD 144A	3.95%	06/16/2028	200,000	200,000	199,428
COMMScope INC 144A	7.13%	07/01/2028	115,000	124,400	124,631
PG&E CORP	5.00%	07/01/2028	1	1	1
CENTENE CORP	2.45%	07/15/2028	98,000	98,000	99,323
BANK OF AMERICA CORP	3.59%	07/21/2028	933,000	1,024,799	1,027,727
AUSGRID FINANCE PTY LTD 144A	4.35%	08/01/2028	331,000	370,017	372,792
DISCOVER BANK	4.68%	08/09/2028	300,000	314,644	318,645
NATIONSTAR MORTGAGE HOLDI 144A	5.50%	08/15/2028	120,000	124,200	121,116
FLUOR CORP	4.25%	09/15/2028	1	1	1
WESTINGHOUSE AIR BRAKE TECHNOL	4.95%	09/15/2028	325,000	362,534	377,299
CARVANA CO 144A	5.88%	10/01/2028	1	1	1
PARK INTERMEDIATE HOLDING 144A	5.88%	10/01/2028	122,000	126,575	129,915
APACHE CORP	4.38%	10/15/2028	143,000	123,435	152,224
DELTA AIR LINES INC / SKY 144A	4.75%	10/20/2028	110,000	110,000	122,365
SPRINT CAPITAL CORP	6.88%	11/15/2028	289,000	338,050	370,643
STERICYCLE INC 144A	3.88%	01/15/2029	100,000	100,000	99,803
LEVEL 3 FINANCING INC 144A	3.63%	01/15/2029	475,000	476,781	458,375
MEG ENERGY CORP 144A	5.88%	02/01/2029	68,000	68,000	70,890
HILCORP ENERGY I LP / HIL 144A	5.75%	02/01/2029	379,000	385,853	394,990
SBA COMMUNICATIONS CORP 144A	3.13%	02/01/2029	475,000	455,406	457,933
ALTRIA GROUP INC	4.80%	02/14/2029	409,000	464,937	474,591
MGM GROWTH PROPERTIES OPE 144A	3.88%	02/15/2029	375,000	379,219	380,839
RENT-A-CENTER INC/TX 144A	6.38%	02/15/2029	180,000	189,258	193,275
TCW CLO 2019-1 AMR L 1A D 144A	3.15%	02/15/2029	250,000	241,250	251,250
HOLOGIC INC 144A	3.25%	02/15/2029	450,000	438,750	446,063
QUICKEN LOANS LLC / QUICK 144A	3.63%	03/01/2029	125,000	125,000	123,438
CLEVELAND-CLIFFS INC 144A	4.63%	03/01/2029	27,001	27,039	28,412
UNITED STATES STEEL CORP	6.88%	03/01/2029	241,000	250,984	257,870
GLENCORE FUNDING LLC 144A	4.88%	03/12/2029	1	1	1
TRONOX INC 144A	4.63%	03/15/2029	124,000	124,066	125,393
ALBERTSONS COS INC / SAFE 144A	3.50%	03/15/2029	475,000	455,406	469,656
MACQUARIE GROUP LTD 144A	4.65%	03/27/2029	200,000	223,890	230,732

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY	COST	CURRENT VALUE
			VALUE - a		
JBS USA LUX SA / JBS USA 144A	6.50%	04/15/2029	109,000	120,165	122,490
ACADIA HEALTHCARE CO INC 144A	5.00%	04/15/2029	239,000	249,456	249,258
SIGNAL PEAK CLO 2 1A DR2 144A	2.98%	04/20/2029	250,000	241,250	246,310
NETFLIX INC	6.38%	05/15/2029	308,000	352,279	393,393
PENNSYLVANIA ELECTRIC CO 144A	3.60%	06/01/2029	105,000	111,548	112,284
BANK OF AMERICA CORP	2.09%	06/14/2029	280,000	280,000	282,425
HCA INC	4.13%	06/15/2029	172,000	202,045	193,859
NRG ENERGY INC 144A	4.45%	06/15/2029	386,000	414,304	426,422
NRG ENERGY INC 144A	5.25%	06/15/2029	167,000	170,549	177,646
CEDAR FAIR LP	5.25%	07/15/2029	125,000	125,213	128,750
BARINGS CLO LTD 2018 3A D 144A	3.03%	07/20/2029	250,000	240,125	247,549
IMPERIAL BRANDS FINANCE P 144A	3.88%	07/26/2029	275,000	275,759	298,185
TCW CLO 2017-1A LTD 1A DR 144A	3.28%	07/29/2029	190,000	184,775	189,641
MPT OPERATING PARTNERSHIP LP /	4.63%	08/01/2029	416,000	439,265	445,311
GLOBAL PAYMENTS INC	3.20%	08/15/2029	242,000	254,594	259,272
IRON MOUNTAIN INC 144A	4.88%	09/15/2029	450,000	461,250	464,490
TEGNA INC	5.00%	09/15/2029	118,000	118,625	123,485
MURPHY OIL USA INC	4.75%	09/15/2029	64,000	67,850	67,200
TEGNA INC	5.00%	09/15/2029	450,000	457,740	470,916
COMMONSPIRIT HEALTH	3.35%	10/01/2029	67,000	69,615	72,630
MOUNTAIN VIEW CLO 2 1A AR 144A	1.22%	10/16/2029	250,000	250,000	249,999
ONEMAIN FINANCE CORP	5.38%	11/15/2029	331,000	339,433	360,042
CHENIERE CORPUS CHRISTI HOLDIN	3.70%	11/15/2029	170,000	176,913	185,786
SCIENTIFIC GAMES INTERNAT 144A	7.25%	11/15/2029	226,000	246,398	254,928
CEMEX SAB DE CV 144A	5.45%	11/19/2029	200,000	213,500	219,900
NOV INC	3.60%	12/01/2029	240,000	240,342	250,913
DIAMONDBACK ENERGY INC	3.50%	12/01/2029	438,000	411,008	469,352
TERRAFORM POWER OPERATING 144A	4.75%	01/15/2030	230,000	239,200	235,559
HILTON DOMESTIC OPERATING CO I	4.88%	01/15/2030	1	1	1
GLOBO COMUNICACAO E PARTI 144A	4.88%	01/22/2030	200,000	200,000	206,502
MORGAN STANLEY	4.43%	01/23/2030	207,000	238,491	242,710
BAUSCH HEALTH COS INC 144A	5.25%	01/30/2030	135,000	125,213	125,550
BRASKEM NETHERLANDS FINAN 144A	4.50%	01/31/2030	200,000	206,800	207,984
WESTERN MIDSTREAM OPERATING LP	5.30%	02/01/2030	115,000	102,917	128,800
WESTPAC BANKING CORP	2.89%	02/04/2030	194,000	201,696	201,211
ALBERTSONS COS INC / SAFE 144A	4.88%	02/15/2030	173,000	175,878	184,506
AT&T INC	4.30%	02/15/2030	839,000	970,129	971,252
CENTENE CORP	3.38%	02/15/2030	120,000	120,000	125,400
CENTENE CORP	3.38%	02/15/2030	450,000	452,250	470,250
ASSURANT INC	3.70%	02/22/2030	100,000	100,780	108,234
FREEPORT-MCMORAN INC	4.25%	03/01/2030	126,000	120,015	134,978
CCO HOLDINGS LLC / CCO HO 144A	4.75%	03/01/2030	256,000	266,686	270,400
ORACLE CORP	2.95%	04/01/2030	170,000	178,041	179,263
NORDSTROM INC	4.38%	04/01/2030	1	1	1
NVR INC	3.00%	05/15/2030	226,000	246,469	239,849
VMWARE INC	4.70%	05/15/2030	346,000	403,773	409,795
GUATEMALA GOVERNMENT BOND 144A	4.90%	06/01/2030	265,000	310,713	298,125
MACQUARIE BANK LTD 144A	3.62%	06/03/2030	305,000	316,059	322,821
BANKUNITED INC	5.13%	06/11/2030	207,000	235,305	241,505
GENERAL MOTORS FINANCIAL CO IN	3.60%	06/21/2030	739,000	786,222	800,965
SIRIUS XM RADIO INC 144A	4.13%	07/01/2030	450,000	446,625	455,625
COSTAR GROUP INC 144A	2.80%	07/15/2030	74,000	73,942	75,253
CBAM 2017-1 LTD 1A D 144A	3.88%	07/20/2030	370,000	370,444	370,984
WIND RIVER 2013-1 1A A1RR 144A	1.11%	07/20/2030	290,000	290,000	290,058
TENGIZCHEVROIL FINANCE CO 144A	3.25%	08/15/2030	200,000	197,878	203,620

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY	COST	CURRENT VALUE
			VALUE - a		
BALL CORP	2.88%	08/15/2030	249,000	249,000	244,423
HCA INC	3.50%	09/01/2030	450,000	450,000	479,417
REGENERON PHARMACEUTICALS INC	1.75%	09/15/2030	308,000	307,686	292,166
SCF EQUIPMENT LEASIN 1A D 144A	1.93%	09/20/2030	450,000	445,201	447,773
BATH & BODY WORKS INC 144A	6.63%	10/01/2030	117,000	125,190	135,135
BAIDU INC	2.38%	10/09/2030	200,000	200,000	200,114
ANTOFAGASTA PLC 144A	2.38%	10/14/2030	200,000	199,294	192,700
UNIVERSAL HEALTH SERVICES 144A	2.65%	10/15/2030	216,000	216,167	217,194
ROMARK CLO LTD 1A A2R 144A	0.01%	10/23/2030	380,000	380,000	380,000
MEITUAN 144A	3.05%	10/28/2030	200,000	199,726	197,354
DBWF 2018-GLKS MOR GLKS A 144A	1.12%	12/19/2030	200,000	198,875	200,274
OCCIDENTAL PETROLEUM CORP	6.13%	01/01/2031	256,000	292,239	300,480
CONTINENTAL RESOURCES INC 144A	5.75%	01/15/2031	166,000	186,543	198,835
SUZANO AUSTRIA GMBH	3.75%	01/15/2031	156,000	156,993	163,605
STANDARD INDUSTRIES INC/N 144A	3.38%	01/15/2031	1	1	1
SK HYNIX INC 144A	2.38%	01/19/2031	400,000	393,382	389,940
AMERICAN CAMPUS COMMUNITIES OP	3.88%	01/30/2031	345,000	379,010	383,295
CALPINE CORP 144A	5.00%	02/01/2031	129,000	132,098	128,355
DAVITA INC 144A	3.75%	02/15/2031	125,000	125,000	120,000
DAVITA INC 144A	3.75%	02/15/2031	400,000	390,500	384,000
LEVI STRAUSS & CO 144A	3.50%	03/01/2031	124,000	127,410	123,281
TWILIO INC	3.88%	03/15/2031	122,000	125,355	125,203
FMG RESOURCES AUGUST 2006 144A	4.38%	04/01/2031	121,000	125,840	129,168
PSEG POWER LLC	8.63%	04/15/2031	150,000	211,944	230,186
T-MOBILE USA INC	3.50%	04/15/2031	450,000	454,500	465,566
VITERRA FINANCE BV 144A	3.20%	04/21/2031	240,000	239,227	242,141
LENDING FUNDING TRUS 2A D 144A	6.77%	04/21/2031	315,000	354,867	352,746
GLENCORE FUNDING LLC 144A	2.85%	04/27/2031	199,000	198,777	202,598
SERVICE CORP INTERNATIONAL/US	4.00%	05/15/2031	575,000	576,438	586,891
NATIONAL AUSTRALIA BANK L 144A	2.99%	05/21/2031	250,000	250,000	254,118
SKYWORKS SOLUTIONS INC	3.00%	06/01/2031	138,000	137,467	141,431
CSN RESOURCES SA 144A	4.63%	06/10/2031	200,000	200,000	203,562
BOYD GAMING CORP 144A	4.75%	06/15/2031	101,000	101,000	104,942
WESTERN ALLIANCE BANCORP	3.00%	06/15/2031	158,000	158,000	159,190
SA GLOBAL SUKUK LTD 144A	2.69%	06/17/2031	250,000	253,125	253,100
UPSTART SECURITIZATIO 2 B 144A	1.75%	06/20/2031	244,000	243,974	244,024
OCP SA 144A	3.75%	06/23/2031	200,000	198,730	201,900
NGPL PIPECO LLC 144A	3.25%	07/15/2031	216,000	217,201	222,869
AMERICAN HOMES 4 RENT LP	2.38%	07/15/2031	157,000	154,665	154,665
FORD MOTOR CO	7.45%	07/16/2031	214,000	233,901	281,410
J.P. MORGAN CHASE WIKI E 144A	4.01%	10/05/2031	276,000	279,256	271,236
J.P. MORGAN CHASE WIKI C 144A	3.55%	10/05/2031	140,000	141,838	140,057
ALLY FINANCIAL INC	8.00%	11/01/2031	397,000	551,582	571,811
CSC HOLDINGS LLC 144A	4.50%	11/15/2031	475,000	471,438	477,917
WESTPAC BANKING CORP	4.32%	11/23/2031	335,000	380,034	371,991
ASSURANT INC	2.65%	01/15/2032	129,000	128,796	128,792
HILTON DOMESTIC OPERATING 144A	3.63%	02/15/2032	400,000	401,500	395,000
KAYNE CLO III LTD 3A BR 144A	1.68%	04/15/2032	300,000	300,958	300,018
BANK OF AMERICA CORP	2.69%	04/22/2032	157,000	157,000	161,708
CITIGROUP INC	2.56%	05/01/2032	157,000	157,000	160,120
JP MORGAN CHASE COM LAQ B 144A	1.39%	06/15/2032	172,000	172,054	172,160
MACQUARIE GROUP LTD 144A	2.69%	06/23/2032	128,000	128,000	128,486
OCP CLO 2019-17 LT 17A BR 144A	1.73%	07/20/2032	330,000	330,000	330,000
CF TRUST 2019-MF1 MF1 D 144A	2.95%	08/21/2032	400,000	400,063	400,036
DOMINICAN REPUBLIC INTERN 144A	4.88%	09/23/2032	150,000	150,000	154,880

