

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020	
<b>A</b> 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>B</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)
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input checked="" type="checkbox"/>
<b>D</b> 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)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information			
<b>1a</b> Name of plan	NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND		<b>1b</b> Three-digit plan number (PN) ▶	501
			<b>1c</b> Effective date of plan	07/01/1950
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)	Mailing address (include room, apt., suite no. and street, or P.O. Box)		<b>2b</b> Employer Identification Number (EIN)	13-5615576
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)		<b>2c</b> Plan Sponsor's telephone number	212-366-7300
			<b>2d</b> Business code (see instructions)	236200
	395 HUDSON STREET NEW YORK, NY 10014			

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	03/14/2021	KRISTIN O'BRIEN
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	03/14/2021	ROBERT W. LESNIEWSKI
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)  
v. 190130

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 21537
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b> 15111
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b> 14658
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b> 6464
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b> 21122
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g</b>
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b> 1524

**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

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

**a Pension Schedules**

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

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ 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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

<b>SCHEDULE A</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Insurance Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>  ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110  <b>2019</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020		
<b>A</b> Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	<b>B</b> Three-digit plan number (PN) ▶	501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NYCDCC WELFARE FUND	<b>D</b> Employer Identification Number (EIN) 13-5615576	

<b>Part I</b>	<b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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<b>1</b> Coverage Information:
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<b>(a)</b> Name of insurance carrier AMALGAMATED LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5501223	60216	260D06	45136	08/01/2018	07/31/2019

<b>2</b> 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.	
<b>(a)</b> Total amount of commissions paid 0	<b>(b)</b> Total amount of fees paid 0

<b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
<b>(a)</b> 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	

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

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

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

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

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

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

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

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

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

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

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(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. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b****c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits ..... **7c(2)**  
(3) Interest credited during the year ..... **7c(3)**  
(4) Transferred from separate account ..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**(6) Total additions ..... **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**(2) Administration charge made by carrier ..... **7e(2)**(3) Transferred to separate account ..... **7e(3)**(4) Other (specify below) ..... **7e(4)**(5) Total deductions ..... **7e(5)****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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	2319960
<b>b</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.....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE A</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Insurance Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>  ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110  <b>2019</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020		
<b>A</b> Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	<b>B</b> Three-digit plan number (PN) ▶	501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NYCDCC WELFARE FUND	<b>D</b> Employer Identification Number (EIN) 13-5615576	

<b>Part I</b>	<b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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<b>1</b> Coverage Information:
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<b>(a)</b> Name of insurance carrier SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-0734860	71420	H2001	6665	01/01/2019	12/31/2019

<b>2</b> 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.
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<b>(a)</b> Total amount of commissions paid 0	<b>(b)</b> Total amount of fees paid 0
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<b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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<b>(a)</b> 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	

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



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

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(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

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

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

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

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

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

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

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(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. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b****c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits ..... **7c(2)**  
(3) Interest credited during the year ..... **7c(3)**  
(4) Transferred from separate account ..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**  
▶(6) Total additions ..... **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d****e** Deductions:  
(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
(2) Administration charge made by carrier ..... **7e(2)**  
(3) Transferred to separate account ..... **7e(3)**  
(4) Other (specify below) ..... **7e(4)**  
▶(5) Total deductions ..... **7e(5)****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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	7864695
<b>b</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.....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE A</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Insurance Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>  ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110  <b>2019</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020		
<b>A</b> Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	<b>B</b> Three-digit plan number (PN) ▶	501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NYCDCC WELFARE FUND	<b>D</b> Employer Identification Number (EIN) 13-5615576	

<b>Part I</b>	<b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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<b>1</b> Coverage Information:
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<b>(a)</b> Name of insurance carrier WESCO 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
85-0165753	25011	WDL 10277170	7773	01/01/2019	12/31/2019

<b>2</b> 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.
---

<b>(a)</b> Total amount of commissions paid 41232	<b>(b)</b> Total amount of fees paid 0
--	---

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41232			3

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

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	831514
<b>b</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.....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <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>Service Provider 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>	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020		
<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>▶</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	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

<div>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).....</div> <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>
<div>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).</div>

<div>(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation</div> <div>COMPREHENSIVE PROFESSIONAL SYS INC</div> <div>13-3025997</div>
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<div>(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation</div> <div>GENERAL VISION SERVICES LLC</div> <div>11-3580576</div>
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<div>(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation</div> <div>GOLDENTREE ASSET MANAGEMENT LP</div> <div>13-4118850</div>
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<div>(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation</div> <div>GROSVENOR CAPITAL MANAGEMENT LP</div> <div>36-3795985</div>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PACIFIC INVESTMENT MGMT CO LLC

33-0629048

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

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

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

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

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

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

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

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

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

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	6809071	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)

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	1696971	Yes <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)

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	1623615	Yes <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)

EXPRESS SCRIPTS INC

22-3461740

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	1297463	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	1232214	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	567123	Yes <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)

INNOVATIVE SOFTWARE SOLUTIONS INC.

23-2182079

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	439417	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	373361	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	308290	Yes <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)

KAUFF MCGUIRE & MARGOLIS LLP

13-3573855

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	308129	Yes <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)

LESNIEWSKI ROBERT

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	305616	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	261735	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	232729	Yes <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)

MUNICIPAL ASSET MANAGEMENT

13-3751894

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	209603	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	198280	Yes <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	191580	Yes <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	188885	Yes <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 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	177670	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	172045	Yes <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	158191	Yes <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)

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	149436	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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

O'BRIEN FOWLKES KRISTIN

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	148947	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	148230	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	144723	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	144318	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)

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	132242	Yes <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	125432	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHMIDT MONICA

13-5615576

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30 50	NONE	124697	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	124375	Yes <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

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30 50	NONE	121674	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALISHAYEVA OLGA

13-5615576

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30 50	NONE	121234	Yes <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)

PADULA JILLIAN

13-5615576

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30 50	NONE	115671	Yes <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

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30 50	NONE	106177	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CASEY JENNIFER

13-5615576

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30 50	NONE	99120	Yes <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

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30 50	NONE	98998	Yes <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

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30 50	NONE	95938	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHILLING EILEEN

13-5615576

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30 50	NONE	95374	Yes <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)

LACEY GINA

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	95336	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	92990	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OZARD CHRISTOPHER

13-5615576

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30 50	NONE	90291	Yes <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

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30 50	NONE	88690	Yes <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	85733	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	83761	Yes <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	82608	Yes <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	81501	Yes <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)

SANCHEZ CIONGOLI KATHERINE

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	79247	Yes <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)

WOLSKY JONATHAN

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	77108	Yes <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)

HERNANDEZ JESSICA

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	76754	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ORTIZ (RAMOS) MONIQUE

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	74884	Yes <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)

GIMBLET SUZANNE

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	74274	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	72055	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KALISON JEFFREY

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	71239	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	67878	Yes <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)

SORGE WILLIAM SCOTT

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	67182	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MCMAHON MATTHEW

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	65277	Yes <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 LISA

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	64904	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STATE STREET GLOBAL ADV TRUST CO

81-4017137

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
18 19 28 51 52	NONE	63621	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"/>

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

CORDERO LUIS

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	63587	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	62036	Yes <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)

FORD HARRISON LLP

58-1314995

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	61722	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIAMS SHARON

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	59476	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	58948	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	58560	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KISLIK EDWARD

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	58511	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	58466	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	57964	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CABA TOMASINA

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	54019	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	53747	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	53478	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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

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	52031	Yes <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	51236	Yes <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)

BMI AUDIT SERVICES, LLC

38-4091484

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	50027	Yes <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)

MORGAN SHANA

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	49948	Yes <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)

CRESPO JOLENNY

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	49650	Yes <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)

DAVIS MELESHA

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	49471	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARTINEZ JOSEPH

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	48847	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> 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)

SCHNEIDER JAMES

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	48325	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	47957	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	47890	Yes <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)

JAVED UMER

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	47628	Yes <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)

ABRAHIM ABDOOL

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	47249	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	47115	Yes <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 JOCIELY

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	46899	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CENDER KAREN

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	46768	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	46463	Yes <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)

GOKO JASMINE

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	45969	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TORRES KRYSTLE

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	45618	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	44790	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	43860	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MUCCIARONE MARIA

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	43168	Yes <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)

WEINBERG SHARON

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	43032	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	40529	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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

GRIMES MICHELLE

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	39570	Yes <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)

LEACOCK CANDACE

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	39155	Yes <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)

GOMEZ CARINA

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	39086	Yes <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)

MOSTAFA JONATHAN

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	38750	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	38717	Yes <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)

ST. JEAN THERESA

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	37799	Yes <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	37624	Yes <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	37566	Yes <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	37501	Yes <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)

VEGA NICHOLAS

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	37233	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	36501	Yes <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)

IBRAHIM-ELHAG THURAYA

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	36383	Yes <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)

RODRIGUEZ EFRIM

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	36329	Yes <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)

CLARRETT KENISHA

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	35336	Yes <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)

DAKOWA KADIATTA

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	35121	Yes <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)

KEITT TIFFANY

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	34657	Yes <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)

PAREDES ANGEL

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	33977	Yes <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)

PEPITONE CHRISTOPHER

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	33213	Yes <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)

ANSAY JOHN ALVIN RONA

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	32971	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	32970	Yes <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)

SANTANA ISMAEL

13-5615576

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	29101	Yes <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)

HAMILTON LANE

23-2962336

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	28409	Yes <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>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	19526	Yes <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)

LUKE POWERS

88 BLENHEIM TERRACE  
LONDON, UNITED KINGDOM NW8 0EG GB

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	17328	Yes <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)

PAYLOCITY CORPORATION

1400 AMERICAN LANE  
SCHAUMBURG, IL 60173

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	16683	Yes <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)

BUCHBINDER TUNICK & COMPANY LLP

13-1578842

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	13000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

C. HUNT WALKER COMPANY LLC

26-1435151

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

**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 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	9354	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)

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"/>	96712	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	7455
(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	53216
(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	14168
(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
SEGAL SELECT INSURANCE SERVICES	53	21873
(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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>	501
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NYCDCC WELFARE FUND	<b>D</b> Employer Identification Number (EIN) 13-5615576	