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY	COST	CURRENT VALUE
			VALUE - a		
GOLDENTREE LOAN MANA 5A D 144A	3.98%	10/20/2032	250,000	251,688	251,426
PULTEGROUP INC	6.38%	05/15/2033	48,000	59,126	63,396
WESTPAC BANKING CORP	4.11%	07/24/2034	175,000	183,300	192,056
NATIONAL AUSTRALIA BANK L 144A	3.93%	08/02/2034	250,000	258,660	270,843
TRTX 2019-FL3 ISSUE FL3 A 144A	1.31%	10/15/2034	525,000	525,000	525,157
BBCMS 2019-BWAY MO BWAY B 144A	1.40%	11/15/2034	150,000	149,024	148,997
BBCMS 2019-BWAY MO BWAY C 144A	1.70%	11/15/2034	200,000	198,709	196,982
BBCMS 2019-BWAY MO BWAY A 144A	1.05%	11/15/2034	140,000	138,697	139,604
MARINER FINANCE ISSU AA E 144A	5.40%	03/20/2036	400,000	430,000	430,556
NEWELL BRANDS INC	5.88%	04/01/2036	210,000	233,033	258,825
ARBOR REALTY COLLAT FL2 D 144A	2.59%	05/15/2036	310,000	310,000	311,129
VMC FINANCE 2019-FL FL3 A 144A	1.19%	09/15/2036	774,023	774,265	774,541
BX COMMERCIAL MORTGA XL C 144A	1.34%	10/15/2036	90,527	90,527	90,614
BX COMMERCIAL MORTGA XL D 144A	1.54%	10/15/2036	181,053	181,053	181,229
GS MORTGAGE SECUR 70P XCP 144A	0.00%	10/15/2036	54,761,000	a 384,784	1,095
BX COMMERCIAL MORT XL XCP 144A	0.00%	10/15/2036	108,664,264	a 87,573	793
PFP 2019-6 LTD 6 C 144A	2.19%	04/14/2037	332,000	332,000	332,120
PFP 2019-6 LTD 6 B 144A	1.79%	04/14/2037	500,000	500,000	500,332
VALERO ENERGY CORP	6.63%	06/15/2037	1,855,000	2,489,807	2,544,782
AMSR 2020-SFR4 TRU SFR4 A 144A	1.36%	11/17/2037	1,375,000	1,374,958	1,370,999
OVINTIV INC	6.50%	02/01/2038	101,000	125,493	134,290
PRIMA CAPITAL CRE RK1 AT 144A	4.45%	04/15/2038	100,000	107,773	101,808
PRIMA CAPITAL CRE RK1 AG 144A	4.00%	04/15/2038	103,866	109,964	108,263
PROGRESS RESIDENTI SFR4 A 144A	1.56%	05/17/2038	850,000	849,987	852,814
GS MORTGAGE SECURI BOCA B 144A	1.59%	06/15/2038	100,000	100,063	100,060
TIME WARNER CABLE LLC	7.30%	07/01/2038	264,000	336,990	385,833
EXTENDED STAY AMERI ESH C 144A	1.79%	07/15/2038	220,000	220,000	221,133
COMCAST CORP	6.55%	07/01/2039	625,000	942,438	934,863
PROTECTIVE LIFE CORP	8.45%	10/15/2039	200,000	303,044	321,374
OGLETHORPE POWER CORP	5.95%	11/01/2039	125,000	162,216	167,764
GALAXY PIPELINE ASSETS BI 144A	3.25%	09/30/2040	268,000	268,000	266,151
CELLNEX FINANCE CO SA 144A	3.88%	07/07/2041	200,000	197,448	199,282
MATTEL INC	5.45%	11/01/2041	163,000	139,842	187,858
ASHLAND LLC	6.88%	05/15/2043	45,000	51,336	56,588
CF INDUSTRIES INC	4.95%	06/01/2043	105,000	110,573	124,119
MARATHON PETROLEUM CORP	4.75%	09/15/2044	575,000	641,112	680,035
PHILLIPS 66	4.88%	11/15/2044	300,000	342,897	373,341
NEUBERGER BERMAN GROUP LL 144A	4.88%	04/15/2045	240,000	245,129	278,494
MCDONALD'S CORP	4.88%	12/09/2045	1,575,000	1,921,979	2,030,222
KRAFT HEINZ FOODS CO	4.38%	06/01/2046	236,000	226,511	267,282
DELL INTERNATIONAL LLC / EMC C	8.35%	07/15/2046	340,000	448,995	556,196
MARATHON PETROLEUM CORP	4.50%	04/01/2048	500,000	519,222	571,145
HARDEE'S FUNDING L 1A A23 144A	5.71%	06/20/2048	94,379	99,182	105,896
ME FUNDING LLC 2019- 1 A2 144A	6.45%	07/30/2049	369,375	361,729	390,533
COMM 2014-277P MOR 277P A 144A	3.61%	08/10/2049	500,000	531,211	533,020
JPMORGAN CHASE & CO	4.60%	12/31/2049	151,000	129,681	156,474
ALLY FINANCIAL INC	4.70%	12/31/2049	123,000	123,980	127,022
COMM 2015-PC1 MORTGAGE T PC1 C	4.32%	07/10/2050	250,000	261,074	265,523
PROSUS NV 144A	3.83%	02/08/2051	220,000	219,982	204,882
FLAGSTAR MORTGAGE 3INV A5 144A	2.50%	06/25/2051	672,779	691,700	690,674
READYCAP COMMERCIAL M 6 A 144A	2.83%	10/25/2052	466,641	466,640	474,653
NEW RESIDENTIAL MOR 2A A1 144A	4.25%	12/25/2057	739,955	747,846	778,492
NEW RESIDENTIAL MO 4A A1B 144A	3.50%	12/25/2058	997,536	1,027,969	1,049,029
FLAGSTAR MORTGAGE 5INV A5 144A	2.50%	12/31/2059	500,000	510,698	509,444
NEW RESIDENTIAL M NQM1 A1 144A	2.46%	01/26/2060	56,277	56,277	56,854

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
	CORPORATE DEBT INSTRUMENTS - OTHER				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
CREDIT SUISSE MOR SPT1 A1 144A	1.62%	04/25/2065	167,146	167,392	167,952
ELLINGTON FINANCIAL 2 A1 144A	1.18%	10/25/2065	68,797	68,775	68,905
			<u>\$ 280,288,167</u>	<u>\$ 122,696,222</u>	<u>\$ 125,035,091</u>

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE STOCK - COMMON

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
GENERAL ELECTRIC CO	465,000	\$ 430,613	\$ 457,328
MORGAN STANLEY	190,000	211,392	217,787
GROSVENOR INSTITUTIONAL PARTNERS LP - COMMON STOCK	-	<u>14,715,878</u>	<u>17,924,868</u>
		<u>\$ 15,357,883</u>	<u>\$ 18,599,983</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
<u>ISSUER</u>		<u>COST</u>	<u>CURRENT VALUE</u>
US REAL ESTATE INVESTMENT FUND		\$ 31,076,142	\$ 33,282,877
GROSVENOR INSTITUTIONAL PARTNERS LP - PARTNERSHIPS		3,198,500	3,881,304
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - PARTNERSHIPS		<u>13,316,883</u>	<u>13,996,797</u>
		<u>\$ 47,591,525</u>	<u>\$ 51,160,978</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF NON-PARTICIPANT LOANS

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
NON-PARTICIPANT LOANS

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY / NO. OF SHARES	COST	CURRENT VALUE
WARRIOR MET COAL INC 144A	8.00%	11/01/2024	6,000	\$ 6,149	\$ 6,090
LAREDO PETROLEUM INC	9.50%	01/15/2025	317,999	312,679	335,079
AMERICAN AIRLINES GROUP I 144A	3.75%	03/01/2025	213,999	188,854	197,147
CALIFORNIA RESOURCES CORP 144A	7.13%	02/01/2026	124,999	125,774	131,539
SM ENERGY CO	6.75%	09/15/2026	75,999	71,439	77,329
MATADOR RESOURCES CO	5.88%	09/15/2026	127,999	125,439	131,839
AMERICAN AXLE & MANUFACTURING	6.50%	04/01/2027	131,999	119,129	139,798
SURGERY CENTER HOLDINGS I 144A	10.00%	04/15/2027	104,999	106,314	115,237
CHEMOURS CO/THE	5.38%	05/15/2027	115,999	123,539	125,809
CAESARS ENTERTAINMENT INC 144A	8.13%	07/01/2027	222,999	242,258	248,020
AVIS BUDGET CAR RENTAL LL 144A	5.75%	07/15/2027	449,999	471,374	471,797
LIVE NATION ENTERTAINMENT 144A	4.75%	10/15/2027	184,999	185,209	191,937
MURPHY OIL CORP	5.88%	12/01/2027	122,999	121,327	128,374
ZAYO GROUP HOLDINGS INC 144A	6.13%	03/01/2028	48,999	48,999	50,040
CLEAR CHANNEL OUTDOOR HOL 144A	7.75%	04/15/2028	123,999	126,789	129,891
PG&E CORP	5.00%	07/01/2028	119,999	128,954	121,333
FLUOR CORP	4.25%	09/15/2028	434,999	442,263	441,524
CARVANA CO 144A	5.88%	10/01/2028	116,999	124,897	123,106
CLEVELAND-CLIFFS INC 144A	4.63%	03/01/2029	140,999	141,194	148,369
GLENCORE FUNDING LLC 144A	4.88%	03/12/2029	576,999	679,769	671,587
HILTON DOMESTIC OPERATING CO I	4.88%	01/15/2030	115,999	112,809	123,829
NORDSTROM INC	4.38%	04/01/2030	126,999	123,952	132,460
STANDARD INDUSTRIES INC/N 144A	3.38%	01/15/2031	399,999	395,499	382,883
U S TREASURY NOTE	1.50%	01/31/2022	34,999	35,413	35,292
U S TREASURY NOTE	0.75%	03/31/2026	1,797,999	1,789,569	1,790,771
U S TREASURY NOTE	1.13%	02/29/2028	257,129	256,366	256,544
U S TREASURY NOTE	1.63%	05/15/2031	4,765,999	4,798,588	4,844,924
				<u>\$ 11,404,545</u>	<u>\$ 11,552,548</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON TRUST FUNDS	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
LONGVIEW BROAD MARKET 3000 INDEX FUND	303,227	\$ 64,954,918	\$ 102,027,397
NHIT CORE PLUS FULL DISCRETION TRUST	8,273,848	98,329,547	120,136,277
STATE STREET MSCI ACWI EX USA INDEX NON-LENDING COMMON TRUST FUND	2,113,041	32,226,050	53,252,864
STATE STREET U.S. TREASURY INFLATION PROTECTED SECURITIES INDEX NON-LENDING COMMON TRUST FUND	4,346,667	<u>58,168,020</u>	<u>76,357,900</u>
		<u>\$ 253,678,535</u>	<u>\$ 351,774,438</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
WESTERN ASSET TOTAL RETURN UNCONSTRAINED (TRU) BOND LLC	2,481,390	\$ <u>50,000,000</u>	\$ <u>58,699,752</u>
		\$ <u><u>50,000,000</u></u>	\$ <u><u>58,699,752</u></u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
	DREYFUS INSTITUTIONAL PREFERRED GOVERNMENT MONEY			
*	MARKET FUND	60,272,719	\$ 60,272,719	\$ 60,272,719
	PIMCO ALL ASSET FUND	3,061,150	36,637,794	40,499,015
	GROSVENOR INSTITUTIONAL PARTNERS LP - REGISTERED INVESTMENT COMPANY	-	<u>1,696,009</u>	<u>2,058,067</u>
			<u>\$ 98,606,522</u>	<u>\$ 102,829,801</u>

* PARTY-IN-INTEREST

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF OTHER INVESTMENTS

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION OTHER INVESTMENTS			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
PHOENIX AZ CIVIC IMPT CORP EXC	0.46%	07/01/2021	\$ 250,000	\$ 250,000	\$ 250,000
NEW JERSEY ST EDUCTNL FACS AUT	3.64%	09/01/2029	102,000	106,623	113,266
ILLINOIS ST	5.10%	06/01/2033	295,000	318,955	346,873
MIAMI-DADE CNTY FL SPL OBLIG	2.79%	10/01/2037	95,000	95,719	95,596
CALIFORNIA ST	7.55%	04/01/2039	2,075,000	3,475,224	3,537,875
CALIFORNIA ST	0.88%	04/01/2047	395,000	397,370	395,450
FOOTHILL ESTRN TRANSPRTN CORRI	4.09%	01/15/2049	117,000	118,288	123,860
GROSVENOR INSTITUTIONAL PARTNERS LP - OTHER INVESTMENTS			<u>-</u>	<u>9,706,462</u>	<u>11,778,560</u>
			<u>\$ 3,329,000</u>	<u>\$ 14,468,641</u>	<u>\$ 16,641,480</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
*	DREYFYS INS RSRV PR MONEY 6546	\$ 913,943,379	\$ -	\$ -	\$ -	-	\$ 913,943,379	\$ -
*	DREYFYS INS RSRV PR MONEY 6546	-	913,568,706	-	-	913,568,706	913,568,706	-
N/A	COMMIT TO PUR FNMA SF MTG 4.000% 12/01/2051	21,994,167	-	-	-	-	21,994,167	-
N/A	COMMIT TO PUR FNMA SF MTG 4.000% 12/01/2051	-	21,970,281	-	-	21,994,167	21,970,281	(23,886)
N/A	US TREASURY BILL 0.000% 09/01/2020	24,998,762	-	-	-	-	24,998,762	-
N/A	US TREASURY BILL 0.000% 09/01/2020	-	24,999,655	-	-	24,998,762	24,999,655	893
N/A	US TREASURY BILL 0.000% 12/01/2020	24,998,583	-	-	-	-	24,998,583	-
N/A	US TREASURY BILL 0.000% 12/01/2020	-	24,999,408	-	-	24,998,583	24,999,408	825
N/A	US TREASURY BILL 0.000% 01/05/2021	39,996,965	-	-	-	-	39,996,965	-
N/A	US TREASURY BILL 0.000% 01/05/2021	-	22,998,812	-	-	22,997,640	22,998,812	1,172