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS U.S. TIPS INDX NL CTF</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>			
<b>c</b> EIN-PN <u>02-6138231-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	71750261
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS MSCI ACWI EX USA INDX NL CTF</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>			
<b>c</b> EIN-PN <u>80-6103053-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	39288746
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDENTREE MS FD OFFSHORE ERISA LTD</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>GOLDENTREE ASSET MANAGEMENT</u>			
<b>c</b> EIN-PN <u>98-1018819-002</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LAZARD SHORT DURATION STRATEGY MBS</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>LAZARD ASSET MANAGEMENT LLC</u>			
<b>c</b> EIN-PN <u>47-1385777-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WESTERN ASSET TRU BOND, LLC</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>WESTERN ASSET MANAGEMENT COMPANY LLC</u>			
<b>c</b> EIN-PN <u>20-1226970-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	55032258
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NHIT CORE PLUS FULL DISCRETION TRST</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>			
<b>c</b> EIN-PN <u>20-8080381-022</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	113078078
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW BROAD MARKET 3000 INDEX FD</u>			
<b>b</b> Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>			
<b>c</b> EIN-PN <u>46-2044954-020</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	70832466

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2019</b>  <b>This Form is Open to Public Inspection</b>
For calendar plan year 2019 or fiscal plan year beginning <u>07/01/2019</u> and ending <u>06/30/2020</u>		
<b>A</b> Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>	501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NYCDCC WELFARE FUND	<b>D</b> Employer Identification Number (EIN) 13-5615576	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
<b>1</b>	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. <b>Round off amounts to the nearest dollar.</b> 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.			
	<b>Assets</b>			
<b>a</b>	Total noninterest-bearing cash .....	<b>1a</b>	8759388	6523810
<b>b</b>	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	<b>1b(1)</b>	27201000	20807000
	(2) Participant contributions .....	<b>1b(2)</b>		
	(3) Other.....	<b>1b(3)</b>	17483477	14939522
<b>c</b>	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>	2082826	1382368
	(2) U.S. Government securities .....	<b>1c(2)</b>	132967942	119341194
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred .....	<b>1c(3)(A)</b>	46958247	63017935
	(B) All other.....	<b>1c(3)(B)</b>	66210861	114811886
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred .....	<b>1c(4)(A)</b>		0
	(B) Common.....	<b>1c(4)(B)</b>	26504358	24723684
	(5) Partnership/joint venture interests .....	<b>1c(5)</b>	1233428	38370487
	(6) Real estate (other than employer real property).....	<b>1c(6)</b>		
	(7) Loans (other than to participants) .....	<b>1c(7)</b>	6335102	0
	(8) Participant loans.....	<b>1c(8)</b>		
	(9) Value of interest in common/collective trusts .....	<b>1c(9)</b>	286352320	294949551
	(10) Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
	(11) Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
	(12) Value of interest in 103-12 investment entities.....	<b>1c(12)</b>	95866848	55032258
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	98540975	92158333
	(14) Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
	(15) Other.....	<b>1c(15)</b>	26024197	16374327

		(a) Beginning of Year	(b) End of Year
<b>1d</b>	Employer-related investments:		
(1)	Employer securities .....	<b>1d(1)</b>	
(2)	Employer real property .....	<b>1d(2)</b>	
<b>e</b>	Buildings and other property used in plan operation .....	<b>1e</b>	1510048 1287377
<b>f</b>	Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	844031017 863719732
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable .....	<b>1g</b>	67800000 44600000
<b>h</b>	Operating payables .....	<b>1h</b>	2460409 2453181
<b>i</b>	Acquisition indebtedness .....	<b>1i</b>	
<b>j</b>	Other liabilities .....	<b>1j</b>	59197888 57293040
<b>k</b>	Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	129458297 104346221
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	714572720 759373511

**Part II Income and Expense Statement**

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

		(a) Amount	(b) Total
<b>a</b>	<b>Contributions:</b>		
(1)	Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	392848411
	<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	4507157
	<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	
(2)	Noncash contributions .....	<b>2a(2)</b>	
(3)	Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>	397355568
<b>b</b>	<b>Earnings on investments:</b>		
(1)	Interest:		
	<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	
	<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	2712911
	<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	5106630
	<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>	2632
	<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	
	<b>(F)</b> Other .....	<b>2b(1)(F)</b>	1664285
	<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>	9486458
(2)	Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>	
	<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	
	<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	1871809
	<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>	1871809
(3)	Rents .....	<b>2b(3)</b>	
(4)	Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	947156551
	<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	944136712
	<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>	3019839
(5)	Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>	
	<b>(B)</b> Other .....	<b>2b(5)(B)</b>	5002567
	<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>	5002567

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		17166611
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		2386138
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		-1752323
<b>c</b> Other income.....	<b>2c</b>		9662113
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		444198780

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	380351154	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	6706936	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		387058090
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses: (1) Professional fees.....	<b>2i(1)</b>	3013450	
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Investment advisory and management fees.....	<b>2i(3)</b>	1594868	
(4) Other .....	<b>2i(4)</b>	7731581	
(5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		12339899
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		399397989

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		44800791
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan.....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: 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.).....

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

	Yes	No	Amount
<b>4a</b>		X	
<b>4b</b>		X	

	Yes	No	Amount
<b>c</b> 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	
<b>4c</b>		X	
<b>d</b> 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	
<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond? .....	X		10000000
<b>4e</b>	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>4f</b>		X	
<b>g</b> 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		159007531
<b>4g</b>	X		159007531
<b>h</b> 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	
<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>4i</b>	X		
<b>j</b> 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		
<b>4j</b>	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	
<b>4k</b>		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?.....		X	
<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>4m</b>		X	
<b>n</b> 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. ....			
<b>4n</b>			

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

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

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

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



# 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

<http://www.snpcpa.com>

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**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, 2020 and 2019, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended June 30, 2020 and 2019, 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, 2020 and 2019, and the changes in financial status for the years ended June 30, 2020 and 2019 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 51 is presented for purposes of additional analysis and is not a required part of the financial statements. The supplemental information on pages 23 through 46 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 & Panellieri LLP".

Hauppauge, New York  
February 23, 2021

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

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110  
1210-0089**2019****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

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

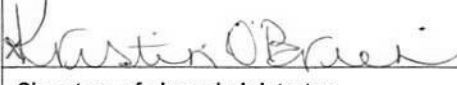
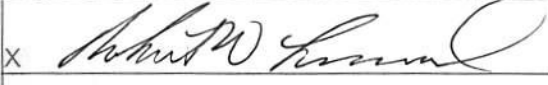
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: ☐ the first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

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	<b>1b</b> Three-digit plan number (PN) ▶ 501
	<b>1c</b> Effective date of plan 07/01/1950
<b>2a</b> 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	<b>2b</b> Employer Identification Number (EIN) 13-5615576
	<b>2c</b> Plan Sponsor's telephone number (212) 366-7300
	<b>2d</b> 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.

<b>SIGN HERE</b>		x 3/15/2020	x Kristin O'Brien, Executive Director
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	x 	x 3/15/20	x ROBERT W. LESNIEWSKI CFO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)  
v. 190130



<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 21,537
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).	
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b> 15,111
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b> 14,658
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b> 6,464
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b> 21,122
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g</b>
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b> 1,524
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  <b>b</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;">4A 4B 4D 4E 4F 4K 4L 4Q 4U</div>	

<b>9a</b> Plan funding arrangement (check all that apply) <b>(1)</b> <input type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) <b>(1)</b> <input checked="" type="checkbox"/> Insurance <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts <b>(3)</b> <input checked="" type="checkbox"/> Trust <b>(4)</b> <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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2020 AND 2019**

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**YEARS ENDED JUNE 30, 2020 AND 2019**

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# Schultheis & Panettieri LLP

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450 Wireless Boulevard  
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**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, 2020 and 2019, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended June 30, 2020 and 2019, and the related notes to the financial statements.

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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, 2020 and 2019, and the changes in financial status for the years ended June 30, 2020 and 2019 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 51 is presented for purposes of additional analysis and is not a required part of the financial statements. The supplemental information on pages 23 through 46 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, appearing to read "Schullhas & Panellieri LLP".

Hauppauge, New York  
February 23, 2021

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
<b>Assets</b>		
<b>Investments at fair value</b>		
Interest bearing cash	\$ -	\$ 590,000
U.S. government securities	119,341,194	132,967,942
Corporate debt instruments	177,829,821	113,169,108
Corporate stock	881,814	-
Partnership/joint venture interests	64,686,527	27,339,117
Loans (other than participant loans)	-	6,335,102
Common/collective trust funds	294,949,551	286,352,320
103-12 investment entities	55,032,258	95,866,848
Registered investment companies	91,159,297	97,594,391
Municipal bonds	<u>16,374,327</u>	<u>26,024,197</u>
<b>Total investments</b>	820,254,789	786,239,025
<b>Receivables</b>		
Employers' contributions	20,807,000	27,201,000
Accrued interest/dividends	1,859,955	1,863,191
Net trades pending settlement	-	2,717
Prescription subsidies and rebates	10,614,000	7,394,000
<b>Cash</b>	6,523,810	8,759,388
<b>Collateral held under securities lending agreement</b>	-	6,469,190
<b>Other assets</b>	<u>1,287,377</u>	<u>1,510,048</u>
<b>Total assets</b>	<u>861,346,931</u>	<u>839,438,559</u>
<b>Liabilities</b>		
<b>Accounts payable</b>	2,453,181	2,460,409
<b>Related organizations</b>	29,720,729	44,438,819
<b>Net trades pending settlement</b>	21,502,089	-
<b>Contractor surety bonds</b>	3,697,421	3,697,421
<b>Payable under securities lending agreement</b>	<u>-</u>	<u>6,469,190</u>
<b>Total liabilities</b>	<u>57,373,420</u>	<u>57,065,839</u>
<b>Net assets available for benefits</b>	<u>\$ 803,973,511</u>	<u>\$ 782,372,720</u>

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

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

**YEARS ENDED JUNE 30, 2020 AND 2019**

	<u>2020</u>	<u>2019</u>
<b>Additions to net assets attributed to:</b>		
<b>Investment income</b>		
Net appreciation in fair value of investments	\$ 25,822,832	\$ 25,075,976
Interest/dividends	<u>11,358,267</u>	<u>10,682,097</u>
<b>Total investment income</b>	37,181,099	35,758,073
Less investment expenses	<u>(1,594,868)</u>	<u>(1,298,761)</u>
<b>Net investment income</b>	35,586,231	34,459,312
<b>Contributions</b>		
Participants'	4,507,157	4,435,581
Employers'	264,938,373	328,353,651
Employers' - Vacation	127,910,038	156,180,980
<b>Medicare drug subsidy</b>	9,392,243	6,071,449
<b>Other income</b>	<u>269,870</u>	<u>110,203</u>
<b>Total additions</b>	<u>442,603,912</u>	<u>529,611,176</u>
<b>Deductions from net assets attributed to:</b>		
<b>Benefits paid to or for participants</b>		
Health care		
Active participants	188,031,065	206,325,985
Retired participants	65,946,933	61,288,353
Group health insurance premiums	6,706,936	12,253,339
Vacation	147,942,208	155,814,930
Disability	1,294,948	1,687,912
Scholarships	<u>336,000</u>	<u>348,250</u>
<b>Total benefits paid</b>	410,258,090	437,718,769
<b>Administrative expenses</b>	<u>10,745,031</u>	<u>10,649,169</u>
<b>Total deductions</b>	<u>421,003,121</u>	<u>448,367,938</u>
<b>Net increase</b>	21,600,791	81,243,238
<b>Net assets available for benefits</b>		
Beginning of year	<u>782,372,720</u>	<u>701,129,482</u>
End of year	<u>\$ 803,973,511</u>	<u>\$ 782,372,720</u>