* PARTY-IN-INTEREST

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE RECONCILING THE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS TO FORM 5500

JUNE 30, 2021

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Assets			
Investments			
Interest bearing cash	\$ -	\$ 321,598	\$ 321,598
U.S. government securities	90,518,669	-	90,518,669
Corporate debt instruments	177,516,421	-	177,516,421
Corporate stock	675,115	17,924,868	18,599,983
Partnership/joint venture interests	79,907,578	(28,746,600)	51,160,978
Loans (other than participant loans)	11,552,548	-	11,552,548
Common/collective trust funds	351,774,438	-	351,774,438
103-12 investment entities	58,699,752	-	58,699,752
Registered investment companies	100,771,734	2,058,067	102,829,801
Municipal bonds	4,862,920	(4,862,920)	-
Other investments	-	16,641,480	16,641,480
Receivables	35,772,249	12,750,013	48,522,262
Cash	9,164,054	-	9,164,054
Collateral held under securities lending agreement	11,902,312	(11,902,312)	-
Other assets	<u>2,110,846</u>	<u>1,847</u>	<u>2,112,693</u>
Total assets	<u>935,228,636</u>	<u>4,186,041</u>	<u>939,414,677</u>
Liabilities			
Operating payables	38,358,567	(36,602,200)	1,756,367
Other liabilities	<u>21,174,065</u>	<u>40,788,241</u>	<u>61,962,306</u>
Total liabilities	<u>59,532,632</u>	<u>4,186,041</u>	<u>63,718,673</u>
Net assets available for benefits	<u>\$ 875,696,004</u>	<u>\$ -</u>	<u>\$ 875,696,004</u>
Less benefit obligations currently payable			<u>68,100,000</u>
Net assets available to benefits Form 5500			<u>\$ 807,596,004</u>

The Plan's holdings in various investments were determined to be plan assets for Form 5500 purposes. This schedule reconciles audited financial statement amounts, plus the Plan's share of amounts provided by the investment managers to the Form 5500 Schedule H amounts. In addition, for financial statement purposes, claims payable and claims incurred but not reported are presented on the Statement of Plan's Benefit Obligation. This differs from the reporting requirements of the Department of Labor which requires that these liabilities be shown on the Statement of Net Assets Available for Benefits.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Payroll	\$ 3,320,975	\$ 2,815,898
Payroll taxes	245,272	213,099
Employee benefits	2,076,119	1,796,870
Occupancy	1,041,926	922,045
Telephone	63,421	57,758
Office	189,862	127,122
Printing and postage	178,963	172,409
Legal and collection	1,210,308	1,166,808
Accounting	123,690	127,408
Payroll audits	1,568,973	1,424,038
Consulting	945,382	792,246
Outside services	122,648	113,251
Insurance	228,091	182,467
Conferences and meetings	4,599	37,537
Repairs and maintenance	175,424	99,389
Scholarship administrative expenses	19,398	19,526
Depreciation	211,797	242,288
Reimbursements to related organizations	156,288	605,286
Reimbursements from related organizations	<u>(92,218)</u>	<u>(170,414)</u>
Total administrative expenses	\$ <u><u>11,790,918</u></u>	\$ <u><u>10,745,031</u></u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

DIRECTIVE 12 - SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2021 AND 2020

		<u>2021</u>		<u>2020</u>
Salaries	\$	3,566,247	(1)	\$ 3,028,997
% of total Administrative Expense	17 %		14 %	
Fringe benefits		2,076,119	(2)	1,796,870
Legal		1,210,308		1,166,808
Accounting		1,692,663		1,551,446
Other fees and commissions		945,382	(3)	792,246
Rent		1,041,926		922,045
Travel and conference		4,599	(4)	37,537
Telephone		63,421		57,758
Depreciation		211,797		242,288
Printing and postage		178,963		172,409
Insurance		228,091	(5)	182,467
Repairs and maintenance		175,424	(6)	99,389
Office		189,862	(7)	127,122
Temporary services		26,023		30,080
Scholarship administrative expenses		19,398		19,526
Security expense		96,625	(8)	83,171
Reimbursements to related organizations		156,288	(9)	605,286
Reimbursements from related organizations		<u>(92,218)</u>	(10)	<u>(170,414)</u>
Subtotal		11,790,918		10,745,031
Medical fees		8,178,656		8,769,259
Investment and custodial services		<u>1,222,390</u>	(11)	<u>1,594,868</u>
Total administrative expenses	\$	<u>21,191,964</u>		\$ <u>21,109,158</u>
Total administrative expenses		21,191,964		21,109,158
Total benefit fund revenue		488,819,991		444,198,780
% Administrative expenses / revenue		4.34 %		4.75 %

Variances

- (1) Salaries increased due to an increase in the number of employees and an increase in the number of hours worked.
- (2) Fringe benefits increased because of an increase in total payroll and an increase in benefit rates.
- (3) Other fees and commissions fluctuate based on the needs of the Plan.
- (4) Travel and conference expenses decreased due to a reduction in travel as a result of the COVID-19 pandemic.

- (5) Insurance premiums increased due to an extension of the fiduciary policy along with the fidelity bond renewal.
- (6) Repairs and maintenance expenses increased due to the needs of the Plan and the timing of payments.
- (7) Office expenses fluctuate based on the needs of the Plan.
- (8) Security expense increased due to an increase in rates and services as there were government mandated closings in the prior year.
- (9) Reimbursements to related organizations decreased due to a cost-sharing settlement being paid by the Plan during the prior year.
- (10) Reimbursements from related organizations vary from year to year and are contingent on the amount of support required by the related organization.
- (11) Investment and custodial services expenses decreased due to changes in investment managers and the timing of payments.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

DIRECTIVE 12 - SCHEDULE OF BENEFIT EXPENSES

YEAR ENDED JUNE 30, 2021

<u>Benefit Description</u>	<u>Insured / Self Insured</u>	<u>Cost of Benefit</u>	<u>Benefit Coverage</u>
Dental	Self Insured	\$ 7,201,853	1, 2, 3
Disability	Self Insured	721,765	1
Hearing	Self Insured	60,010	1, 2, 3
Medical/Hospitalization	Self Insured	233,143,902	1, 2, 3
Paid Family Leave	Self Insured	277,900	1
Prescription Drugs	Self Insured	52,091,269	1, 2, 3
Scholarship Awards	Self Insured	336,000	3
Vacation Benefits	Self Insured	121,353,957	1
Vision	Self Insured	808,180	1, 2, 3
Medicare Supplemental	Insured	(79,510)	1, 2
Life Insurance & AD&D	Insured	2,715,755	1, 2, 3
Paid Family Leave	Insured	<u>774,453</u>	1
Total		<u>\$ 419,405,534</u>	

1 = Member

2 = Spouse

3 = Children

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF INTEREST BEARING CASH

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
GROSVENOR INSTITUTIONAL PARTNERS LP - INTEREST BEARING CASH			\$ 316,211	\$ 316,211
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - INTEREST BEARING CASH			5,387	5,387
			<u>\$ 321,598</u>	<u>\$ 321,598</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d) COST	(e) CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
U S TREASURY BILL	0.00%	09/09/2021	\$ 12,900,000	a	\$ 12,899,315
U S TREASURY BILL	0.00%	11/26/2021	1,400,000	a	1,399,772
U S TREASURY NOTE	1.50%	01/31/2022	1	1	1
FNMA GTD REMIC P/T 12-M2 A2	2.72%	02/25/2022	104,548	106,986	105,358
U S TREASURY NOTE	1.75%	09/30/2022	8,425,000	8,700,419	8,594,511
U S TREASURY NOTE	1.88%	10/31/2022	9,075,000	9,313,493	9,283,816
U S TREASURY NOTE	0.13%	03/31/2023	1,003,000	1,002,373	1,001,395
U S TREASURY NOTE	0.13%	12/15/2023	900,000	897,012	895,293
FHLMC MULTICLASS MTG KF28 A	0.46%	01/25/2024	104,741	104,765	104,813
FNMA POOL #0303823	2.21%	04/01/2024	305	317	305
FHLMC MULTICLASS MTG KI04 A	0.46%	07/25/2024	498,633	493,959	498,808
FHLMC MULTICLASS MTG KI05 A	0.44%	07/25/2024	431,881	431,881	432,585
FHLMC MULTICLASS MTG Q015 A	0.25%	08/25/2024	249,974	249,974	249,974
U S TREASURY NOTE	2.50%	01/31/2025	12,095,000	13,035,927	12,919,395
FHLMC MULTICLASS MTG KI06 A	0.32%	03/25/2025	377,692	377,692	378,013
FNMA POOL #0395122	2.52%	05/01/2025	595	621	596
FNMA POOL #0342042	2.08%	06/01/2025	169	173	169
FNMA POOL #0303824	2.22%	07/01/2025	149	153	150
U S TREASURY NOTE	2.00%	08/15/2025	7,315,000	7,712,439	7,699,623
U S TREASURY NOTE	0.75%	03/31/2026	1	1	1
GNMA II POOL #0008989	2.13%	10/20/2026	672	679	690
GNMA II POOL #0008991	2.13%	10/20/2026	24,313	24,582	24,988
GNMA II POOL #0080012	2.13%	11/20/2026	788	802	805
GNMA II POOL #0080093	2.25%	07/20/2027	154	155	159
U S TREASURY NOTE	2.25%	08/15/2027	3,485,000	3,725,184	3,729,089
GNMA II POOL #0080120	2.13%	10/20/2027	2,047	2,041	2,111
U S TREASURY NOTE	1.13%	02/29/2028	1,598,871	1,594,124	1,595,243
FNMA GTD REMIC P/T 19-M1 A2	3.55%	09/25/2028	2,025,000	2,212,373	2,315,608
U S TREASURY NOTE	1.63%	05/15/2031	1	1	1
U S TREASURY BOND	1.13%	05/15/2040	2,963,000	2,577,381	2,560,447
U S TREASURY BOND	3.38%	05/15/2044	12,205,000	15,434,829	15,228,179
FHLMC MULTICLASS MTG 4808 DG	3.50%	09/15/2045	346,545	355,155	358,016
FNMA POOL #0BH2675	3.50%	09/01/2047	863,126	886,323	928,836
U S TREASURY BOND	2.25%	08/15/2049	477,000	490,788	494,420
FNMA POOL #0CA4558	3.50%	11/01/2049	436,181	466,645	467,363
FHLMC POOL #QA-7336	3.00%	02/01/2050	278,935	288,088	292,740
FHLMC POOL #RA-2314	3.50%	03/01/2050	508,825	546,232	543,919
FNMA POOL #0CA5347	3.50%	03/01/2050	531,933	546,229	572,068
FNMA POOL #0FM4334	3.00%	04/01/2050	673,156	711,019	707,512
U S TREASURY BOND	1.63%	11/15/2050	1,888,000	1,678,294	1,696,538
COMMIT TO PUR GNMA II JUMBOS	2.50%	07/20/2051	2,450,000	2,534,602	2,536,044
			<u>\$ 85,640,236</u>	<u>\$ 90,802,799</u>	<u>\$ 90,518,669</u>

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
JOHN DEERE CAPITAL CORP	0.39%	09/10/2021	\$ 325,000	\$ 325,000	\$ 325,140
WELLS FARGO BANK NA	0.65%	10/22/2021	355,000	355,000	355,408
TD AMERITRADE HOLDING CORP	0.61%	11/01/2021	365,000	365,000	365,358
US BANK NA/CINCINNATI OH	1.80%	01/21/2022	385,000	384,865	387,968
MERCEDES-BENZ AUTO LEASE A A2	1.82%	03/15/2022	14,160	14,159	14,170
PEPSICO INC	0.54%	05/02/2022	230,000	230,000	230,589
INTEL CORP	0.51%	05/11/2022	180,000	180,000	180,544
APPLE INC	0.51%	05/11/2022	185,000	185,000	185,498
CATERPILLAR FINANCIAL SERVICES	0.90%	05/13/2022	380,000	380,000	382,276
NISSAN AUTO LEASE TRUST A A2A	1.80%	05/16/2022	33,226	33,225	33,263
MANUFACTURERS & TRADERS TRUST	0.77%	05/18/2022	250,000	250,000	251,285
WORLD OMNI AUTOMOBILE LE B A2B	0.33%	07/15/2022	8,420	8,420	8,421
TOYOTA AUTO RECEIVABLES 2 D A2	1.92%	07/15/2022	60,814	60,809	60,872
HONEYWELL INTERNATIONAL INC	0.38%	08/19/2022	65,000	65,000	65,021
HONEYWELL INTERNATIONAL INC	0.48%	08/19/2022	330,000	330,000	330,102
NISSAN AUTO RECEIVABLES B A2A	0.47%	10/17/2022	117,681	117,678	117,740
GM FINANCIAL AUTOMOBILE 2 A2A	0.71%	10/20/2022	434,437	435,221	435,210
HONDA AUTO RECEIVABLES 20 2 A2	0.74%	11/15/2022	96,467	96,459	96,586
GM FINANCIAL AUTOMOBILE 3 A2A	0.35%	11/21/2022	203,868	203,855	203,991
TOYOTA AUTO RECEIVABLES 2 B A2	1.38%	12/15/2022	100,743	100,735	100,976
VOLKSWAGEN AUTO LOAN ENH 1 A2A	0.93%	12/20/2022	114,470	114,467	114,607
GM FINANCIAL CONSUMER AUT 1 A2	1.83%	01/17/2023	933	933	934
HARLEY-DAVIDSON MOTORCYC A A2A	1.83%	01/17/2023	17,120	17,126	17,130
ADOBE INC	1.70%	02/01/2023	600,000	618,126	613,218
FORD CREDIT AUTO OWNER TR B A2	0.50%	02/15/2023	134,539	134,533	134,662
TOYOTA AUTO RECEIVABLES 2 C A2	0.36%	02/15/2023	155,910	155,904	156,000
WORLD OMNI AUTO RECEIVAB C A2A	1.96%	02/15/2023	56,636	56,634	56,684
WESTLAKE AUTOMOBILE 3A A2 144A	2.15%	02/15/2023	74,137	74,133	74,282
HONDA AUTO RECEIVABLES 20 3 A2	0.27%	02/21/2023	312,778	312,756	312,903
PNC BANK NA	1.74%	02/24/2023	250,000	250,000	252,293
PNC BANK NA	0.48%	02/24/2023	280,000	280,000	280,524
TRUIST BANK	0.74%	03/09/2023	625,000	627,603	629,875
MERCEDES-BENZ AUTO RECEIV 1 A2	0.46%	03/15/2023	139,765	139,763	139,882
MERCEDES-BENZ AUTO LEASE A A2	0.18%	03/15/2023	986,815	986,807	986,894
GM FINANCIAL CONSUMER AU 2 A2A	1.50%	03/16/2023	20,594	20,593	20,629
AMERICREDIT AUTOMOBILE R 1 A2A	1.10%	03/20/2023	73,687	73,686	73,739
GM FINANCIAL AUTOMOBILE L 2 A4	2.72%	03/20/2023	408,112	415,828	409,079
CARMAX AUTO OWNER TRUST 2 1 A2	1.87%	04/17/2023	71,382	71,378	71,631
FLORIDA POWER & LIGHT CO	0.28%	05/10/2023	225,000	225,000	224,872
SANTANDER DRIVE AUTO REC 2 A2A	0.62%	05/15/2023	22,520	22,520	22,524
ALLY AUTO RECEIVABLES TRUS 1 B	2.66%	05/15/2023	85,000	85,691	85,241
GM FINANCIAL CONSUMER AUT 3 A3	3.02%	05/16/2023	90,187	91,427	90,920
CONSUMERS ENERGY CO	0.35%	06/01/2023	70,000	69,976	69,866
US BANK NA/CINCINNATI OH	0.26%	06/02/2023	250,000	250,000	250,003
CARMAX AUTO OWNER TRUST 3 A2A	0.49%	06/15/2023	105,741	105,737	105,833
WORLD OMNI AUTO RECEIVAB A A2B	0.38%	06/15/2023	194,347	194,347	194,438
FORD CREDIT AUTO LEASE TR A A2	0.19%	07/15/2023	990,292	990,223	990,193
CNH EQUIPMENT TRUST 2020- A A2	1.08%	07/17/2023	35,596	35,594	35,656
TOYOTA AUTO RECEIVABLES 2 A A2	0.16%	07/17/2023	1,304,000	1,303,989	1,304,000
GM FINANCIAL AUTOMOBILE L 2 A2	0.22%	07/20/2023	150,000	149,997	149,988
FLORIDA POWER & LIGHT CO	0.51%	07/28/2023	150,000	150,000	150,011
SANTANDER DRIVE AUTO RECEI 3 C	3.51%	08/15/2023	48,895	49,518	48,962
SANTANDER DRIVE AUTO RECE 3 A2	0.46%	09/15/2023	103,206	103,203	103,238
SANTANDER DRIVE AUTO RECE 4 A2	0.42%	09/15/2023	138,982	138,978	139,031