**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**STATEMENTS OF PLAN BENEFIT OBLIGATIONS**

**JUNE 30, 2020 AND 2019**

	<u><b>2020</b></u>	<u><b>2019</b></u>
<b>Amounts currently payable</b>		
Claims payable and claims incurred but not reported	\$ 25,700,000	\$ 29,000,000
Vacation benefits payable	<u>18,900,000</u>	<u>38,800,000</u>
	<u>44,600,000</u>	<u>67,800,000</u>
 <b>Postemployment benefit obligations</b>		
Accumulated eligibility credits	<u>150,300,000</u>	<u>162,300,000</u>
 <b>Postretirement benefit obligations, net of amounts currently payable</b>		
Retired participants	1,096,400,000	1,045,700,000
Other participants fully eligible for benefits	929,400,000	652,000,000
Participants not yet fully eligible for benefits	<u>1,320,600,000</u>	<u>1,076,000,000</u>
	<u>3,346,400,000</u>	<u>2,773,700,000</u>
 <b>Plan's total benefit obligations</b>	<u><u>\$ 3,541,300,000</u></u>	<u><u>\$ 3,003,800,000</u></u>

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS**

**YEARS ENDED JUNE 30, 2020 AND 2019**

	<u><b>2020</b></u>	<u><b>2019</b></u>
<b>Amounts currently payable</b>		
Balance at beginning of year	\$ 67,800,000	\$ 65,900,000
Claims reported and approved for payment	387,058,090	439,618,769
Total benefits paid	<u>(410,258,090)</u>	<u>(437,718,769)</u>
<b>Balance at end of year</b>	<u><b>44,600,000</b></u>	<u><b>67,800,000</b></u>
<b>Postemployment benefit obligations</b>		
Balance at beginning of year	162,300,000	161,200,000
Net change during year:		
Accumulated eligibility credits	<u>(12,000,000)</u>	<u>1,100,000</u>
<b>Balance at end of year</b>	<u><b>150,300,000</b></u>	<u><b>162,300,000</b></u>
<b>Postretirement benefit obligations, net of amounts currently payable</b>		
Balance at beginning of year	2,773,700,000	3,901,800,000
Increase (decrease) in postretirement benefits attributed to:		
Changes in actuarial assumptions	462,100,000	(1,414,900,000)
Interest	92,900,000	157,800,000
Expected benefits paid	(84,600,000)	(105,200,000)
Benefits earned	102,300,000	122,800,000
Actuarial loss (gain) experience	<u>-</u>	<u>111,400,000</u>
<b>Balance at end of year</b>	<u><b>3,346,400,000</b></u>	<u><b>2,773,700,000</b></u>
<b>Plan's total benefit obligations at end of year</b>	<u><b>\$ 3,541,300,000</b></u>	<u><b>\$ 3,003,800,000</b></u>

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

### **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, 2020 AND 2019

### 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 are required to pay a monthly contribution to maintain coverage. Total retiree contributions received for the years ended June 30, 2020 and 2019 were approximately \$3,000,000 and \$2,900,000, respectively.

Effective July 1, 2019, if you work in disqualifying employment in any two months on or after July 1, 2019 in the fifteen years before you would otherwise be eligible for retiree coverage, you will be permanently ineligible for retiree coverage.

##### 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.

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

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

#### ***Participants consist of the following classes (cont'd)***

##### 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.

#### ***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.

#### ***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.

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED JUNE 30, 2020 AND 2019

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

##### ***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, 2020 and 2019 were \$11,836,682 and \$12,004,926, respectively.

##### ***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.

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED JUNE 30, 2020 AND 2019

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

##### *Postretirement benefits obligations (cont'd)*

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 2019 valuation assumption changes decreased obligations by \$1,414,900,000, which is the net result of (1) a decrease in obligations due to revising the valuation-year per capita health costs (including a \$0 multi-year Medicare Advantage premium for Medicare retirees) and the future trend on such costs, and (2) an increase in obligations due to lowering the discount rate from 4.10% to 3.40%.

The 2019 valuation also reflects an actuarial experience loss of \$111,400,000 which is the net result of gains and losses due to demographic changes..

The following were other significant assumptions used in the valuation as of June 30, 2020 and 2019:

Discount rate	2020: 2.50% 2019: 3.40%
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	2020: Ranging from 30% to 100% for ages 55 through 71 and over  2019: Ranging from 25% to 100% for ages 55 through 71 and over
Inactives' retirement age	Ranging from 40% to 100% for ages 55 through 65 and over

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED JUNE 30, 2020 AND 2019

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

##### *Postretirement benefits obligations (cont'd)*

Health trend rates - hospital and medical	Pre-65: 8.00% in 2021 graded to 4.50% over 14 years  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	7.75% in 2021 graded to 4.50% over 13 years
Administrative expense increase rate	3.0%

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, 2020 and 2019 were \$50,100,000 and \$44,989,000, 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, 2020 and 2019 by \$661,700,000 and \$504,478,000, 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.



# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED JUNE 30, 2020 AND 2019

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

##### ***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, 2020 and 2019, was \$24,025,416 and \$25,302,872, respectively. The total Medicare subsidy received during the years ended June 30, 2020 and 2019 was \$9,392,243 and \$6,071,449, respectively.

#### **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.

Interest bearing cash: Valued at cost.

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.

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED JUNE 30, 2020 AND 2019

#### Note 2 - Fair value measurements (cont'd)

Loaned securities: 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.

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>
<b>Investments at fair value as determined by quoted market price</b>				
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>			

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED JUNE 30, 2020 AND 2019

#### 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, 2019, with fair value measurements on a recurring basis:

	<u>2019</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<b>Interest bearing cash</b>	\$ 590,000	\$ 590,000	\$ -	\$ -
<b>Investments at fair value as determined by quoted market price</b>				
U.S. government securities	132,967,942	123,881,598	9,086,344	-
Corporate debt instruments	113,169,108	-	113,169,108	-
Loans (other than participant loans)	6,335,102	5,996,000	339,102	-
Registered investment companies	97,594,391	97,594,391	-	-
Municipal bonds	<u>26,024,197</u>	<u>-</u>	<u>26,024,197</u>	<u>-</u>
Total assets in the fair value hierarchy	376,680,740	<u>\$ 228,061,989</u>	<u>\$ 148,618,751</u>	<u>\$ -</u>
Investments measured at net asset value	<u>409,558,285</u>			
Investments at fair value	<u>\$ 786,239,025</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, 2020 AND 2019

#### **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 2020 and 2019 was \$1,648 and \$9,187, respectively.

There were no securities loaned by the Plan as of June 30, 2020. The fair value of securities loaned by the Plan was \$6,335,102 as of June 30, 2019. The fair value of the collateral held by the Plan was \$6,469,190 as of June 30, 2019. 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, 2020 and 2019 was \$28,473,241 and \$27,339,117, 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 process 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, 2020 was \$30,826,494.

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED JUNE 30, 2020 AND 2019

#### **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, 2020 and 2019 was \$39,288,746 and \$41,305,247, 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, 2020 and 2019 was \$71,750,261 and \$66,269,541, 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 the trustee, 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 withdrawal. The estimated fair value of the Plan's investment as of June 30, 2020 and 2019 was \$70,832,466 and \$66,545,397, 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, 2020 and 2019 was \$113,078,078 and \$112,232,135, respectively.

# **NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

## **NOTES TO FINANCIAL STATEMENTS**

### **YEARS ENDED JUNE 30, 2020 AND 2019**

#### **Note 7 - 103-12 Investment entities**

GoldenTree Multi-Sector Fund Offshore ERISA, Ltd. ("GoldenTree"), formerly known as GoldenTree High Yield Value Fund Offshore II, Ltd., is a Cayman Islands exempted limited company. Shareholders have the right, on the last day of each calendar quarter, upon 90 days' prior written notice, to redeem all or any portion of their shares. The Board of Directors of GoldenTree may establish more frequent redemption dates upon prior notification to the shareholders and may require the total redemption of any shareholder who elects to make a partial redemption of shares if, as a result of, or prior to, such redemption the shareholder's holding would be less than \$1,000,000. The Board of Directors of GoldenTree may declare a suspension of the determination of the net asset value, subscription for shares, redemption of shares or payment of any amount to a redeeming shareholder if, in their opinion, a state of affairs exists where the disposal of GoldenTree's assets, or the determination of the net asset value would not be reasonably practicable or would be seriously prejudicial to the GoldenTree's shareholders. The Plan's investment in GoldenTree was fully redeemed in December 2019. The estimated fair value of the Plan's investment as of June 30, 2019 was \$36,267,249.

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, 2020 and 2019 was \$55,032,258 and \$52,905,707, 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.

# **NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

## **NOTES TO FINANCIAL STATEMENTS**

### **YEARS ENDED JUNE 30, 2020 AND 2019**

#### **Note 9 - Risks and uncertainties (cont'd)**

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.

#### **Note 10 - Weekly loss of time benefit**

The Plan self insures the disability benefits for eligible participants who work in New York and New Jersey. The agencies require escrow deposits which are included in other assets. The New York State Department of Labor deposit as of June 30, 2020 and 2019 was \$387,000. The State of New Jersey Department of Labor deposit as of June 30, 2020 and 2019 was \$50,000.

#### **Note 11 - 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, 2020 and 2019 were \$922,045 and \$900,931, 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, 2020 and 2019, the Plan's share of total occupancy expenses was approximately 47%.

#### **Note 12 - Retiree contributions**

Retirees and their dependents are required to pay a monthly premium to maintain coverage. Total retiree contributions received for the years ended June 30, 2020 and 2019, included in the participant contributions on the Statement of Changes in Net Assets Available for Benefits, were \$3,004,972 and \$2,946,346, respectively. Effective September 1, 2014, the monthly rate ranges from \$14 to \$117.

#### **Note 13 - 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.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

**Note 13 - Employers' contributions (cont'd)**

In March 2020, the COVID-19 outbreak in the United States caused business disruption through government mandated closings in the construction industry. This matter has negatively impacted the Plan's employers' contributions income for the year ended June 30, 2020. While the disruption appears to have been temporary, there is uncertainty around additional closings, therefore the financial impact and duration of additional closings cannot be reasonably estimated at this time.