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
VERIZON OWNER TRUST 2019 A A1A	2.93%	09/20/2023	349,887	354,493	354,061
PPL ELECTRIC UTILITIES CORP	0.40%	09/28/2023	90,000	90,000	90,029
FORD CREDIT FLOORPLAN MAS 3 A1	3.52%	10/15/2023	450,000	456,592	454,370
PRESTIGE AUTO RECEIV 1A D 144A	3.61%	10/16/2023	185,000	187,818	186,571
BRISTOL-MYERS SQUIBB CO	0.54%	11/13/2023	130,000	130,000	130,147
SANTANDER DRIVE AUTO RECE 1 A2	0.29%	11/15/2023	663,234	663,216	663,479
CPS AUTO RECEIVABLES D B 144A	2.35%	11/15/2023	154,399	154,390	154,969
GM FINANCIAL CONSUMER AUT 4 A2	0.26%	11/16/2023	406,141	406,112	406,304
AMERICREDIT AUTOMOBILE RE 1 A3	2.97%	11/20/2023	292,723	298,418	294,681
WORLD OMNI AUTO RECEIVABL C A2	0.35%	12/15/2023	184,224	184,205	184,346
DRIVE AUTO RECEIVABLES TR 1 A2	0.36%	12/15/2023	200,000	199,995	200,098
EXETER AUTOMOBILE RE 4A B 144A	2.30%	12/15/2023	122,863	122,842	123,200
AMERICREDIT AUTOMOBILE R 2 A2A	0.60%	12/18/2023	80,774	80,771	80,869
VERIZON OWNER TRUST 2019 B A1A	2.33%	12/20/2023	450,000	456,170	454,946
CARMAX AUTO OWNER TRUST 2 4 A2	0.31%	01/16/2024	242,856	242,829	243,024
EXETER AUTOMOBILE RECEIV 2A A2	0.27%	01/16/2024	150,000	149,995	149,994
HYUNDAI AUTO RECEIVABLES A A2	0.23%	02/15/2024	100,000	99,990	100,013
AVID AUTOMOBILE RECEI 1 A 144A	2.62%	02/15/2024	94,040	94,037	94,501
CARMAX AUTO OWNER TRUST 1 A2A	0.22%	02/15/2024	925,000	924,991	925,296
WORLD OMNI AUTO RECEIVABL A A2	0.17%	02/15/2024	934,000	933,974	934,019
RESIDENTIAL MORTGAGE 1 A1 144A	2.38%	02/25/2024	59,344	59,344	60,194
WESTLAKE AUTOMOBILE 1A C 144A	3.45%	03/15/2024	85,035	86,257	85,643
AMERICREDIT AUTOMOBILE RE 3 A2	0.42%	03/18/2024	261,507	261,499	261,735
VERIZON OWNER TRUST 2019 C A1A	1.94%	04/22/2024	450,000	457,383	456,359
PUBLIC STORAGE	0.49%	04/23/2024	85,000	85,000	85,133
HORMEL FOODS CORP	0.65%	06/03/2024	40,000	39,993	40,088
CARMAX AUTO OWNER TRUST 2 A2A	0.27%	06/17/2024	150,000	149,990	150,045
WORLD OMNI SELECT AUTO TR A A2	0.47%	06/17/2024	137,056	137,043	137,162
AMERICREDIT AUTOMOBILE RE 1 A2	0.28%	06/18/2024	300,000	299,995	300,132
SCF EQUIPMENT LEASI 2A A1 144A	2.22%	06/20/2024	140,155	140,143	140,994
SANTANDER DRIVE AUTO RECE 4 A3	0.48%	07/15/2024	300,000	300,703	300,498
SALESFORCE.COM INC	0.63%	07/15/2024	40,000	39,980	39,960
WORLD OMNI AUTO RECEIVABL B A2	0.20%	07/15/2024	350,000	349,989	350,035
SANTANDER DRIVE AUTO RECEI 4 C	3.56%	07/15/2024	229,760	233,171	231,042
CPS AUTO RECEIVABLES D C 144A	2.54%	08/15/2024	257,000	256,984	260,675
DRIVE AUTO RECEIVABLES TRU 3 D	4.30%	09/16/2024	360,170	370,277	368,522
FIRST INVESTORS AUTO 2A A 144A	2.21%	09/16/2024	127,756	127,751	128,659
WESTLAKE AUTOMOBILE 3A C 144A	2.49%	10/15/2024	256,000	255,951	260,285
WESTLAKE AUTOMOBILE 3A B 144A	2.41%	10/15/2024	256,000	255,996	257,971
SCF EQUIPMENT LEASI 1A A2 144A	3.23%	10/20/2024	30,826	29,463	30,889
CAPITAL ONE PRIME AUTO RE 2 A4	1.96%	02/18/2025	404,000	404,284	413,959
FLAGSHIP CREDIT AUTO 1 A 144A	0.31%	06/16/2025	309,296	309,278	309,252
WORLD FINANCIAL NETWORK CR B A	3.46%	07/15/2025	179,000	183,964	180,156
HAWAIIAN BRAND INTELLECTU 144A	5.75%	01/20/2026	118,000	124,933	126,850
SANTANDER CONSUMER A BA C 144A	1.29%	04/15/2026	705,000	704,711	711,599
SCF EQUIPMENT LEASI 2A A2 144A	2.47%	04/20/2026	500,000	499,897	511,815
GREENKO SOLAR MAURITIUS L 144A	5.95%	07/29/2026	200,000	205,250	215,330
SCF EQUIPMENT LEASIN 2A B 144A	2.76%	08/20/2026	234,000	233,972	242,426
HALCYON LOAN ADVISO 2A BR 144A	1.78%	07/25/2027	300,000	298,500	300,528
HERTZ VEHICLE FINANC 2A A 144A	1.68%	12/27/2027	515,000	514,920	516,207
TCW CLO 2019-1 AMR L 1A B 144A	1.83%	02/15/2029	300,000	300,150	300,165
QATAR GOVERNMENT INTERNAT 144A	4.00%	03/14/2029	330,000	388,163	379,751
KKR CLO 10 LTD 10 BR 144A	1.82%	09/15/2029	530,000	530,636	529,816
AOA 2015-1177 MORT 1177 A 144A	2.96%	12/13/2029	275,000	276,987	275,226

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
QATAR GOVERNMENT INTERNAT 144A	3.75%	04/16/2030	500,000	567,500	565,725
ONEMAIN FINANCIAL IS 1A A 144A	3.48%	02/14/2031	88,214	89,096	88,318
BARINGS CLO LTD 201 3A BR 144A	1.73%	04/20/2031	250,000	250,000	250,139
TENCENT HOLDINGS LTD 144A	2.88%	04/22/2031	200,000	199,982	207,024
ARES L CLO LTD 50A BR 144A	1.73%	01/15/2032	360,000	360,000	360,019
VOYA CLO 2018-4 L 4A A1AR 144A	0.01%	01/15/2032	500,000	500,000	500,000
DRYDEN 61 CLO LTD 61A A1R 144A	1.12%	01/17/2032	310,000	310,000	309,984
HILTON GRAND VACATIO AA A 144A	3.54%	02/25/2032	563,730	582,404	592,790
J.P. MORGAN CHASE MARK A 144A	3.39%	06/05/2032	115,000	116,923	116,105
NIAGARA PARK CLO LT 1A BR 144A	0.01%	07/17/2032	390,000	390,000	390,000
GS MORTGAGE SECURIT SMP B 144A	1.59%	08/15/2032	600,000	600,000	600,180
CIFC FUNDING 2021-I 1A A1 144A	1.24%	04/25/2033	500,000	500,000	500,701
JP MORGAN CHASE C WPT BFL 144A	1.60%	07/05/2033	308,853	308,853	309,709
CIFC FUNDING 2021-IV 4A A 144A	1.14%	07/15/2033	400,000	400,000	400,026
CIFC FUNDING 2021-IV 4A B 144A	1.67%	07/15/2033	500,000	500,000	500,033
CARLYLE US CLO 2021 1A A1 144A	1.33%	04/15/2034	530,000	530,000	531,601
KAYNE CLO 10 LTD 10A A 144A	0.01%	04/23/2034	410,000	410,000	410,015
BRITISH AIRWAYS 2020-1 CL 144A	4.25%	05/15/2034	44,451	45,376	47,877
DBWF MORTGAGE TRUS LCM A2 144A	3.42%	06/10/2034	260,000	270,298	268,167
HUDSONS BAY SIMO HB10 A10 144A	4.15%	08/05/2034	127,261	132,734	115,291
TRTX 2019-FL3 ISSUE FL3 C 144A	2.26%	10/15/2034	256,500	256,500	255,558
CITIGROUP COMMERCIAL 375P C 144A	3.52%	05/10/2035	180,793	184,479	185,335
ATRIUM HOTEL PORTF ATRM A 144A	1.04%	06/15/2035	200,000	196,438	199,996
BUSINESS JET SECURIT 1A A 144A	2.98%	11/15/2035	940,513	940,500	957,715
COMM 2016-787S MOR 787S A 144A	3.55%	02/10/2036	375,000	415,693	406,260
BUSINESS JET SECURIT 1A A 144A	2.16%	04/15/2036	1,242,349	1,242,338	1,252,375
ONEMAIN FINANCIAL IS 2A A 144A	3.14%	10/14/2036	295,000	315,834	317,116
BX COMMERCIAL MORTGA XL B 144A	1.17%	10/15/2036	90,527	90,527	90,674
BX COMMERCIAL MORTGA XL E 144A	1.89%	10/15/2036	226,316	226,316	226,534
FONTAINEBLEAU MIAM FBLU B 144A	3.45%	12/10/2036	250,000	257,498	262,903
FONTAINEBLEAU MIAM FBLU A 144A	3.14%	12/10/2036	250,000	257,500	263,118
GREAT WOLF TRUST 2 WOLF A 144A	1.13%	12/15/2036	290,000	289,275	290,180
AMSR 2020-SFR1 TRU SFR1 A 144A	1.82%	04/17/2037	799,233	799,204	810,015
CSMC 2014-USA OA L USA A2 144A	3.95%	09/15/2037	268,000	285,912	288,848
MANHATTAN WEST 2020 1MW A 144A	2.13%	09/10/2039	1,375,000	1,416,173	1,407,464
QATAR PETROLEUM 144A	3.13%	07/12/2041	200,000	199,262	199,262
CLI FUNDING VI LLC 3A A 144A	2.07%	10/18/2045	685,625	685,484	691,288
WELLS FARGO COMMERCIAL LC12 B	4.31%	07/15/2046	10,000	10,325	10,040
COMM 2014-UBS4 MOR UBS4 D 144A	4.71%	08/10/2047	525,000	484,157	461,486
CSAIL 2016-C7 COMMERC C7 D 144A	4.39%	11/15/2049	300,000	265,324	224,817
JPMDB COMMERCIAL MORTGAG C4 A3	3.14%	12/15/2049	1,600,000	1,662,875	1,733,216
STARWOOD MORTGAGE RE 1 A1 144A	2.28%	02/25/2050	51,090	51,090	51,663
CSMC 2020-AFC1 TR AFC1 A1 144A	2.24%	02/25/2050	93,492	93,491	94,609
WELLS FARGO COMMERCIAL C41 AS	3.79%	11/15/2050	290,463	309,051	317,662
TRP 2021-2 A 144A	2.15%	06/19/2051	700,000	699,713	701,757
TRP 2021 LLC 1 A 144A	2.07%	06/19/2051	1,025,000	1,024,788	1,020,008
BENCHMARK 2019-B11 MORT B11 A5	3.54%	05/15/2052	3,025,000	3,288,388	3,373,904
CSAIL 2019-C18 COMMERC C18 AS	3.32%	12/15/2052	122,455	126,128	132,876
WELLS FARGO COMMERC NXS5 E 144A	4.98%	01/15/2059	216,000	216,380	209,879
DEEPHAVEN RESIDENTI 4A A1 144A	2.79%	10/25/2059	61,546	61,085	61,946
ANGEL OAK MORTGAGE T 1 A1 144A	2.47%	12/25/2059	35,195	35,195	35,433
DEEPHAVEN RESIDENTIA 1 A1 144A	2.34%	01/25/2060	54,759	54,759	55,374
GCAT 2019-NQM2 TR NQM1 A1 144A	2.25%	01/25/2060	51,944	51,943	52,619
VERUS SECURITIZATION 1 A1 144A	2.42%	01/25/2060	109,305	108,489	110,723

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
CF HIPPOLYTA LLC 1A A1 144A	1.53%	03/15/2061	650,000	649,876	654,654
VISTA POINT SECURITI 2 A1 144A	1.48%	04/25/2065	156,308	156,498	157,166
VERUS SECURITIZATION 5 A1 144A	1.22%	05/25/2065	<u>228,392</u>	<u>228,391</u>	<u>228,975</u>
			\$ <u>51,613,820</u>	\$ <u>52,280,336</u>	\$ <u>52,481,330</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE	(b)	(c) - DESCRIPTION		(d)	(e)
		CORPORATE DEBT INSTRUMENTS - OTHER			
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
GOLDMAN SACHS GROUP INC/THE	5.25%	07/27/2021	\$ 350,000	\$ 349,745	\$ 351,218
PUGET ENERGY INC	6.00%	09/01/2021	347,000	363,576	350,307
HEWLETT PACKARD ENTERPRISE CO	0.86%	10/05/2021	115,000	115,000	115,026
NATIONAL RURAL UTILITIES COOPE	1.75%	01/21/2022	715,000	714,371	721,070
DAIMLER FINANCE NORTH AME 144A	1.06%	02/15/2022	375,000	376,466	376,969
AMERICAN EXPRESS CREDIT CORP	0.83%	03/03/2022	145,000	145,000	145,595
BECTON DICKINSON AND CO	1.16%	06/06/2022	269,000	270,972	271,335
GENERAL MOTORS FINANCIAL CO IN	1.46%	06/30/2022	150,000	150,000	151,469
SRI LANKA GOVERNMENT INTE 144A	5.88%	07/25/2022	250,000	173,125	210,000
SIRIUS XM RADIO INC 144A	3.88%	08/01/2022	173,000	174,730	173,311
PAYPAL HOLDINGS INC	2.20%	09/26/2022	240,000	248,412	245,700
DTE ENERGY CO	0.55%	11/01/2022	325,000	324,834	325,569
WORLD OMNI AUTO RECEIVABL A A2	1.71%	11/15/2022	216,355	216,345	217,495
CAPITAL VISION/MYEYEDR 8/19	0.00%	12/31/2022	129,801	a 126,556	129,713
KINDER MORGAN INC	1.41%	01/15/2023	115,000	115,000	116,578
COUNTRY GARDEN HOLDINGS C REGS	4.75%	01/17/2023	200,000	202,000	204,603
BOEING CO/THE	1.17%	02/04/2023	240,000	240,000	241,111
GOLDMAN SACHS GROUP INC/THE	0.90%	02/23/2023	300,000	301,779	302,658
FIDELITY NATIONAL INFORMATION	0.38%	03/01/2023	85,000	84,933	84,883
CENTERPOINT ENERGY RESOURCES C	0.63%	03/02/2023	190,000	190,000	190,046
JOHN DEERE OWNER TRUST 20 B A2	0.41%	03/15/2023	314,648	314,827	314,833
CARNIVAL CORP 144A	11.50%	04/01/2023	199,000	197,010	225,119
JPMORGAN CHASE & CO	3.21%	04/01/2023	300,000	311,703	306,360
FOURSIGHT CAPITAL AUT 1 B 144A	3.53%	04/17/2023	6,191	6,257	6,199
PIONEER NATURAL RESOURCES CO	0.55%	05/15/2023	85,000	85,003	85,072
OKLAHOMA GAS AND ELECTRIC CO	0.55%	05/26/2023	65,000	65,000	65,001
OGE ENERGY CORP	0.70%	05/26/2023	45,000	45,000	44,960
MICROCHIP TECHNOLOGY INC	4.33%	06/01/2023	260,000	280,264	277,235
GOLDMAN SACHS GROUP INC/THE	2.91%	06/05/2023	230,000	236,215	235,136
TENET HEALTHCARE CORP	6.75%	06/15/2023	110,000	117,973	120,038
NVIDIA CORP	0.31%	06/15/2023	175,000	175,000	175,102
NIGERIA GOVERNMENT INTERN 144A	6.38%	07/12/2023	200,000	209,030	214,072
GM FINANCIAL CONSUMER AUT 3 A2	0.35%	07/17/2023	178,735	178,734	178,844
WORLD OMNI AUTOMOBILE LEA B A2	0.32%	09/15/2023	232,132	232,116	232,282
DOMINION ENERGY INC	0.65%	09/15/2023	115,000	115,000	115,045
GILEAD SCIENCES INC	0.67%	09/29/2023	55,000	55,000	55,042
AIB GROUP PLC 144A	4.75%	10/12/2023	375,000	406,796	407,321
JPMORGAN CHASE & CO	1.36%	10/24/2023	310,000	315,478	314,349
AMERICAN ELECTRIC POWER CO INC	0.66%	11/01/2023	180,000	180,000	180,142
GOLDMAN SACHS GROUP INC/THE	0.56%	11/17/2023	165,000	165,000	165,097
CVENT 6/16 COV-LITE TL	0.00%	11/29/2023	129,328	a 126,506	127,452
LEARFIELD COMMUNICATIONS 12/16	0.00%	12/01/2023	139,271	a 128,651	134,396
JOHN DEERE OWNER TRUST 20 A A2	0.20%	12/15/2023	200,000	199,975	199,992
KEYBANK NA/CLEVELAND OH	0.39%	01/03/2024	250,000	250,000	250,230
DANSKE BANK A/S 144A	5.38%	01/12/2024	500,000	554,854	554,465
TRANSOCEAN GUARDIAN LTD 144A	5.88%	01/15/2024	309,575	272,841	301,062
PARK AEROSPACE HOLDINGS L 144A	5.50%	02/15/2024	250,000	273,245	274,843
PHILLIPS 66	0.78%	02/15/2024	260,000	260,000	260,341
GOLDMAN SACHS GROUP INC/THE	4.00%	03/03/2024	2,150,000	2,286,138	2,335,330
GOLDMAN SACHS GROUP INC/THE	0.59%	03/08/2024	100,000	100,000	100,236
AVIS BUDGET RENTAL C 2A A 144A	2.97%	03/20/2024	1,600,000	1,647,000	1,660,592
AT&T INC	0.65%	03/25/2024	70,000	70,000	70,161
PLAYA FUNDING 4/17 COV-LITE	0.00%	04/05/2024	126,082	a 121,354	121,065
MORGAN STANLEY	0.73%	04/05/2024	190,000	190,000	190,382
SANTANDER DRIVE AUTO RECE 2 A2	0.28%	04/15/2024	250,000	249,995	250,010

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
CENTERPOINT ENERGY INC	0.68%	05/13/2024	75,000	75,000	75,313
UBS AG REGS	5.13%	05/15/2024	900,000	975,417	992,250
PERIMETER MASTER NOT 2A A 144A	4.23%	05/15/2024	117,000	116,981	122,065
AVOLON HOLDINGS FUNDING L 144A	5.25%	05/15/2024	225,000	243,970	247,496
BANK OF AMERICA CORP	0.54%	05/28/2024	225,000	225,000	225,137
CONTINENTAL RESOURCES INC/OK	3.80%	06/01/2024	126,000	90,011	133,245
OCCIDENTAL PETROLEUM CORP	2.90%	08/15/2024	192,000	189,120	196,320
GOLDEN ENTERTAINMENT 10/17	0.00%	08/15/2024	116,451	115,869	115,577
GLOBAL AIRCRAFT LEASING C 144A	6.50%	09/15/2024	182,682	174,493	183,667
DISCOVER CARD EXECUTION N A3 A	1.89%	10/15/2024	697,000	696,850	711,525
BANK OF AMERICA CORP	0.76%	10/24/2024	300,000	300,000	302,166
CITIGROUP INC	0.78%	10/30/2024	595,000	595,000	596,404
WARRIOR MET COAL INC 144A	8.00%	11/01/2024	94,000	96,341	95,410
LAMB WESTON HOLDINGS INC 144A	4.63%	11/01/2024	450,000	473,625	465,651
WOLVERINE ESCROW LLC 144A	8.50%	11/15/2024	129,000	126,098	125,130
HASBRO INC	3.00%	11/19/2024	171,000	181,499	181,963
AVIATION CAPITAL GROUP LL 144A	5.50%	12/15/2024	332,000	373,078	375,299
AERCAP IRELAND CAPITAL DAC / A	3.50%	01/15/2025	300,000	308,859	318,033
LAREDO PETROLEUM INC	9.50%	01/15/2025	1	1	1
ESKOM HOLDINGS SOC LTD 144A	7.13%	02/11/2025	200,000	207,000	211,000
KNOWLEDGE UNIVERSE/KINDER CARE	0.00%	02/21/2025	130,503	123,978	128,314
AMERICAN AIRLINES GROUP I 144A	3.75%	03/01/2025	1	1	1
LEARNING CARE 3/18 COV-LITE	0.00%	03/13/2025	131,652	125,399	129,349
AVIS BUDGET CAR RENTAL LL 144A	5.25%	03/15/2025	79,000	78,013	79,988
YUM! BRANDS INC 144A	7.75%	04/01/2025	41,000	41,000	44,588
CHOBANI LLC / CHOBANI FIN 144A	7.50%	04/15/2025	155,000	151,223	161,264
BANK OF AMERICA CORP	0.72%	04/22/2025	225,000	225,000	226,258
CPP 4/18 COV-LITE TLB	0.00%	04/25/2025	259,047	253,218	253,607
CITIGROUP INC	3.30%	04/27/2025	2,575,000	2,699,114	2,800,725
HEARTLAND DENTAL 4/18 COV-LITE	0.00%	04/30/2025	130,257	125,698	128,628
BOEING CO/THE	4.88%	05/01/2025	814,000	865,727	912,364
DELTA AIR LINES INC 144A	7.00%	05/01/2025	239,000	239,000	279,018
XPO LOGISTICS INC 144A	6.25%	05/01/2025	117,000	120,144	124,757
WILLIAM CARTER CO/THE 144A	5.50%	05/15/2025	114,000	116,960	120,613
GAP INC/THE 144A	8.63%	05/15/2025	112,000	117,880	122,864
BISON MIDSTREAM 5/18 TLB	0.00%	05/21/2025	136,273	126,783	132,793
GOLDMAN SACHS GROUP INC/THE	3.75%	05/22/2025	450,000	487,692	492,687
DIAMONDBACK ENERGY INC	4.75%	05/31/2025	111,000	118,952	125,002
DIAMONDBACK ENERGY INC	5.38%	05/31/2025	305,000	317,113	313,388
SM ENERGY CO	5.63%	06/01/2025	56,000	49,700	55,440
ROYAL CARIBBEAN CRUISES L 144A	11.50%	06/01/2025	106,000	109,850	122,165
JPMORGAN CHASE & CO	0.58%	06/01/2025	150,000	150,000	150,087
IRB HOLDING CORP 144A	7.00%	06/15/2025	114,000	118,633	123,082
NAVIENT CORP	6.75%	06/25/2025	216,000	224,733	238,950
AMERICAN AIRLINES INC 144A	11.75%	07/15/2025	114,000	122,408	143,070
FORTERRA FINANCE LLC / FR 144A	6.50%	07/15/2025	118,000	125,756	127,145
SSH GROUP/SPRING EDUCATION	0.00%	07/30/2025	131,836	125,574	126,940
AMC NETWORKS INC	4.75%	08/01/2025	100,000	102,994	102,670
TESLA INC 144A	5.30%	08/15/2025	150,000	140,610	155,046
FORD CREDIT FLOORPLAN MAS 1 A2	0.59%	09/15/2025	430,000	430,000	433,208
SPIRIT LOYALTY CAYMAN LTD 144A	8.00%	09/20/2025	69,000	76,418	78,039
AKZONOBEL SPECIALTY CHEMICALS	0.00%	10/01/2025	158,890	158,294	157,600
GENERAL MOTORS CO	6.13%	10/01/2025	950,000	1,140,765	1,125,019
DELTA AIR LINES INC / SKY 144A	4.50%	10/20/2025	108,000	108,000	116,095
CAPROCK MIDSTREAM 10/18 TLB	0.00%	10/22/2025	202,931	187,966	198,821