**Note 14 - Contingencies**

There are various lawsuits and claims against the Plan which have arisen in the ordinary course of operations. The Plan has evaluated these claims and has provided potential liabilities which may arise, where appropriate. In the opinion of management, based in part upon advice from counsel, these actions will not have a material adverse effect on the Plan's financial position.

**Note 15 - Benefit obligations compared to net assets available for benefits**

	<u>2020</u>	<u>2019</u>
Net assets available for benefits	\$ 803,973,511	\$ 782,372,720
Plan's total benefit obligations	<u>3,541,300,000</u>	<u>3,003,800,000</u>
Plan's total benefit obligations over net assets available for benefits	<u>\$ (2,737,326,489)</u>	<u>\$ (2,221,427,280)</u>

The Plan's benefit obligations over net assets available for benefits as of June 30, 2020 and 2019 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, 2020 AND 2019**

**Note 16 - 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>2020</u>	<u>2019</u>
Net assets available for benefits per the financial statements	\$ 803,973,511	\$ 782,372,720
Less: claims payable and claims incurred but not reported	<u>44,600,000</u>	<u>67,800,000</u>
Net assets available for benefits as reported on Form 5500	<u>\$ 759,373,511</u>	<u>\$ 714,572,720</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, 2020 AND 2019

### Note 16 - 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)	\$ 35,586,231	\$ 1,594,868	\$ 37,181,099
Contributions	397,355,568	-	397,355,568
Medicare drug subsidy	9,392,243	(9,392,243)	-
Other income	<u>269,870</u>	<u>9,392,243</u>	<u>9,662,113</u>
Total additions	<u>442,603,912</u>	<u>1,594,868</u>	<u>444,198,780</u>
Benefits paid to or for participants	410,258,090	(23,200,000)	387,058,090
Administrative expenses	<u>10,745,031</u>	<u>1,594,868</u>	<u>12,339,899</u>
Total deductions	<u>421,003,121</u>	<u>(21,605,132)</u>	<u>399,397,989</u>
Net increase (decrease)	<u>\$ 21,600,791</u>	<u>\$ 23,200,000</u>	<u>\$ 44,800,791</u>

### Note 17 - 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, 2020**

**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			\$ 1,379,386	\$ 1,379,386
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - INTEREST BEARING CASH			<u>2,982</u>	<u>2,982</u>
			<u>\$ 1,382,368</u>	<u>\$ 1,382,368</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, 2020**

**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  
U.S. GOVERNMENT SECURITIES

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		COST	CURRENT VALUE
RESOLUTION FDG CORP PRIN STRIP	0.00%	07/15/2020	\$ 1,500,000	a	\$ 1,488,854	\$ 1,499,864
U S TREASURY BILL	0.00%	09/10/2020	3,000,000	a	2,948,349	2,948,349
RESOLUTION FDG CORP PRIN STRIP	0.00%	10/15/2020	810,000	a	800,604	809,279
U S TREASURY NOTE	2.00%	01/15/2021	1,000,000		1,004,453	1,009,770
U S TREASURY NOTE	1.38%	01/31/2021	10,610,000		10,590,429	10,682,997
U S TREASURY NOTE	0.22%	01/31/2021	4,000,000		3,997,372	4,002,200
U S TREASURY NOTE	2.50%	01/31/2021	1,256,000		1,267,873	1,272,780
U S TREASURY NOTE	1.38%	05/31/2021	4,690,000		4,667,592	4,741,309
U S TREASURY NOTE	2.13%	05/31/2021	5,000,000		5,040,234	5,089,050
FNMA GTD REMIC P/T 11-M3 A2	3.64%	07/25/2021	325,274		328,485	328,716
FEDERAL FARM CR BK CONS BD	0.39%	11/16/2021	660,000		659,836	661,115
FEDERAL FARM CR BK CONS BD	0.43%	01/18/2022	1,500,000		1,509,471	1,504,020
FNMA GTD REMIC P/T 12-M2 A2	2.72%	02/25/2022	191,826		196,299	196,541
U S TREASURY NOTE	1.75%	09/30/2022	8,425,000		8,722,505	8,723,498
FEDERAL NATL MTG ASSN	1.70%	02/21/2023	780,000		779,883	781,677
FHLMC MULTICLASS MTG KF28 A	0.52%	01/25/2024	108,880		108,905	108,915
FNMA POOL #0303823	3.13%	04/01/2024	500		520	502
FHLMC MULTICLASS MTG KI04 A	0.53%	07/25/2024	648,633		642,552	646,116
FHLMC MULTICLASS MTG KI05 A	0.51%	07/25/2024	653,535		653,535	654,960
U S TREASURY NOTE	2.50%	01/31/2025	4,070,000		4,235,627	4,485,262
US TREAS-CPI INFLAT	0.13%	04/15/2025	1,398,573		1,468,120	1,465,159
FNMA POOL #0395122	3.86%	05/01/2025	814		849	819
FNMA POOL #0342042	3.31%	06/01/2025	287		294	290
FNMA POOL #0303824	3.29%	07/01/2025	231		237	233
U S TREASURY NOTE	2.00%	08/15/2025	5,185,000		5,333,772	5,628,577
GNMA II POOL #0008989	3.13%	10/20/2026	943		953	977
GNMA II POOL #0008991	3.13%	10/20/2026	33,866		34,242	35,114
GNMA II POOL #0080012	3.13%	11/20/2026	1,046		1,065	1,080
GNMA II POOL #0080093	3.25%	07/20/2027	218		218	226
GNMA II POOL #0080120	3.13%	10/20/2027	2,511		2,503	2,610
FNMA GTD REMIC P/T 19-M1 A2	3.55%	09/25/2028	2,025,000		2,212,373	2,371,943
U S TREASURY NOTE	0.63%	05/15/2030	1,569,000		1,566,303	1,564,654
FHLMC POOL #SB-0105	2.50%	10/01/2034	2,015,787		2,031,850	2,111,899
FHLMC POOL #QN-1099	3.00%	12/01/2034	2,236,090		2,299,679	2,355,386
FHLMC POOL #SB-0240	2.50%	01/01/2035	1,578,029		1,603,055	1,653,269
FHLMC POOL #1Q-1363	3.77%	02/01/2036	15,716		16,659	16,555
FHLMC POOL #ZS-9362	4.00%	08/01/2038	1,304,190		1,380,403	1,396,931
FNMA POOL #0AE0193	3.51%	07/01/2040	15,235		16,158	15,872
U S TREASURY BOND	3.63%	08/15/2043	3,000		3,739	4,382
U S TREASURY BOND	3.38%	05/15/2044	9,825,000		12,041,660	13,896,284
FHLMC MULTICLASS MTG 4808 DG	3.50%	09/15/2045	740,708		759,109	768,780
FNMA POOL #0BH2675	3.50%	09/01/2047	1,342,030		1,378,097	1,441,957
FNMA POOL #0BH9139	3.50%	09/01/2047	142,621		146,454	153,280
FNMA POOL #0FM1738	4.00%	01/01/2048	291,010		314,291	328,772
FNMA POOL #0BN6677	4.00%	06/01/2049	2,711,065		2,822,049	2,871,506
FNMA POOL #0CA4372	4.50%	10/01/2049	2,607,105		2,763,532	2,802,769
FHLMC POOL #SD-0119	4.00%	10/01/2049	237,361		257,462	268,168
FHLMC MULTICLASS MTG 4926 BP	3.00%	10/25/2049	675,000		712,969	717,552
FNMA POOL #0CA4558	3.50%	11/01/2049	686,092		734,011	731,203
FHLMC POOL #RA-2569	4.00%	01/01/2050	697,278		746,632	739,358
FNMA POOL #0FM2095	3.00%	01/01/2050	2,153,455		2,187,776	2,284,450
FHLMC POOL #QA-7336	3.00%	02/01/2050	404,263		417,528	432,376
FHLMC POOL #QA-7479	3.00%	03/01/2050	854,845		879,021	904,384
FHLMC POOL #RA-2314	3.50%	03/01/2050	711,177		763,460	760,255
FNMA POOL #0CA5353	3.50%	03/01/2050	712,904		762,251	759,904

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF U.S. GOVERNMENT SECURITIES**

**JUNE 30, 2020**

**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 U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
FNMA POOL #0CA5347	3.50%	03/01/2050	740,736	760,644	796,610
U S TREASURY BOND	1.25%	05/15/2050	1,205,000	1,151,367	1,157,788
COMMIT TO PUR FNMA SF MTG	2.50%	07/01/2050	1,283,000	1,332,115	1,337,528
COMMIT TO PUR FNMA SF MTG	3.00%	07/01/2050	2,450,000	2,569,533	2,580,340
COMMIT TO PUR FNMA SF MTG	3.50%	07/01/2050	3,713,000	3,907,497	3,905,185
COMMIT TO PUR FNMA SF MTG	4.00%	07/01/2050	10,314,000	10,972,974	10,929,849
			\$ 111,112,834	\$ 115,996,282	\$ 119,341,194