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
	CORPORATE DEBT INSTRUMENTS - OTHER				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
ACRISURE LLC / ACRISURE F 144A	7.00%	11/15/2025	121,000	119,488	123,420
APACHE CORP	4.63%	11/15/2025	123,000	123,000	132,840
BAYER US FINANCE II LLC 144A	4.25%	12/15/2025	521,000	596,175	580,613
MATTEL INC 144A	6.75%	12/31/2025	27,000	28,292	28,369
NATIONAL FUEL GAS CO	5.50%	01/15/2026	209,000	207,993	241,911
ENVIVA PARTNERS LP / ENVI 144A	6.50%	01/15/2026	171,000	174,893	178,695
AVIATION CAPITAL GROUP LL 144A	1.95%	01/30/2026	144,000	141,809	144,098
CALIFORNIA RESOURCES CORP 144A	7.13%	02/01/2026	1	1	1
MOHEGAN GAMING & ENTERTAI 144A	8.00%	02/01/2026	122,000	123,068	127,478
PARTY CITY HOLDINGS INC 144A	8.75%	02/15/2026	184,000	188,970	196,420
IRB HOLDING CORP 144A	6.75%	02/15/2026	125,000	120,000	129,375
AVOLON HOLDINGS FUNDING L 144A	2.13%	02/21/2026	227,000	224,837	226,183
PULTEGROUP INC	5.50%	03/01/2026	318,000	367,312	371,265
CARNIVAL CORP 144A	7.63%	03/01/2026	75,000	75,000	81,469
BAT INTERNATIONAL FINANCE PLC	1.67%	03/25/2026	1,200,000	1,204,140	1,199,856
JPMORGAN CHASE & CO	3.30%	04/01/2026	2,325,000	2,446,458	2,544,085
MHP LUX SA 144A	6.95%	04/03/2026	200,000	207,392	212,408
AVOLON HOLDINGS FUNDING L 144A	4.25%	04/15/2026	58,000	57,986	62,879
CPS AUTO RECEIVABLES B D 144A	4.75%	04/15/2026	130,000	138,887	138,683
ENN CLEAN ENERGY INTERNAT 144A	3.38%	05/12/2026	230,000	229,213	234,547
UNIVERSAL HEALTH SERVICES 144A	5.00%	06/01/2026	300,000	314,946	307,500
VEREIT OPERATING PARTNERSHIP L	4.88%	06/01/2026	267,000	297,107	307,699
WESTLAKE AUTOMOBILE 3A E 144A	3.34%	06/15/2026	300,000	309,844	309,549
HCA INC	5.25%	06/15/2026	350,000	413,448	405,304
AIRCASTLE LTD	4.25%	06/15/2026	200,000	208,058	217,276
DRIVE AUTO RECEIVABLES TRU 1 D	4.09%	06/15/2026	352,000	368,294	365,313
TRANSDIGM INC	6.38%	06/15/2026	119,000	121,918	123,280
SABINE PASS LIQUEFACTION LLC	5.88%	06/30/2026	827,000	959,988	979,350
DISH DBS CORP	7.75%	07/01/2026	172,000	178,461	194,790
TURKIYE IHRACAT KREDI BAN 144A	5.75%	07/06/2026	230,000	228,763	230,000
AVID AUTOMOBILE RECEI 1 B 144A	2.82%	07/15/2026	500,000	499,931	509,430
AVID AUTOMOBILE RECEI 1 C 144A	3.14%	07/15/2026	500,000	499,897	514,200
BRIGHTSPHERE INVESTMENT GROUP	4.80%	07/27/2026	75,000	78,726	80,662
VIRGIN MEDIA SECURED FINA 144A	5.50%	08/15/2026	450,000	473,063	464,625
CIKARANG LISTRINDO TBK PT 144A	4.95%	09/14/2026	200,000	206,500	204,760
MATADOR RESOURCES CO	5.88%	09/15/2026	1	1	1
SM ENERGY CO	6.75%	09/15/2026	1	1	1
WELLS FARGO & CO	3.00%	10/23/2026	2,275,000	2,355,763	2,454,543
UBER TECHNOLOGIES INC 144A	8.00%	11/01/2026	111,000	118,493	119,603
RITE AID CORP 144A	8.00%	11/15/2026	235,000	250,170	238,525
STEEL DYNAMICS INC	5.00%	12/15/2026	434,000	463,838	454,359
WEA FINANCE LLC 144A	2.88%	01/15/2027	296,000	302,296	305,664
PENN NATIONAL GAMING INC 144A	5.63%	01/15/2027	118,000	121,458	122,573
TENET HEALTHCARE CORP 144A	6.25%	02/01/2027	119,000	122,665	124,206
MEG ENERGY CORP 144A	7.13%	02/01/2027	343,000	342,935	365,408
LEGACY LIFEPOINT HEALTH L 144A	4.38%	02/15/2027	250,000	253,200	252,188
HCA INC	4.50%	02/15/2027	157,000	179,759	177,501
GARDA WORLD SECURITY CORP 144A	4.63%	02/15/2027	121,000	120,698	121,605
ZAYO GROUP HOLDINGS INC 144A	4.00%	03/01/2027	119,000	117,693	118,181
NAVIENT CORP	5.00%	03/15/2027	133,000	110,888	137,655
AMERICAN AXLE & MANUFACTURING	6.50%	04/01/2027	1	1	1
ANGLO AMERICAN CAPITAL PL 144A	4.75%	04/10/2027	250,000	271,493	287,500
SURGERY CENTER HOLDINGS I 144A	10.00%	04/15/2027	1	1	1
CSC HOLDINGS LLC 144A	5.50%	04/15/2027	200,000	211,500	210,010
BOEING CO/THE	5.04%	05/01/2027	365,000	375,864	421,349

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
CCO HOLDINGS LLC / CCO HO 144A	5.13%	05/01/2027	450,000	471,938	472,005
WYNN LAS VEGAS LLC / WYNN 144A	5.25%	05/15/2027	117,000	122,850	125,670
CLARIOS GLOBAL LP / CLARI 144A	8.50%	05/15/2027	123,000	124,299	134,095
CHEMOURS CO/THE	5.38%	05/15/2027	1	1	1
TRI POINTE HOMES INC	5.25%	06/01/2027	100,000	100,499	108,500
CLEVELAND-CLIFFS INC	5.88%	06/01/2027	122,000	126,270	128,253
CENTURY COMMUNITIES INC	6.75%	06/01/2027	95,000	101,915	100,819
WATCO COS LLC / WATCO FIN 144A	6.50%	06/15/2027	172,000	183,180	184,040
CAESARS ENTERTAINMENT INC 144A	8.13%	07/01/2027	1	1	1
NEXSTAR MEDIA INC 144A	5.63%	07/15/2027	247,000	250,071	261,820
TK ELEVATOR US NEWCO INC 144A	5.25%	07/15/2027	200,000	200,000	210,750
FIRSTENERGY CORP	4.65%	07/15/2027	246,000	264,141	267,525
TAPESTRY INC	4.13%	07/15/2027	117,000	125,444	128,323
SCRIPPS ESCROW INC 144A	5.88%	07/15/2027	150,000	153,794	154,875
AVIS BUDGET CAR RENTAL LL 144A	5.75%	07/15/2027	1	1	1
PARALLEL 2015-1 LTD 1A AR 144A	0.98%	07/20/2027	107,758	104,795	107,785
NGPL PIPECO LLC 144A	4.88%	08/15/2027	200,000	215,262	229,178
FORD MOTOR CREDIT CO LLC	4.13%	08/17/2027	475,000	470,250	503,871
E*TRADE FINANCIAL CORP	3.80%	08/24/2027	200,000	206,442	222,268
LOGMEIN INC 144A	5.50%	09/01/2027	120,000	123,900	124,206
FMG RESOURCES AUGUST 2006 144A	4.50%	09/15/2027	247,000	259,108	268,613
NATIONAL FUEL GAS CO	3.95%	09/15/2027	281,000	305,534	303,162
NEXTERA ENERGY OPERATING 144A	4.50%	09/15/2027	113,000	120,096	122,283
SOUTHWESTERN ENERGY CO	7.75%	10/01/2027	114,000	111,240	123,689
DRYDEN XXV SENIOR 25A DRR 144A	3.13%	10/15/2027	420,000	419,076	420,434
LIVE NATION ENTERTAINMENT 144A	4.75%	10/15/2027	1	1	1
PROGRESS RESIDENTI SFR3 A 144A	1.29%	10/17/2027	525,000	524,990	522,911
HALCYON LOAN ADVIS 3A A1R 144A	1.03%	10/18/2027	152,802	150,205	152,955
SHACKLETON 2015-VII 8A DR 144A	2.83%	10/20/2027	250,000	242,750	248,401
GARDA WORLD SECURITY CORP 144A	9.50%	11/01/2027	115,000	118,738	127,363
VIPER ENERGY PARTNERS LP 144A	5.38%	11/01/2027	90,000	92,925	93,754
ENI USA INC	7.30%	11/15/2027	150,000	196,542	195,807
UNITED RENTALS NORTH AMERICA I	3.88%	11/15/2027	350,000	357,875	367,756
UNITED RENTALS NORTH AMERICA I	3.88%	11/15/2027	450,000	456,188	472,829
AMUR EQUIPMENT FINAN 1A D 144A	2.30%	11/22/2027	475,000	474,883	474,630
MURPHY OIL CORP	5.88%	12/01/2027	1	1	1
BOYD GAMING CORP	4.75%	12/01/2027	72,000	51,840	74,520
MATCH GROUP HOLDINGS II L 144A	5.00%	12/15/2027	231,000	236,471	242,839
FLAGSHIP CREDIT AUTO 3 E 144A	4.98%	12/15/2027	250,000	276,567	268,368
LITHIA MOTORS INC 144A	4.63%	12/15/2027	118,000	120,588	124,797
AFFINITY GAMING 144A	6.88%	12/15/2027	117,000	123,728	124,166
LENDMARK FUNDING TRU 1A D 144A	5.34%	12/20/2027	300,000	310,125	309,810
CITIGROUP INC	3.89%	01/10/2028	729,000	809,134	811,727
CHURCHILL DOWNS INC 144A	4.75%	01/15/2028	40,000	40,670	41,388
UNITED RENTALS NORTH AMERICA I	4.88%	01/15/2028	117,000	116,901	124,173
NRG ENERGY INC	5.75%	01/15/2028	213,000	231,750	226,845
CONTIMORTGAGE HOME EQUITY 4 A8	7.22%	01/15/2028	4,051	4,180	3,900
LIVE NATION ENTERTAINMENT 144A	3.75%	01/15/2028	36,000	36,000	36,159
MINERVA LUXEMBOURG SA 144A	5.88%	01/19/2028	200,000	205,750	212,200
INSTALLED BUILDING PRODUC 144A	5.75%	02/01/2028	234,000	247,455	246,285
CCO HOLDINGS LLC / CCO HO 144A	5.00%	02/01/2028	150,000	155,669	157,386
RADIOLOGY PARTNERS INC 144A	9.25%	02/01/2028	118,000	122,518	130,390
ENCOMPASS HEALTH CORP	4.50%	02/01/2028	120,000	123,999	124,496
PETROLEOS MEXICANOS	5.35%	02/12/2028	370,000	356,125	363,877
HECLA MINING CO	7.25%	02/15/2028	78,000	78,000	85,215

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d) COST	(e) CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
TOLL BROTHERS FINANCE CORP	4.35%	02/15/2028	100,000	103,750	109,750
BAYER CORP 144A	6.65%	02/15/2028	83,000	101,148	104,661
LAMAR MEDIA CORP	3.75%	02/15/2028	425,000	426,063	432,438
EGYPT GOVERNMENT INTERNAT 144A	6.59%	02/21/2028	400,000	418,650	422,800
REPUBLIC OF KENYA GOVERNMENT 144A	7.25%	02/28/2028	255,000	278,588	281,699
FREEPORT-MCMORAN INC	4.13%	03/01/2028	795,000	832,015	829,781
ZAYO GROUP HOLDINGS INC 144A	6.13%	03/01/2028	1	1	1
GRIFFON CORP	5.75%	03/01/2028	106,000	106,000	112,625
AMERICAN TRAILER WORLD 3/21 CO	0.00%	03/03/2028	125,000	124,911	124,766
SAUDI GOVERNMENT INTERNAT 144A	3.63%	03/04/2028	250,000	264,500	276,225
CIT GROUP INC	6.13%	03/09/2028	49,000	59,045	59,790
AMR/AADVANTAGE 3/21 TL	0.00%	03/10/2028	245,000	252,656	255,229
PLAYTIKA 3/21 COV-LITE TLB	0.00%	03/13/2028	264,274	262,952	262,923
NCL FINANCE LTD 144A	6.13%	03/15/2028	122,000	125,965	127,850
CALPINE CORP 144A	5.13%	03/15/2028	114,000	114,713	116,138
NETFLIX INC	4.88%	04/15/2028	168,000	185,813	195,090
NVENT FINANCE SARL	4.55%	04/15/2028	445,000	464,977	489,144
CLEAR CHANNEL OUTDOOR HOL 144A	7.75%	04/15/2028	1	1	1
EPR PROPERTIES	4.95%	04/15/2028	198,000	217,420	214,044
UNITED AIR LINES 4/21 TLB	0.00%	04/21/2028	189,525	192,368	191,841
FRONTIER COMMUNICATIONS H 144A	5.00%	05/01/2028	143,000	143,000	147,838
DRIVE AUTO RECEIVABLES TRU 2 D	3.05%	05/15/2028	425,000	445,071	442,238
SOLERA 6/21 (USD) COV-LITE TL	0.00%	06/02/2028	190,477	189,525	190,930
STONECO LTD 144A	3.95%	06/16/2028	200,000	200,000	199,428
COMMScope INC 144A	7.13%	07/01/2028	115,000	124,400	124,631
PG&E CORP	5.00%	07/01/2028	1	1	1
CENTENE CORP	2.45%	07/15/2028	98,000	98,000	99,323
BANK OF AMERICA CORP	3.59%	07/21/2028	933,000	1,024,799	1,027,727
AUSGRID FINANCE PTY LTD 144A	4.35%	08/01/2028	331,000	370,017	372,792
DISCOVER BANK	4.68%	08/09/2028	300,000	314,644	318,645
NATIONSTAR MORTGAGE HOLDI 144A	5.50%	08/15/2028	120,000	124,200	121,116
FLUOR CORP	4.25%	09/15/2028	1	1	1
WESTINGHOUSE AIR BRAKE TECHNOL	4.95%	09/15/2028	325,000	362,534	377,299
CARVANA CO 144A	5.88%	10/01/2028	1	1	1
PARK INTERMEDIATE HOLDING 144A	5.88%	10/01/2028	122,000	126,575	129,915
APACHE CORP	4.38%	10/15/2028	143,000	123,435	152,224
DELTA AIR LINES INC / SKY 144A	4.75%	10/20/2028	110,000	110,000	122,365
SPRINT CAPITAL CORP	6.88%	11/15/2028	289,000	338,050	370,643
STERICYCLE INC 144A	3.88%	01/15/2029	100,000	100,000	99,803
LEVEL 3 FINANCING INC 144A	3.63%	01/15/2029	475,000	476,781	458,375
MEG ENERGY CORP 144A	5.88%	02/01/2029	68,000	68,000	70,890
HILCORP ENERGY I LP / HIL 144A	5.75%	02/01/2029	379,000	385,853	394,990
SBA COMMUNICATIONS CORP 144A	3.13%	02/01/2029	475,000	455,406	457,933
ALTRIA GROUP INC	4.80%	02/14/2029	409,000	464,937	474,591
MGM GROWTH PROPERTIES OPE 144A	3.88%	02/15/2029	375,000	379,219	380,839
RENT-A-CENTER INC/TX 144A	6.38%	02/15/2029	180,000	189,258	193,275
TCW CLO 2019-1 AMR L 1A D 144A	3.15%	02/15/2029	250,000	241,250	251,250
HOLOGIC INC 144A	3.25%	02/15/2029	450,000	438,750	446,063
QUICKEN LOANS LLC / QUICK 144A	3.63%	03/01/2029	125,000	125,000	123,438
CLEVELAND-CLIFFS INC 144A	4.63%	03/01/2029	27,001	27,039	28,412
UNITED STATES STEEL CORP	6.88%	03/01/2029	241,000	250,984	257,870
GLENCORE FUNDING LLC 144A	4.88%	03/12/2029	1	1	1
TRONOX INC 144A	4.63%	03/15/2029	124,000	124,066	125,393
ALBERTSONS COS INC / SAFE 144A	3.50%	03/15/2029	475,000	455,406	469,656
MACQUARIE GROUP LTD 144A	4.65%	03/27/2029	200,000	223,890	230,732