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, 2020

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
UNITEDHEALTH GROUP INC	2.70%	07/15/2020	\$ 670,000	\$ 673,474	\$ 670,583
MANUFACTURERS & TRADERS TRUST	2.05%	08/17/2020	500,000	499,215	500,305
BANK OF NEW YORK MELLON CORP/T	2.60%	08/17/2020	110,000	110,561	110,098
GILEAD SCIENCES INC	2.55%	09/01/2020	750,000	753,030	752,708
CATERPILLAR FINANCIAL SERVICES	0.62%	09/04/2020	150,000	150,000	150,077
UNITEDHEALTH GROUP INC	0.35%	10/15/2020	230,000	230,000	230,087
PRUDENTIAL FINANCIAL INC	4.50%	11/15/2020	430,000	443,261	436,570
MERCEDES-BENZ AUTO LEASE A A2	3.01%	02/16/2021	30,827	30,827	30,854
BMW VEHICLE LEASE TRUST 2 1 A2	2.79%	03/22/2021	129,084	129,081	129,379
BMW VEHICLE LEASE TRUST 2 1 A2	2.79%	03/22/2021	39,516	39,631	39,606
GM FINANCIAL AUTOMOBILE 1 A2B	0.43%	04/20/2021	24,982	24,992	24,983
PACCAR FINANCIAL CORP	0.71%	05/10/2021	1,000,000	1,000,000	1,000,110
GENERAL DYNAMICS CORP	0.83%	05/11/2021	390,000	390,000	390,924
FORD CREDIT AUTO OWNER TR A A1	0.27%	05/15/2021	141,094	141,094	141,091
JOHN DEERE CAPITAL CORP	0.72%	06/07/2021	120,000	120,000	120,334
GM FINANCIAL AUTOMOBILE 2 A2A	2.67%	06/21/2021	219,202	219,955	219,947
VOLKSWAGEN AUTO LOAN ENH 1 A2A	2.81%	07/20/2021	1,091	1,091	1,093
CITIBANK NA	0.83%	07/23/2021	250,000	250,000	251,165
WELLS FARGO BANK NA	1.54%	07/23/2021	325,000	325,000	326,160
JOHN DEERE CAPITAL CORP	0.57%	09/10/2021	325,000	325,000	325,309
MERCEDES-BENZ AUTO LEASE B A3	3.21%	09/15/2021	31,458	31,572	31,706
HONDA AUTO RECEIVABLES 20 3 A3	1.79%	09/20/2021	131,258	131,119	131,741
HONDA AUTO RECEIVABLES 20 1 A2	2.75%	09/20/2021	297,549	298,714	299,094
NISSAN AUTO LEASE TRUST B A2B	0.44%	10/15/2021	386,879	386,879	386,771
TOYOTA AUTO RECEIVABLES A A2A	2.83%	10/15/2021	115,725	115,714	116,277
GM FINANCIAL AUTOMOBILE 3 A2B	0.46%	10/20/2021	203,201	203,201	203,083
WELLS FARGO BANK NA	0.77%	10/22/2021	355,000	355,000	356,097
TD AMERITRADE HOLDING CORP	1.12%	11/01/2021	365,000	365,000	364,175
MERCEDES-BENZ AUTO LEASE A A3	3.10%	11/15/2021	83,000	83,383	83,804
MERCEDES-BENZ AUTO LEASE B A2	2.01%	12/15/2021	338,869	338,851	340,506
HYUNDAI AUTO RECEIVABLES A A2	2.67%	12/15/2021	144,565	144,565	145,347
WORLD OMNI AUTO RECEIVABL C A2	2.80%	01/18/2022	15,094	15,093	15,108
AMERICREDIT AUTOMOBILE R 3 A2A	3.11%	01/18/2022	4,187	4,187	4,193
CAPITAL AUTO RECEIVA 1 A3 144A	2.79%	01/20/2022	143,693	144,069	144,258
NATIONAL RURAL UTILITIES COOPE	1.75%	01/21/2022	715,000	714,371	730,437
US BANK NA/CINCINNATI OH	1.80%	01/21/2022	385,000	384,865	392,896
SANTANDER DRIVE AUTO REC 3 A2B	0.50%	02/15/2022	247,789	247,789	247,759
CARMAX AUTO OWNER TRUST 4 A2A	3.11%	02/15/2022	98,745	98,744	99,121
CHEVRON CORP	0.82%	03/03/2022	750,000	754,073	752,648
MERCEDES-BENZ AUTO LEASE A A2	1.82%	03/15/2022	420,000	419,983	422,302
ALLY AUTO RECEIVABLES TRU 1 A2	2.85%	03/15/2022	77,710	77,709	77,956
VOLKSWAGEN AUTO LEASE TR A A2A	2.00%	03/21/2022	214,448	214,430	216,195
GM FINANCIAL AUTOMOBILE L 2 A3	2.67%	03/21/2022	105,000	105,857	106,373
TOYOTA AUTO RECEIVABLES C A2B	0.37%	04/15/2022	440,011	440,011	440,059
HONDA AUTO RECEIVABLES 20 3 A2	1.90%	04/15/2022	565,066	565,027	569,011
PEPSICO INC	0.92%	05/02/2022	230,000	230,000	230,635
INTEL CORP	0.80%	05/11/2022	180,000	180,000	180,455
APPLE INC	0.80%	05/11/2022	185,000	185,000	185,833
CATERPILLAR FINANCIAL SERVICES	1.13%	05/13/2022	380,000	380,000	383,238
HARLEY-DAVIDSON MOTORCYCL A A2	2.37%	05/15/2022	369,942	369,938	371,733
NISSAN AUTO LEASE TRUST A A2A	1.80%	05/16/2022	350,000	349,981	352,706
FIFTH THIRD AUTO TRUST 2 1 A2A	2.66%	05/16/2022	212,777	212,765	213,962
CNH EQUIPMENT TRUST 2019- A A2	2.96%	05/16/2022	123,398	123,388	124,078
FIFTH THIRD AUTO TRUST 2 1 A2A	2.66%	05/16/2022	260,953	261,890	262,406

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2020

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
MANUFACTURERS & TRADERS TRUST	1.00%	05/18/2022	250,000	250,000	251,205
BMW VEHICLE OWNER TRUST 2 A A2	2.05%	05/25/2022	261,372	261,117	263,105
WELLS FARGO BANK NA	0.99%	05/27/2022	375,000	375,000	375,870
ALLY AUTO RECEIVABLES TRU 1 A3	2.35%	06/15/2022	682,691	687,011	687,190
TCF AUTO RECEIVABL PT1A A 144A	1.93%	06/15/2022	118,459	118,315	118,682
JOHN DEERE CAPITAL CORP	0.55%	07/05/2022	165,000	164,965	165,472
WORLD OMNI AUTOMOBILE LE B A2B	0.43%	07/15/2022	430,299	430,299	430,062
TOYOTA AUTO RECEIVABLES 2 D A2	1.92%	07/15/2022	688,733	688,682	694,650
HYUNDAI AUTO RECEIVABLES B A2	1.93%	07/15/2022	265,035	265,018	266,911
CARMAX AUTO OWNER TRUST 1 A2A	3.02%	07/15/2022	192,867	192,854	193,912
ALLY MASTER OWNER TRUST 3 A	0.50%	07/15/2022	74,000	72,034	73,990
FORD CREDIT AUTO OWNER T C A2A	1.88%	07/15/2022	451,929	450,729	454,903
HYUNDAI AUTO RECEIVABLES B A2	1.93%	07/15/2022	556,573	556,352	560,513
FORD CREDIT FLOORPLAN MAST 5 A	2.39%	08/15/2022	204,000	204,558	204,375
AMERICREDIT AUTOMOBILE REC 3 D	2.71%	09/08/2022	764,000	768,298	772,534
DRIVE AUTO RECEIVABLES T 3 A2B	0.55%	09/15/2022	29,814	29,832	29,816
NISSAN AUTO RECEIVABLES B A2A	0.47%	10/17/2022	340,000	339,990	340,041
ALLY AUTO RECEIVABLES TRU 4 A2	1.93%	10/17/2022	262,923	262,900	264,325
NEXTGEAR FLOORPLAN 2A A2 144A	2.56%	10/17/2022	510,000	512,211	511,938
GM FINANCIAL AUTOMOBILE 2 A2A	0.71%	10/20/2022	160,000	159,990	160,091
HONDA AUTO RECEIVABLES 20 2 A2	0.74%	11/15/2022	250,000	249,981	250,755
TOYOTA AUTO RECEIVABLES 2 B A2	1.38%	12/15/2022	290,000	289,978	292,482
DRIVE AUTO RECEIVABLES TR 1 A2	1.99%	12/15/2022	165,834	165,829	166,555
CARMAX AUTO OWNER TRUST 3 A2A	2.21%	12/15/2022	79,867	79,848	80,509
FIRST INVESTORS AUT 2A A1 144A	3.23%	12/15/2022	55,695	55,884	55,897
SANTANDER DRIVE AUTO RECEI 3 C	2.76%	12/15/2022	308,551	309,469	309,853
VOLKSWAGEN AUTO LOAN ENH 1 A2A	0.93%	12/20/2022	450,000	449,987	451,724
GM FINANCIAL CONSUMER AUT 1 A2	1.83%	01/17/2023	189,143	189,135	190,666
HARLEY-DAVIDSON MOTORCYC A A2A	1.83%	01/17/2023	750,000	750,263	754,523
FORD CREDIT AUTO OWNER TR B A2	0.50%	02/15/2023	340,000	339,985	340,109
WORLD OMNI AUTO RECEIVAB C A2A	1.96%	02/15/2023	877,035	877,006	884,411
WESTLAKE AUTOMOBILE 3A A2 144A	2.15%	02/15/2023	490,346	490,319	493,533
PNC BANK NA	0.68%	02/24/2023	280,000	280,000	279,717
PNC BANK NA	1.74%	02/24/2023	250,000	250,000	254,178
TRUIST BANK	0.90%	03/09/2023	250,000	250,000	248,318
MERCEDES-BENZ AUTO RECEIV 1 A2	0.46%	03/15/2023	290,000	289,995	290,125
CHASE ISSUANCE TRUST A2 A2	2.77%	03/15/2023	750,000	763,799	762,810
DRIVE AUTO RECEIVABLES TRU 1 C	3.22%	03/15/2023	31,084	31,179	31,122
GM FINANCIAL CONSUMER AU 2 A2A	1.50%	03/16/2023	90,000	89,996	90,739
AMERICREDIT AUTOMOBILE R 1 A2A	1.10%	03/20/2023	510,000	509,994	511,535
CARMAX AUTO OWNER TRUST 2 1 A2	1.87%	04/17/2023	250,000	249,983	252,828
BARCLAYS DRYROCK ISSUANCE 2 A	0.48%	05/15/2023	485,000	485,644	485,000
ALLY AUTO RECEIVABLES TRUS 1 B	2.66%	05/15/2023	85,000	85,691	86,536
AMERICAN EXPRESS CREDIT AC 6 A	2.04%	05/15/2023	250,000	250,244	251,203
GM FINANCIAL CONSUMER AUT 3 A3	3.02%	05/16/2023	282,273	286,155	288,368
WORLD OMNI AUTO RECEIVAB A A2B	0.46%	06/15/2023	650,000	650,000	650,735
AMERICREDIT AUTOMOBILE REC 3 B	2.24%	06/19/2023	600,000	601,195	603,228
CNH EQUIPMENT TRUST 2020- A A2	1.08%	07/17/2023	160,000	159,991	160,381
CAPITAL ONE MULTI-ASSET A4 A4	1.99%	07/17/2023	350,000	351,313	351,148
SANTANDER DRIVE AUTO RECEI 3 C	3.51%	08/15/2023	675,000	683,596	683,978
TRILLIUM CREDIT CARD 2A A 144A	0.52%	09/26/2023	105,000	101,173	104,987
PRESTIGE AUTO RECEIV 1A D 144A	3.61%	10/16/2023	185,000	187,818	188,199
CAPITAL AUTO RECEIVAB 2 B 144A	3.48%	10/20/2023	465,000	472,120	472,919
ENTERPRISE FLEET FIN 1 A2 144A	2.87%	10/20/2023	168,180	168,968	169,300

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2020

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
CPS AUTO RECEIVABLES D B 144A	2.35%	11/15/2023	257,000	256,984	259,241
DISCOVER CARD EXECUTION N A2 A	0.44%	12/15/2023	390,000	390,000	390,503
EXETER AUTOMOBILE RE 4A B 144A	2.30%	12/15/2023	255,000	254,956	257,351
AVID AUTOMOBILE RECEI 1 A 144A	2.62%	02/15/2024	343,827	343,818	347,121
NEXTGEAR FLOORPLAN 1A A2 144A	3.21%	02/15/2024	638,000	632,517	643,940
RESIDENTIAL MORTGAGE 1 A1 144A	2.38%	02/25/2024	95,425	95,425	96,618
WESTLAKE AUTOMOBILE 1A C 144A	3.45%	03/15/2024	100,000	101,438	102,500
HYUNDAI FLOORPLAN MAS 1 A 144A	2.68%	04/15/2024	200,000	197,516	202,408
DRIVE AUTO RECEIVABL AA D 144A	4.16%	05/15/2024	460,979	467,677	467,137
SCF EQUIPMENT LEASI 2A A1 144A	2.22%	06/20/2024	349,892	349,863	351,515
SANTANDER DRIVE AUTO RECEI 4 C	3.56%	07/15/2024	758,000	769,252	771,606
CPS AUTO RECEIVABLES D C 144A	2.54%	08/15/2024	257,000	256,984	259,328
GM FINANCIAL CONSUMER AUTO 1 B	3.37%	08/16/2024	673,000	695,030	708,299
FIRST INVESTORS AUTO 2A A 144A	2.21%	09/16/2024	360,939	360,927	365,595
WESTLAKE AUTOMOBILE 3A C 144A	2.49%	10/15/2024	256,000	255,951	258,373
WESTLAKE AUTOMOBILE 3A B 144A	2.41%	10/15/2024	256,000	255,996	259,318
SCF EQUIPMENT LEASI 1A A2 144A	3.23%	10/20/2024	100,000	95,578	99,364
CAPITAL ONE PRIME AUTO RE 2 A4	1.96%	02/18/2025	404,000	404,284	417,776
FIRST INVESTORS AUTO 1A B 144A	3.02%	03/17/2025	539,000	548,306	552,243
AMERIPRISE FINANCIAL INC	3.00%	04/02/2025	115,000	114,514	124,821
WESTLAKE AUTOMOBILE 1A C 144A	2.52%	04/15/2025	250,000	249,968	253,398
KOOKMIN BANK 144A	1.75%	05/04/2025	200,000	198,840	204,362
CARMAX AUTO OWNER TRUST 20 4 B	2.32%	07/15/2025	512,000	511,828	522,511
BOWMAN PARK CLO LTD 1A AR 144A	1.54%	11/23/2025	154,951	154,951	154,151
FIRST INVESTORS AUTO 2A C 144A	2.71%	12/15/2025	256,000	255,995	260,378
EQUINOR ASA	1.75%	01/22/2026	67,000	66,731	68,628
SCF EQUIPMENT LEASI 2A A2 144A	2.47%	04/20/2026	500,000	499,897	502,365
QATAR GOVERNMENT INTERNAT 144A	3.25%	06/02/2026	850,000	904,950	921,791
WORLD FINANCIAL NETWORK CR C A	2.21%	07/15/2026	184,000	175,519	187,666
GREENKO SOLAR MAURITIUS L 144A	5.95%	07/29/2026	200,000	205,250	196,954
SCF EQUIPMENT LEASIN 2A B 144A	2.76%	08/20/2026	234,000	233,972	226,596
SCF EQUIPMENT LEASIN 2A C 144A	3.11%	06/21/2027	170,000	169,994	151,276
HALCYON LOAN ADVISO 2A BR 144A	1.89%	07/25/2027	300,000	298,500	291,770
JAMESTOWN CLO VII L 7A CR 144A	2.84%	07/25/2027	250,000	241,875	229,686
BANCO DE CREDITO E INVERS 144A	3.50%	10/12/2027	200,000	209,580	210,280
DRYDEN XXV SENIOR 25A BRR 144A	1.63%	10/15/2027	310,000	304,544	299,158
TENCENT HOLDINGS LTD 144A	3.60%	01/19/2028	400,000	425,870	435,988
CAPITAL ONE MULTI-ASSET A3 A3	2.06%	08/15/2028	198,000	199,980	211,143
JAMESTOWN CLO IX 9A A1AR 144A	1.44%	10/20/2028	400,000	399,520	394,200
SALEM FIELDS CLO L 2A A1R 144A	1.39%	10/25/2028	250,000	237,584	245,838
OZLM FUNDING III 3A A2AR 144A	2.21%	01/22/2029	250,000	250,000	244,843
TCW CLO 2019-1 AMR L 1A A 144A	1.46%	02/15/2029	250,000	245,000	246,014
ADVENTIST HEALTH SYSTEM/WEST	2.95%	03/01/2029	65,000	64,369	67,135
THL CREDIT WIND RIV 1A AR 144A	1.41%	04/18/2029	316,917	309,565	310,576
BENEFIT STREET P IIIA A2R 144A	2.07%	07/20/2029	250,000	248,050	242,612
CHESAPEAKE FUNDING 3A A1 144A	1.91%	08/15/2029	146,161	145,896	146,665
ABU DHABI GOVERNMENT INTE 144A	2.50%	09/30/2029	200,000	206,800	209,500
AOA 2015-1177 MORT 1177 A 144A	2.96%	12/13/2029	275,000	276,987	276,716
ATRIUM IX 9A AR 144A	1.61%	05/28/2030	500,000	500,000	491,265
SAUDI GOVERNMENT INTERNAT 144A	3.25%	10/22/2030	275,000	287,100	294,806
ONEMAIN FINANCIAL IS 1A A 144A	3.48%	02/14/2031	140,000	141,400	142,377
MORGAN STANLEY CAP MART A 144A	2.20%	09/13/2031	275,000	274,609	273,917
HILTON GRAND VACATIO AA A 144A	3.54%	02/25/2032	766,000	791,374	780,270
GS MORTGAGE SECURIT SMP B 144A	1.67%	08/15/2032	600,000	600,000	570,078



# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2020

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
JP MORGAN CHASE C WPT BFL 144A	1.41%	07/05/2033	308,853	308,853	291,925
DBWF MORTGAGE TRUS LCM A2 144A	3.42%	06/10/2034	260,000	270,298	252,434
HUDSONS BAY SIMO HB10 A10 144A	4.15%	08/05/2034	127,261	132,734	105,541
TRTX 2019-FL3 ISSUE FL3 C 144A	2.28%	10/15/2034	256,500	256,500	239,847
BELLA VISTA MORTGAGE TRUS 1 3A	3.43%	02/22/2035	32,372	32,294	30,793
CITIGROUP COMMERCIAL 375P C 144A	3.52%	05/10/2035	180,793	184,479	181,164
BSPRT 2018-FL4 ISSU FL4 A 144A	1.22%	09/15/2035	161,500	161,500	158,472
BX COMMERCIAL MORTGA XL B 144A	1.25%	10/15/2036	95,540	95,540	93,866
BX COMMERCIAL MORTGA XL E 144A	1.97%	10/15/2036	238,850	238,850	231,078
FONTAINEBLEAU MIAM FBLU A 144A	3.14%	12/10/2036	250,000	257,500	251,055
FONTAINEBLEAU MIAM FBLU B 144A	3.45%	12/10/2036	250,000	257,498	242,108
GREAT WOLF TRUST 2 WOLF A 144A	1.21%	12/15/2036	290,000	289,275	278,496
AMSR 2020-SFR1 TRU SFR1 A 144A	1.82%	04/17/2037	800,000	799,971	808,648
CSMC 2014-USA OA L USA A2 144A	3.95%	09/15/2037	268,000	285,912	261,563
DOMINION ENERGY SOUTH CAROLINA	6.05%	01/15/2038	75,000	102,344	108,955
UNITEDHEALTH GROUP INC	3.50%	08/15/2039	216,000	246,417	251,171
SOFI PROFESSIONAL L E A2A 144A	1.86%	11/26/2040	38,251	38,201	38,272
BX TRUST 2019-OC11 OC11 A 144A	3.20%	12/09/2041	227,000	233,798	236,480
TRITON CONTAINER FIN 2A A 144A	4.19%	06/22/2043	280,000	282,691	280,084
TEACHERS INSURANCE & ANNU 144A	4.90%	09/15/2044	200,000	248,068	256,966
WELLS FARGO COMMERCIAL LC12 B	4.28%	07/15/2046	10,000	10,325	9,044
COMM 2014-UBS3 MORTGAG UBS3 A3	3.55%	06/10/2047	210,066	219,831	224,245
COMM 2014-UBS4 MOR UBS4 D 144A	4.71%	08/10/2047	525,000	484,157	269,183
ANGEL OAK MORTGAGE T 4 A1 144A	2.99%	07/26/2049	179,281	178,599	180,753
COMM 2016-COR1 MORTGAG COR1 AM	3.49%	10/10/2049	52,000	54,052	54,470
ADVOCATE HEALTH & HOSPITALS CO	3.39%	10/15/2049	114,000	115,425	125,506
CSAIL 2016-C7 COMMERC C7 D 144A	4.39%	11/15/2049	300,000	265,324	192,255
JPMDB COMMERCIAL MORTGAG C4 A3	3.14%	12/15/2049	1,600,000	1,662,875	1,741,280
CSMC 2020-AFC1 TR AFC1 A1 144A	2.24%	02/25/2050	142,314	142,314	144,498
STARWOOD MORTGAGE RE 1 A1 144A	2.28%	02/25/2050	90,034	90,033	90,784
AMAZON.COM INC	2.50%	06/03/2050	148,000	146,486	151,940
WELLS FARGO COMMERCIAL C41 AS	3.79%	11/15/2050	290,463	309,051	310,473
BENCHMARK 2019-B11 MORT B11 A5	3.54%	05/15/2052	3,025,000	3,288,388	3,471,339
CSAIL 2019-C18 COMMERC C18 AS	3.32%	12/15/2052	122,455	126,128	131,847
WELLS FARGO COMMERC NXS5 E 144A	4.97%	01/15/2059	216,000	216,380	145,722
DEEPHAVEN RESIDENTI 3A A1 144A	2.96%	07/25/2059	190,679	189,845	193,566
DEEPHAVEN RESIDENTI 4A A1 144A	2.79%	10/25/2059	123,735	122,807	125,030
PEPPERDINE UNIVERSITY	3.30%	12/01/2059	52,000	52,000	53,404
ANGEL OAK MORTGAGE T 1 A1 144A	2.47%	12/25/2059	62,649	62,648	63,104
DEEPHAVEN RESIDENTIA 1 A1 144A	2.34%	01/25/2060	89,858	89,857	90,819
GCA 2019-NQM2 TR NQM1 A1 144A	2.25%	01/25/2060	94,123	94,121	94,939
VERUS SECURITIZATION 1 A1 144A	2.42%	01/25/2060	210,650	209,077	213,544
			<u>\$ 62,361,134</u>	<u>\$ 63,012,033</u>	<u>\$ 63,017,935</u>