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d) COST	(e) CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY		
			VALUE - a		
JBS USA LUX SA / JBS USA 144A	6.50%	04/15/2029	109,000	120,165	122,490
ACADIA HEALTHCARE CO INC 144A	5.00%	04/15/2029	239,000	249,456	249,258
SIGNAL PEAK CLO 2 1A DR2 144A	2.98%	04/20/2029	250,000	241,250	246,310
NETFLIX INC	6.38%	05/15/2029	308,000	352,279	393,393
PENNSYLVANIA ELECTRIC CO 144A	3.60%	06/01/2029	105,000	111,548	112,284
BANK OF AMERICA CORP	2.09%	06/14/2029	280,000	280,000	282,425
HCA INC	4.13%	06/15/2029	172,000	202,045	193,859
NRG ENERGY INC 144A	4.45%	06/15/2029	386,000	414,304	426,422
NRG ENERGY INC 144A	5.25%	06/15/2029	167,000	170,549	177,646
CEDAR FAIR LP	5.25%	07/15/2029	125,000	125,213	128,750
BARINGS CLO LTD 2018 3A D 144A	3.03%	07/20/2029	250,000	240,125	247,549
IMPERIAL BRANDS FINANCE P 144A	3.88%	07/26/2029	275,000	275,759	298,185
TCW CLO 2017-1A LTD 1A DR 144A	3.28%	07/29/2029	190,000	184,775	189,641
MPT OPERATING PARTNERSHIP LP /	4.63%	08/01/2029	416,000	439,265	445,311
GLOBAL PAYMENTS INC	3.20%	08/15/2029	242,000	254,594	259,272
IRON MOUNTAIN INC 144A	4.88%	09/15/2029	450,000	461,250	464,490
TEGNA INC	5.00%	09/15/2029	118,000	118,625	123,485
MURPHY OIL USA INC	4.75%	09/15/2029	64,000	67,850	67,200
TEGNA INC	5.00%	09/15/2029	450,000	457,740	470,916
COMMONSPIRIT HEALTH	3.35%	10/01/2029	67,000	69,615	72,630
MOUNTAIN VIEW CLO 2 1A AR 144A	1.22%	10/16/2029	250,000	250,000	249,999
ONEMAIN FINANCE CORP	5.38%	11/15/2029	331,000	339,433	360,042
CHENIERE CORPUS CHRISTI HOLDIN	3.70%	11/15/2029	170,000	176,913	185,786
SCIENTIFIC GAMES INTERNAT 144A	7.25%	11/15/2029	226,000	246,398	254,928
CEMEX SAB DE CV 144A	5.45%	11/19/2029	200,000	213,500	219,900
NOV INC	3.60%	12/01/2029	240,000	240,342	250,913
DIAMONDBACK ENERGY INC	3.50%	12/01/2029	438,000	411,008	469,352
TERRAFORM POWER OPERATING 144A	4.75%	01/15/2030	230,000	239,200	235,559
HILTON DOMESTIC OPERATING CO I	4.88%	01/15/2030	1	1	1
GLOBO COMUNICACAO E PARTI 144A	4.88%	01/22/2030	200,000	200,000	206,502
MORGAN STANLEY	4.43%	01/23/2030	207,000	238,491	242,710
BAUSCH HEALTH COS INC 144A	5.25%	01/30/2030	135,000	125,213	125,550
BRASKEM NETHERLANDS FINAN 144A	4.50%	01/31/2030	200,000	206,800	207,984
WESTERN MIDSTREAM OPERATING LP	5.30%	02/01/2030	115,000	102,917	128,800
WESTPAC BANKING CORP	2.89%	02/04/2030	194,000	201,696	201,211
ALBERTSONS COS INC / SAFE 144A	4.88%	02/15/2030	173,000	175,878	184,506
AT&T INC	4.30%	02/15/2030	839,000	970,129	971,252
CENTENE CORP	3.38%	02/15/2030	120,000	120,000	125,400
CENTENE CORP	3.38%	02/15/2030	450,000	452,250	470,250
ASSURANT INC	3.70%	02/22/2030	100,000	100,780	108,234
FREEPORT-MCMORAN INC	4.25%	03/01/2030	126,000	120,015	134,978
CCO HOLDINGS LLC / CCO HO 144A	4.75%	03/01/2030	256,000	266,686	270,400
ORACLE CORP	2.95%	04/01/2030	170,000	178,041	179,263
NORDSTROM INC	4.38%	04/01/2030	1	1	1
NVR INC	3.00%	05/15/2030	226,000	246,469	239,849
VMWARE INC	4.70%	05/15/2030	346,000	403,773	409,795
GUATEMALA GOVERNMENT BOND 144A	4.90%	06/01/2030	265,000	310,713	298,125
MACQUARIE BANK LTD 144A	3.62%	06/03/2030	305,000	316,059	322,821
BANKUNITED INC	5.13%	06/11/2030	207,000	235,305	241,505
GENERAL MOTORS FINANCIAL CO IN	3.60%	06/21/2030	739,000	786,222	800,965
SIRIUS XM RADIO INC 144A	4.13%	07/01/2030	450,000	446,625	455,625
COSTAR GROUP INC 144A	2.80%	07/15/2030	74,000	73,942	75,253
CBAM 2017-1 LTD 1A D 144A	3.88%	07/20/2030	370,000	370,444	370,984
WIND RIVER 2013-1 1A A1RR 144A	1.11%	07/20/2030	290,000	290,000	290,058
TENGIZCHEVROIL FINANCE CO 144A	3.25%	08/15/2030	200,000	197,878	203,620

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
	CORPORATE DEBT INSTRUMENTS - OTHER				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
BALL CORP	2.88%	08/15/2030	249,000	249,000	244,423
HCA INC	3.50%	09/01/2030	450,000	450,000	479,417
REGENERON PHARMACEUTICALS INC	1.75%	09/15/2030	308,000	307,686	292,166
SCF EQUIPMENT LEASIN 1A D 144A	1.93%	09/20/2030	450,000	445,201	447,773
BATH & BODY WORKS INC 144A	6.63%	10/01/2030	117,000	125,190	135,135
BAIDU INC	2.38%	10/09/2030	200,000	200,000	200,114
ANTOFAGASTA PLC 144A	2.38%	10/14/2030	200,000	199,294	192,700
UNIVERSAL HEALTH SERVICES 144A	2.65%	10/15/2030	216,000	216,167	217,194
ROMARK CLO LTD 1A A2R 144A	0.01%	10/23/2030	380,000	380,000	380,000
MEITUAN 144A	3.05%	10/28/2030	200,000	199,726	197,354
DBWF 2018-GLKS MOR GLKS A 144A	1.12%	12/19/2030	200,000	198,875	200,274
OCCIDENTAL PETROLEUM CORP	6.13%	01/01/2031	256,000	292,239	300,480
CONTINENTAL RESOURCES INC 144A	5.75%	01/15/2031	166,000	186,543	198,835
SUZANO AUSTRIA GMBH	3.75%	01/15/2031	156,000	156,993	163,605
STANDARD INDUSTRIES INC/N 144A	3.38%	01/15/2031	1	1	1
SK HYNIX INC 144A	2.38%	01/19/2031	400,000	393,382	389,940
AMERICAN CAMPUS COMMUNITIES OP	3.88%	01/30/2031	345,000	379,010	383,295
CALPINE CORP 144A	5.00%	02/01/2031	129,000	132,098	128,355
DAVITA INC 144A	3.75%	02/15/2031	125,000	125,000	120,000
DAVITA INC 144A	3.75%	02/15/2031	400,000	390,500	384,000
LEVI STRAUSS & CO 144A	3.50%	03/01/2031	124,000	127,410	123,281
TWILIO INC	3.88%	03/15/2031	122,000	125,355	125,203
FMG RESOURCES AUGUST 2006 144A	4.38%	04/01/2031	121,000	125,840	129,168
PSEG POWER LLC	8.63%	04/15/2031	150,000	211,944	230,186
T-MOBILE USA INC	3.50%	04/15/2031	450,000	454,500	465,566
VITERRA FINANCE BV 144A	3.20%	04/21/2031	240,000	239,227	242,141
LENDING FUNDING TRUS 2A D 144A	6.77%	04/21/2031	315,000	354,867	352,746
GLENCORE FUNDING LLC 144A	2.85%	04/27/2031	199,000	198,777	202,598
SERVICE CORP INTERNATIONAL/US	4.00%	05/15/2031	575,000	576,438	586,891
NATIONAL AUSTRALIA BANK L 144A	2.99%	05/21/2031	250,000	250,000	254,118
SKYWORKS SOLUTIONS INC	3.00%	06/01/2031	138,000	137,467	141,431
CSN RESOURCES SA 144A	4.63%	06/10/2031	200,000	200,000	203,562
BOYD GAMING CORP 144A	4.75%	06/15/2031	101,000	101,000	104,942
WESTERN ALLIANCE BANCORP	3.00%	06/15/2031	158,000	158,000	159,190
SA GLOBAL SUKUK LTD 144A	2.69%	06/17/2031	250,000	253,125	253,100
UPSTART SECURITIZATIO 2 B 144A	1.75%	06/20/2031	244,000	243,974	244,024
OCP SA 144A	3.75%	06/23/2031	200,000	198,730	201,900
NGPL PIPECO LLC 144A	3.25%	07/15/2031	216,000	217,201	222,869
AMERICAN HOMES 4 RENT LP	2.38%	07/15/2031	157,000	154,665	154,665
FORD MOTOR CO	7.45%	07/16/2031	214,000	233,901	281,410
J.P. MORGAN CHASE WIKI E 144A	4.01%	10/05/2031	276,000	279,256	271,236
J.P. MORGAN CHASE WIKI C 144A	3.55%	10/05/2031	140,000	141,838	140,057
ALLY FINANCIAL INC	8.00%	11/01/2031	397,000	551,582	571,811
CSC HOLDINGS LLC 144A	4.50%	11/15/2031	475,000	471,438	477,917
WESTPAC BANKING CORP	4.32%	11/23/2031	335,000	380,034	371,991
ASSURANT INC	2.65%	01/15/2032	129,000	128,796	128,792
HILTON DOMESTIC OPERATING 144A	3.63%	02/15/2032	400,000	401,500	395,000
KAYNE CLO III LTD 3A BR 144A	1.68%	04/15/2032	300,000	300,958	300,018
BANK OF AMERICA CORP	2.69%	04/22/2032	157,000	157,000	161,708
CITIGROUP INC	2.56%	05/01/2032	157,000	157,000	160,120
JP MORGAN CHASE COM LAQ B 144A	1.39%	06/15/2032	172,000	172,054	172,160
MACQUARIE GROUP LTD 144A	2.69%	06/23/2032	128,000	128,000	128,486
OCP CLO 2019-17 LT 17A BR 144A	1.73%	07/20/2032	330,000	330,000	330,000
CF TRUST 2019-MF1 MF1 D 144A	2.95%	08/21/2032	400,000	400,063	400,036
DOMINICAN REPUBLIC INTERN 144A	4.88%	09/23/2032	150,000	150,000	154,880