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER**

**JUNE 30, 2020**

**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	COST	CURRENT VALUE
			MATURITY VALUE - a		
YALE UNIVERSITY DISC	0.00%	08/04/2020	\$ 750,000 a	\$ 747,532	\$ 747,532
GENERAL MOTORS CO	1.27%	08/07/2020	110,000	110,000	109,974
HUNTINGTON NATIONAL BANK/THE	2.88%	08/20/2020	750,000	753,960	751,403
COMCAST CORP	0.63%	10/01/2020	310,000	310,000	310,239
CONAGRA BRANDS INC	0.77%	10/09/2020	235,000	235,000	235,132
BANK OF AMERICA CORP	2.63%	10/19/2020	390,000	391,558	392,652
CITIGROUP INC	2.65%	10/26/2020	225,000	220,936	226,571
FIFTH THIRD BANK NA	0.52%	10/30/2020	200,000	200,000	200,116
GENERAL MOTORS FINANCIAL CO IN	1.04%	11/06/2020	200,000	200,000	199,204
EXPRESS SCRIPTS HOLDING CO	1.11%	11/30/2020	260,000	260,000	260,018
SEMPRA ENERGY	0.78%	01/15/2021	95,000	95,000	95,016
ESKOM HOLDINGS SOC LTD 144A	5.75%	01/26/2021	200,000	202,888	190,260
TRUIST FINANCIAL CORP	0.91%	02/01/2021	235,000	235,000	235,153
OCCIDENTAL PETROLEUM CORP	1.40%	02/08/2021	60,000	60,000	59,112
FORD CREDIT AUTO LEASE TR A A1	1.73%	02/15/2021	231,753	231,753	232,142
WORLD OMNI AUTO RECEIVABL A A1	1.64%	02/16/2021	252,662	252,662	252,892
CAPITAL ONE PRIME AUTO RE 1 A1	1.64%	02/16/2021	216,464	216,464	216,464
GM FINANCIAL AUTOMOBILE L 1 A1	1.63%	02/22/2021	236,802	236,802	237,202
MARRIOTT INTERNATIONAL INC/MD	0.97%	03/08/2021	100,000	100,000	99,039
CVS HEALTH CORP	1.03%	03/09/2021	85,000	85,000	85,323
UNITED PARCEL SERVICE INC	2.05%	04/01/2021	375,000	380,021	379,838
NISSAN AUTO RECEIVABLES 2 A A1	0.98%	04/15/2021	208,557	208,557	208,557
CARMAX AUTO OWNER TRUST 2 2 A1	1.25%	05/17/2021	144,079	144,079	144,308
AMERICAN EXPRESS CO	0.91%	05/17/2021	220,000	220,000	220,561
JPMORGAN CHASE & CO	2.40%	06/07/2021	750,000	762,878	762,788
DRIVE AUTO RECEIVABLES TR 2 A1	0.32%	06/15/2021	230,000	230,000	230,000
SPIRIT AEROSYSTEMS INC	1.11%	06/15/2021	130,000	130,000	121,074
CONSOLIDATED EDISON CO OF NEW	0.70%	06/25/2021	320,000	320,000	320,653
WORLD OMNI AUTOMOBILE LEA A A3	2.83%	07/15/2021	161,977	162,660	162,274
FIFTH THIRD BANK NA	0.68%	07/26/2021	345,000	345,000	345,700
GOLDMAN SACHS GROUP INC/THE	5.25%	07/27/2021	350,000	349,745	367,504
GOLDMAN SACHS GROUP INC/THE	5.25%	07/27/2021	200,000	209,920	210,002
REGIONS BANK/BIRMINGHAM AL	0.93%	08/13/2021	250,000	250,000	249,960
OCCIDENTAL PETROLEUM CORP	1.68%	08/13/2021	40,000	40,000	38,213
DOMINION ENERGY INC	2.72%	08/15/2021	90,000	90,022	91,978
NEXTERA ENERGY CAPITAL HOLDING	0.92%	08/28/2021	280,000	280,000	280,098
MPLX LP	1.21%	09/09/2021	140,000	140,000	138,890
CIGNA CORP	0.95%	09/17/2021	99,000	94,859	99,005
BANK OF AMERICA CORP	0.95%	10/01/2021	290,000	290,000	290,226
HEWLETT PACKARD ENTERPRISE CO	1.02%	10/05/2021	225,000	225,000	224,564
MCDONALD'S CORP	0.68%	10/28/2021	500,000	501,330	501,115
GOLDMAN SACHS GROUP INC/THE	1.56%	11/15/2021	250,000	250,000	250,748
WORLD OMNI AUTOMOBILE LEA A A2	2.89%	11/15/2021	142,822	143,603	143,776
DUKE ENERGY FLORIDA LLC	0.61%	11/26/2021	205,000	205,000	204,893
MORGAN STANLEY	1.45%	01/20/2022	195,000	195,000	195,801
WELLS FARGO & CO	1.38%	02/11/2022	71,000	71,346	71,215
SUNAC CHINA HOLDINGS LTD REGS	7.88%	02/15/2022	200,000	209,500	205,246
AMERICAN EXPRESS CREDIT CORP	1.04%	03/03/2022	145,000	145,000	145,576
CAPITAL ONE FINANCIAL CORP	1.26%	03/09/2022	175,000	175,000	174,760
VERIZON COMMUNICATIONS INC	1.32%	03/16/2022	110,000	110,000	111,478
APACHE CORP	3.25%	04/15/2022	123,000	119,310	119,022
CITIGROUP INC	1.20%	04/25/2022	175,000	175,000	175,963
STARBUCKS CORP	1.30%	05/07/2022	40,000	39,972	40,559
MORGAN STANLEY	2.75%	05/19/2022	400,000	386,000	415,860
AMERICAN EXPRESS CO	1.00%	05/20/2022	380,000	380,000	380,646

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

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**JUNE 30, 2020**

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**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
TURKIYE VAKIFLAR BANKASI 144A	5.63%	05/30/2022	200,000	199,000	197,778
BECTON DICKINSON AND CO	2.89%	06/06/2022	245,000	241,124	253,717
MORGAN STANLEY	0.94%	06/10/2022	360,000	360,000	359,975
BANK OF AMERICA CORP	0.95%	06/25/2022	330,000	330,000	330,228
GENERAL MOTORS FINANCIAL CO IN	1.62%	06/30/2022	245,000	245,000	240,039
MONDELEZ INTERNATIONAL INC	0.63%	07/01/2022	90,000	89,987	89,987
CONSOLIDATED COMMUNICATIONS IN	6.50%	10/01/2022	122,000	119,865	112,216
KAISA GROUP HOLDINGS LTD 144A	11.95%	10/22/2022	200,000	212,750	207,750
CITIGROUP INC	1.55%	11/04/2022	470,000	470,000	468,134
WORLD OMNI AUTO RECEIVABL A A2	1.71%	11/15/2022	460,000	459,978	464,559
BANK OF AMERICA CORP	3.30%	01/11/2023	2,125,000	2,196,740	2,267,970
KINDER MORGAN INC	1.56%	01/15/2023	115,000	115,000	114,969
COUNTRY GARDEN HOLDINGS C REGS	4.75%	01/17/2023	200,000	202,000	203,000
MORGAN STANLEY	0.77%	01/20/2023	380,000	380,000	378,712
GOLDMAN SACHS GROUP INC/THE	1.11%	02/23/2023	157,000	147,126	156,246
GENERAL ELECTRIC CO	1.31%	03/15/2023	183,000	161,025	178,681
CARNIVAL CORP 144A	11.50%	04/01/2023	199,000	197,010	215,915
RITE AID CORP 144A	6.13%	04/01/2023	126,000	114,345	122,535
FOURSIGHT CAPITAL AUT 1 B 144A	3.53%	04/17/2023	100,000	101,066	101,766
MICRON TECHNOLOGY INC	2.50%	04/24/2023	67,000	67,000	69,630
VOLKSWAGEN GROUP OF AMERI 144A	3.13%	05/12/2023	200,000	199,904	210,348
AHERN RENTALS INC 144A	7.38%	05/15/2023	60,000	50,437	28,800
TENET HEALTHCARE CORP	6.75%	06/15/2023	110,000	117,973	109,175
NIGERIA GOVERNMENT INTERN 144A	6.38%	07/12/2023	200,000	209,030	203,080
WPX ENERGY INC	8.25%	08/01/2023	20,000	14,350	22,200
ROPER TECHNOLOGIES INC	3.65%	09/15/2023	107,000	109,957	116,346
YUZHOU GROUP HOLDINGS CO REGS	6.00%	10/25/2023	200,000	198,250	192,733
EGYPT GOVERNMENT INTERNAT 144A	4.55%	11/20/2023	200,000	206,200	197,684
DANSKE BANK A/S 144A	5.38%	01/12/2024	200,000	219,262	222,564
PARK AEROSPACE HOLDINGS L 144A	5.50%	02/15/2024	250,000	273,245	228,710
CLEAR CHANNEL WORLDWIDE HOLDIN	9.25%	02/15/2024	63,000	64,418	58,439
GOLDMAN SACHS GROUP INC/THE	4.00%	03/03/2024	2,150,000	2,286,138	2,377,040
DRIVE AUTO RECEIVABL CA D 144A	4.18%	03/15/2024	31,748	32,207	32,193
AVIS BUDGET RENTAL C 2A A 144A	2.97%	03/20/2024	1,600,000	1,647,000	1,605,056
MEG ENERGY CORP 144A	7.00%	03/31/2024	104,000	98,741	89,180
AMC NETWORKS INC	5.00%	04/01/2024	83,000	81,678	82,170
SAUDI ARABIAN OIL CO 144A	2.88%	04/16/2024	200,000	203,028	207,868
SURA ASSET MANAGEMENT SA 144A	4.88%	04/17/2024	100,000	108,250	106,471
AVOLON HOLDINGS FUNDING L 144A	5.25%	05/15/2024	225,000	243,970	205,434
UBS AG REGS	5.13%	05/15/2024	900,000	975,417	974,722
PERIMETER MASTER NOT 2A A 144A	4.23%	05/15/2024	117,000	116,981	118,044
MPH ACQUISITION HOLDINGS 144A	7.13%	06/01/2024	121,000	118,278	112,530
CONTINENTAL RESOURCES INC/OK	3.80%	06/01/2024	224,000	160,020	209,444
KAISA GROUP HOLDINGS LTD REGS	9.38%	06/30/2024	200,000	198,500	182,978
DAVITA INC	5.13%	07/15/2024	450,000	462,150	457,875
HAT HOLDINGS I LLC / HAT 144A	5.25%	07/15/2024	115,000	116,395	117,300
CITGO HOLDING INC 144A	9.25%	08/01/2024	119,000	120,330	118,405
WPX ENERGY INC	5.25%	09/15/2024	136,000	128,685	133,960
GLOBAL AIRCRAFT LEASING C 144A	6.50%	09/15/2024	146,000	146,545	97,820
DRIVE AUTO RECEIVABLES TRU 3 D	4.30%	09/16/2024	439,000	451,319	451,814
FRESENIUS MEDICAL CARE US 144A	4.75%	10/15/2024	50,000	54,476	54,130
MOHEGAN GAMING & ENTERTAI 144A	7.88%	10/15/2024	68,000	69,437	56,440
DISCOVER CARD EXECUTION N A3 A	1.89%	10/15/2024	697,000	696,850	720,252
TRANSOCEAN PHOENIX 2 LTD 144A	7.75%	10/15/2024	120,900	120,130	113,331
LAMB WESTON HOLDINGS INC 144A	4.63%	11/01/2024	450,000	473,625	466,875