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d) COST	(e) CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR		
			MATURITY VALUE - a		
GOLDENTREE LOAN MANA 5A D 144A	3.98%	10/20/2032	250,000	251,688	251,426
PULTEGROUP INC	6.38%	05/15/2033	48,000	59,126	63,396
WESTPAC BANKING CORP	4.11%	07/24/2034	175,000	183,300	192,056
NATIONAL AUSTRALIA BANK L 144A	3.93%	08/02/2034	250,000	258,660	270,843
TRTX 2019-FL3 ISSUE FL3 A 144A	1.31%	10/15/2034	525,000	525,000	525,157
BBCMS 2019-BWAY MO BWAY B 144A	1.40%	11/15/2034	150,000	149,024	148,997
BBCMS 2019-BWAY MO BWAY C 144A	1.70%	11/15/2034	200,000	198,709	196,982
BBCMS 2019-BWAY MO BWAY A 144A	1.05%	11/15/2034	140,000	138,697	139,604
MARINER FINANCE ISSU AA E 144A	5.40%	03/20/2036	400,000	430,000	430,556
NEWELL BRANDS INC	5.88%	04/01/2036	210,000	233,033	258,825
ARBOR REALTY COLLAT FL2 D 144A	2.59%	05/15/2036	310,000	310,000	311,129
VMC FINANCE 2019-FL FL3 A 144A	1.19%	09/15/2036	774,023	774,265	774,541
BX COMMERCIAL MORTGA XL C 144A	1.34%	10/15/2036	90,527	90,527	90,614
BX COMMERCIAL MORTGA XL D 144A	1.54%	10/15/2036	181,053	181,053	181,229
GS MORTGAGE SECUR 70P XCP 144A	0.00%	10/15/2036	54,761,000	a 384,784	1,095
BX COMMERCIAL MORT XL XCP 144A	0.00%	10/15/2036	108,664,264	a 87,573	793
PFP 2019-6 LTD 6 C 144A	2.19%	04/14/2037	332,000	332,000	332,120
PFP 2019-6 LTD 6 B 144A	1.79%	04/14/2037	500,000	500,000	500,332
VALERO ENERGY CORP	6.63%	06/15/2037	1,855,000	2,489,807	2,544,782
AMSR 2020-SFR4 TRU SFR4 A 144A	1.36%	11/17/2037	1,375,000	1,374,958	1,370,999
OVINTIV INC	6.50%	02/01/2038	101,000	125,493	134,290
PRIMA CAPITAL CRE RK1 AT 144A	4.45%	04/15/2038	100,000	107,773	101,808
PRIMA CAPITAL CRE RK1 AG 144A	4.00%	04/15/2038	103,866	109,964	108,263
PROGRESS RESIDENTI SFR4 A 144A	1.56%	05/17/2038	850,000	849,987	852,814
GS MORTGAGE SECURI BOCA B 144A	1.59%	06/15/2038	100,000	100,063	100,060
TIME WARNER CABLE LLC	7.30%	07/01/2038	264,000	336,990	385,833
EXTENDED STAY AMERI ESH C 144A	1.79%	07/15/2038	220,000	220,000	221,133
COMCAST CORP	6.55%	07/01/2039	625,000	942,438	934,863
PROTECTIVE LIFE CORP	8.45%	10/15/2039	200,000	303,044	321,374
OGLETHORPE POWER CORP	5.95%	11/01/2039	125,000	162,216	167,764
GALAXY PIPELINE ASSETS BI 144A	3.25%	09/30/2040	268,000	268,000	266,151
CELLNEX FINANCE CO SA 144A	3.88%	07/07/2041	200,000	197,448	199,282
MATTEL INC	5.45%	11/01/2041	163,000	139,842	187,858
ASHLAND LLC	6.88%	05/15/2043	45,000	51,336	56,588
CF INDUSTRIES INC	4.95%	06/01/2043	105,000	110,573	124,119
MARATHON PETROLEUM CORP	4.75%	09/15/2044	575,000	641,112	680,035
PHILLIPS 66	4.88%	11/15/2044	300,000	342,897	373,341
NEUBERGER BERMAN GROUP LL 144A	4.88%	04/15/2045	240,000	245,129	278,494
MCDONALD'S CORP	4.88%	12/09/2045	1,575,000	1,921,979	2,030,222
KRAFT HEINZ FOODS CO	4.38%	06/01/2046	236,000	226,511	267,282
DELL INTERNATIONAL LLC / EMC C	8.35%	07/15/2046	340,000	448,995	556,196
MARATHON PETROLEUM CORP	4.50%	04/01/2048	500,000	519,222	571,145
HARDEE'S FUNDING L 1A A23 144A	5.71%	06/20/2048	94,379	99,182	105,896
ME FUNDING LLC 2019- 1 A2 144A	6.45%	07/30/2049	369,375	361,729	390,533
COMM 2014-277P MOR 277P A 144A	3.61%	08/10/2049	500,000	531,211	533,020
JPMORGAN CHASE & CO	4.60%	12/31/2049	151,000	129,681	156,474
ALLY FINANCIAL INC	4.70%	12/31/2049	123,000	123,980	127,022
COMM 2015-PC1 MORTGAGE T PC1 C	4.32%	07/10/2050	250,000	261,074	265,523
PROSUS NV 144A	3.83%	02/08/2051	220,000	219,982	204,882
FLAGSTAR MORTGAGE 3INV A5 144A	2.50%	06/25/2051	672,779	691,700	690,674
READYCAP COMMERCIAL M 6 A 144A	2.83%	10/25/2052	466,641	466,640	474,653
NEW RESIDENTIAL MOR 2A A1 144A	4.25%	12/25/2057	739,955	747,846	778,492
NEW RESIDENTIAL MO 4A A1B 144A	3.50%	12/25/2058	997,536	1,027,969	1,049,029
FLAGSTAR MORTGAGE 5INV A5 144A	2.50%	12/31/2059	500,000	510,698	509,444
NEW RESIDENTIAL M NQM1 A1 144A	2.46%	01/26/2060	56,277	56,277	56,854

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
	CORPORATE DEBT INSTRUMENTS - OTHER				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
CREDIT SUISSE MOR SPT1 A1 144A	1.62%	04/25/2065	167,146	167,392	167,952
ELLINGTON FINANCIAL 2 A1 144A	1.18%	10/25/2065	68,797	68,775	68,905
			<u>\$ 280,288,167</u>	<u>\$ 122,696,222</u>	<u>\$ 125,035,091</u>

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE STOCK - COMMON

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
GENERAL ELECTRIC CO	465,000	\$ 430,613	\$ 457,328
MORGAN STANLEY	190,000	211,392	217,787
GROSVENOR INSTITUTIONAL PARTNERS LP - COMMON STOCK	-	<u>14,715,878</u>	<u>17,924,868</u>
		<u>\$ 15,357,883</u>	<u>\$ 18,599,983</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
<u>ISSUER</u>		<u>COST</u>	<u>CURRENT VALUE</u>
US REAL ESTATE INVESTMENT FUND		\$ 31,076,142	\$ 33,282,877
GROSVENOR INSTITUTIONAL PARTNERS LP - PARTNERSHIPS		3,198,500	3,881,304
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - PARTNERSHIPS		<u>13,316,883</u>	<u>13,996,797</u>
		<u>\$ 47,591,525</u>	<u>\$ 51,160,978</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF NON-PARTICIPANT LOANS

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
NON-PARTICIPANT LOANS

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY / NO. OF SHARES	COST	CURRENT VALUE
WARRIOR MET COAL INC 144A	8.00%	11/01/2024	6,000	\$ 6,149	\$ 6,090
LAREDO PETROLEUM INC	9.50%	01/15/2025	317,999	312,679	335,079
AMERICAN AIRLINES GROUP I 144A	3.75%	03/01/2025	213,999	188,854	197,147
CALIFORNIA RESOURCES CORP 144A	7.13%	02/01/2026	124,999	125,774	131,539
SM ENERGY CO	6.75%	09/15/2026	75,999	71,439	77,329
MATADOR RESOURCES CO	5.88%	09/15/2026	127,999	125,439	131,839
AMERICAN AXLE & MANUFACTURING	6.50%	04/01/2027	131,999	119,129	139,798
SURGERY CENTER HOLDINGS I 144A	10.00%	04/15/2027	104,999	106,314	115,237
CHEMOURS CO/THE	5.38%	05/15/2027	115,999	123,539	125,809
CAESARS ENTERTAINMENT INC 144A	8.13%	07/01/2027	222,999	242,258	248,020
AVIS BUDGET CAR RENTAL LL 144A	5.75%	07/15/2027	449,999	471,374	471,797
LIVE NATION ENTERTAINMENT 144A	4.75%	10/15/2027	184,999	185,209	191,937
MURPHY OIL CORP	5.88%	12/01/2027	122,999	121,327	128,374
ZAYO GROUP HOLDINGS INC 144A	6.13%	03/01/2028	48,999	48,999	50,040
CLEAR CHANNEL OUTDOOR HOL 144A	7.75%	04/15/2028	123,999	126,789	129,891
PG&E CORP	5.00%	07/01/2028	119,999	128,954	121,333
FLUOR CORP	4.25%	09/15/2028	434,999	442,263	441,524
CARVANA CO 144A	5.88%	10/01/2028	116,999	124,897	123,106
CLEVELAND-CLIFFS INC 144A	4.63%	03/01/2029	140,999	141,194	148,369
GLENORE FUNDING LLC 144A	4.88%	03/12/2029	576,999	679,769	671,587
HILTON DOMESTIC OPERATING CO I	4.88%	01/15/2030	115,999	112,809	123,829
NORDSTROM INC	4.38%	04/01/2030	126,999	123,952	132,460
STANDARD INDUSTRIES INC/N 144A	3.38%	01/15/2031	399,999	395,499	382,883
U S TREASURY NOTE	1.50%	01/31/2022	34,999	35,413	35,292
U S TREASURY NOTE	0.75%	03/31/2026	1,797,999	1,789,569	1,790,771
U S TREASURY NOTE	1.13%	02/29/2028	257,129	256,366	256,544
U S TREASURY NOTE	1.63%	05/15/2031	4,765,999	4,798,588	4,844,924
				<u>\$ 11,404,545</u>	<u>\$ 11,552,548</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON TRUST FUNDS	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
LONGVIEW BROAD MARKET 3000 INDEX FUND	303,227	\$ 64,954,918	\$ 102,027,397
NHIT CORE PLUS FULL DISCRETION TRUST	8,273,848	98,329,547	120,136,277
STATE STREET MSCI ACWI EX USA INDEX NON-LENDING COMMON TRUST FUND	2,113,041	32,226,050	53,252,864
STATE STREET U.S. TREASURY INFLATION PROTECTED SECURITIES INDEX NON-LENDING COMMON TRUST FUND	4,346,667	<u>58,168,020</u>	<u>76,357,900</u>
		<u>\$ 253,678,535</u>	<u>\$ 351,774,438</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION 103-12 INVESTMENT ENTITIES	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
WESTERN ASSET TOTAL RETURN UNCONSTRAINED (TRU) BOND LLC	2,481,390	\$ <u>50,000,000</u>	\$ <u>58,699,752</u>
		\$ <u><u>50,000,000</u></u>	\$ <u><u>58,699,752</u></u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
	DREYFUS INSTITUTIONAL PREFERRED GOVERNMENT MONEY			
*	MARKET FUND	60,272,719	\$ 60,272,719	\$ 60,272,719
	PIMCO ALL ASSET FUND	3,061,150	36,637,794	40,499,015
	GROSVENOR INSTITUTIONAL PARTNERS LP - REGISTERED INVESTMENT COMPANY	-	<u>1,696,009</u>	<u>2,058,067</u>
			<u>\$ 98,606,522</u>	<u>\$ 102,829,801</u>

* PARTY-IN-INTEREST

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF OTHER INVESTMENTS

JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION OTHER INVESTMENTS			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
PHOENIX AZ CIVIC IMPT CORP EXC	0.46%	07/01/2021	\$ 250,000	\$ 250,000	\$ 250,000
NEW JERSEY ST EDUCTNL FACS AUT	3.64%	09/01/2029	102,000	106,623	113,266
ILLINOIS ST	5.10%	06/01/2033	295,000	318,955	346,873
MIAMI-DADE CNTY FL SPL OBLIG	2.79%	10/01/2037	95,000	95,719	95,596
CALIFORNIA ST	7.55%	04/01/2039	2,075,000	3,475,224	3,537,875
CALIFORNIA ST	0.88%	04/01/2047	395,000	397,370	395,450
FOOTHILL ESTRN TRANSPRTN CORRI	4.09%	01/15/2049	117,000	118,288	123,860
GROSVENOR INSTITUTIONAL PARTNERS LP - OTHER INVESTMENTS			<u>-</u>	<u>9,706,462</u>	<u>11,778,560</u>
			<u>\$ 3,329,000</u>	<u>\$ 14,468,641</u>	<u>\$ 16,641,480</u>

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2021

EIN 13-5615576, PLAN NO. 501

FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
*	DREYFYS INS RSRV PR MONEY 6546	\$ 913,943,379	\$ -	\$ -	\$ -	-	\$ 913,943,379	\$ -
*	DREYFYS INS RSRV PR MONEY 6546	-	913,568,706	-	-	913,568,706	913,568,706	-
N/A	COMMIT TO PUR FNMA SF MTG 4.000% 12/01/2051	21,994,167	-	-	-	-	21,994,167	-
N/A	COMMIT TO PUR FNMA SF MTG 4.000% 12/01/2051	-	21,970,281	-	-	21,994,167	21,970,281	(23,886)
N/A	US TREASURY BILL 0.000% 09/01/2020	24,998,762	-	-	-	-	24,998,762	-
N/A	US TREASURY BILL 0.000% 09/01/2020	-	24,999,655	-	-	24,998,762	24,999,655	893
N/A	US TREASURY BILL 0.000% 12/01/2020	24,998,583	-	-	-	-	24,998,583	-
N/A	US TREASURY BILL 0.000% 12/01/2020	-	24,999,408	-	-	24,998,583	24,999,408	825
N/A	US TREASURY BILL 0.000% 01/05/2021	39,996,965	-	-	-	-	39,996,965	-
N/A	US TREASURY BILL 0.000% 01/05/2021	-	22,998,812	-	-	22,997,640	22,998,812	1,172

* PARTY-IN-INTEREST

Application for Extension of Time To File Certain Employee Plan Returns

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
▶ Go to www.irs.gov/Form5558 for the latest information.

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) BOARD OF TRUSTEES OF NYCDCC WELFARE FUND Number, street, and room or suite no. (If a P.O. box, see instructions) 395 HUDSON STREET City or town, state, and ZIP code NEW YORK NY 10014	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 13-5615576 Social security number (SSN) (9 digits XXX-XX-XXXX)
---	--

C Plan name	Plan number	Plan year ending—		
		MM	DD	YYYY
NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	5 0 1	6	30	2021

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 4 / 15 / 2022 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until / / to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if (a) the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and (b) the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until / / to file Form 5330.
 You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.
- a Enter the Code section(s) imposing the tax ▶ a
- b Enter the payment amount attached ▶ b
- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ c
- 5 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶

Date ▶

Certified Article Number

9414 7266 9904 2182 6252 96

SENDER'S RECORD