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER**

**JUNE 30, 2020**

**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
LIVE NATION ENTERTAINMENT 144A	4.88%	11/01/2024	123,000	120,988	110,700
WARRIOR MET COAL INC 144A	8.00%	11/01/2024	100,000	102,490	97,500
FIBRIA OVERSEAS FINANCE LTD	4.00%	01/14/2025	80,000	82,200	82,321
LAREDO PETROLEUM INC	9.50%	01/15/2025	206,000	206,000	142,398
BANCO DO BRASIL SA/CAYMAN 144A	4.63%	01/15/2025	200,000	211,750	207,000
AERCAP IRELAND CAPITAL DAC / A	3.50%	01/15/2025	300,000	308,859	281,778
EQT CORP	6.13%	02/01/2025	117,000	123,435	116,593
HILTON WORLDWIDE FINANCE LLC /	4.63%	04/01/2025	450,000	461,250	439,970
YUM! BRANDS INC 144A	7.75%	04/01/2025	41,000	41,000	44,229
LIFEPOINT HEALTH INC 144A	6.75%	04/15/2025	110,000	112,365	113,575
CHOBANI LLC / CHOBANI FIN 144A	7.50%	04/15/2025	120,000	114,779	115,800
AIRXCEL 4/18 COV-LITE TL	0.00%	04/25/2025	82,318	78,408	73,510
CITIGROUP INC	3.30%	04/27/2025	2,575,000	2,699,114	2,827,814
NAVISTAR INTERNATIONAL CO 144A	9.50%	05/01/2025	108,000	117,270	115,727
QUICKEN LOANS LLC 144A	5.75%	05/01/2025	117,000	116,299	119,608
XPO LOGISTICS INC 144A	6.25%	05/01/2025	227,000	233,100	237,783
HUNTINGTON INGALLS INDUST 144A	3.84%	05/01/2025	281,000	289,309	305,118
BOEING CO/THE	4.88%	05/01/2025	305,000	305,000	332,389
DELTA AIR LINES INC 144A	7.00%	05/01/2025	239,000	239,000	246,713
GAP INC/THE 144A	8.63%	05/15/2025	112,000	117,880	118,580
VAIL RESORTS INC 144A	6.25%	05/15/2025	93,000	98,115	97,301
WILLIAM CARTER CO/THE 144A	5.50%	05/15/2025	114,000	116,960	117,563
BOSTON SCIENTIFIC CORP	3.85%	05/15/2025	285,000	291,581	320,522
GOLDMAN SACHS GROUP INC/THE	3.75%	05/22/2025	450,000	487,692	498,591
DIAMONDBACK ENERGY INC	4.75%	05/31/2025	55,000	55,451	58,852
PETSMART INC 144A	5.88%	06/01/2025	281,000	282,043	281,528
ROYAL CARIBBEAN CRUISES L 144A	11.50%	06/01/2025	68,000	65,960	70,955
EXELON GENERATION CO LLC	3.25%	06/01/2025	269,000	269,637	290,439
PETSMART INC 144A	8.88%	06/01/2025	116,000	119,088	116,285
IRB HOLDING CORP 144A	7.00%	06/15/2025	114,000	118,633	117,500
NETFLIX INC 144A	3.63%	06/15/2025	50,000	50,000	50,375
NAVIENT CORP	6.75%	06/25/2025	216,000	224,733	206,010
BRAND INDUSTRIAL SERVICES 144A	8.50%	07/15/2025	151,000	148,471	135,900
AMC NETWORKS INC	4.75%	08/01/2025	100,000	102,994	98,520
TENET HEALTHCARE CORP	7.00%	08/01/2025	177,000	185,629	172,637
TESLA INC 144A	5.30%	08/15/2025	114,000	103,080	114,000
BAXTER INTERNATIONAL INC 144A	3.75%	10/01/2025	107,000	106,846	121,908
CLEARWAY ENERGY OPERATING LLC	5.75%	10/15/2025	112,000	117,684	115,640
ACRISURE LLC / ACRISURE F 144A	7.00%	11/15/2025	183,000	180,713	174,994
SALLY HOLDINGS LLC / SALLY CAP	5.63%	12/01/2025	245,000	235,541	238,052
MATTEL INC 144A	6.75%	12/31/2025	145,000	151,938	150,438
INDONESIA GOVERNMENT INTE REGS	4.75%	01/08/2026	330,000	374,550	371,620
ENVIVA PARTNERS LP / ENVI 144A	6.50%	01/15/2026	171,000	174,893	177,840
NATIONAL FUEL GAS CO	5.50%	01/15/2026	235,000	233,867	249,742
PERUVIAN GOVERNMENT INTERNATIO	2.39%	01/23/2026	265,000	271,272	275,600
WESTERN DIGITAL CORP	4.75%	02/15/2026	112,000	115,360	115,746
IRB HOLDING CORP 144A	6.75%	02/15/2026	125,000	120,000	119,375
PULTEGROUP INC	5.50%	03/01/2026	108,000	119,160	117,785
JPMORGAN CHASE & CO	3.30%	04/01/2026	2,275,000	2,390,479	2,542,836
BAUSCH HEALTH AMERICAS IN 144A	9.25%	04/01/2026	135,000	151,241	146,462
MHP LUX SA 144A	6.95%	04/03/2026	200,000	207,392	203,204
TURKEY GOVERNMENT INTERNATIONAL	4.25%	04/14/2026	200,000	192,500	182,008
COTY INC 144A	6.50%	04/15/2026	219,000	220,705	186,150
TRONOX INC 144A	6.50%	04/15/2026	125,000	120,975	116,875
PALMER SQUARE LOAN 1A A1 144A	0.88%	04/15/2026	664,713	653,546	659,938

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2020

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(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
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			VALUE - a		
PDC ENERGY INC	5.75%	05/15/2026	126,000	71,698	114,660
KFC HOLDING CO/PIZZA HUT 144A	5.25%	06/01/2026	450,000	471,938	461,250
UNIVERSAL HEALTH SERVICES 144A	5.00%	06/01/2026	300,000	314,946	307,410
VEREIT OPERATING PARTNERSHIP L	4.88%	06/01/2026	450,000	500,742	498,915
TRANSDIGM INC	6.38%	06/15/2026	130,000	133,188	118,427
AIRCASTLE LTD	4.25%	06/15/2026	200,000	208,058	183,552
SABINE PASS LIQUEFACTION LLC	5.88%	06/30/2026	585,000	671,997	687,375
DISH DBS CORP	7.75%	07/01/2026	285,000	295,706	302,100
AVID AUTOMOBILE RECEI 1 B 144A	2.82%	07/15/2026	500,000	499,931	507,575
AVID AUTOMOBILE RECEI 1 C 144A	3.14%	07/15/2026	500,000	499,897	505,010
BRIGHTSPHERE INVESTMENT GROUP	4.80%	07/27/2026	75,000	78,726	73,845
VIRGIN MEDIA SECURED FINA 144A	5.50%	08/15/2026	450,000	473,063	460,323
ADIANT GLOBAL HOLDINGS LT 144A	4.88%	08/15/2026	200,000	169,000	163,960
BOYD GAMING CORP	6.00%	08/15/2026	250,000	253,352	233,675
SELECT MEDICAL CORP 144A	6.25%	08/15/2026	113,000	119,498	114,237
BANFF MERGER SUB INC 144A	9.75%	09/01/2026	115,000	116,150	115,719
LISTRINDO CAPITAL BV 144A	4.95%	09/14/2026	200,000	206,500	201,000
NOURYON HOLDING BV 144A	8.00%	10/01/2026	150,000	156,000	153,554
WELLS FARGO & CO	3.00%	10/23/2026	2,300,000	2,381,651	2,506,471
UBER TECHNOLOGIES INC 144A	8.00%	11/01/2026	111,000	118,493	112,943
PENN NATIONAL GAMING INC 144A	5.63%	01/15/2027	176,000	181,158	164,187
MEDNAX INC 144A	6.25%	01/15/2027	117,000	119,925	117,000
BROADCOM CORP / BROADCOM CAYMA	3.88%	01/15/2027	500,000	527,620	540,310
MEG ENERGY CORP 144A	7.13%	02/01/2027	225,000	219,330	187,031
TENET HEALTHCARE CORP 144A	6.25%	02/01/2027	210,000	216,467	208,425
SINCLAIR TELEVISION GROUP 144A	5.13%	02/15/2027	100,000	101,280	91,000
ZAYO GROUP HOLDINGS INC 144A	4.00%	03/01/2027	119,000	117,693	113,236
NAVIENT CORP	5.00%	03/15/2027	133,000	110,888	111,720
AMERICAN AXLE & MANUFACTURING	6.50%	04/01/2027	132,000	119,130	128,122
CVS HEALTH CORP	3.63%	04/01/2027	266,000	289,721	298,715
ANGLO AMERICAN CAPITAL PL 144A	4.75%	04/10/2027	250,000	271,493	278,253
CSC HOLDINGS LLC 144A	5.50%	04/15/2027	200,000	211,500	208,100
SURGERY CENTER HOLDINGS I 144A	10.00%	04/15/2027	105,000	106,315	105,000
CCO HOLDINGS LLC / CCO HO 144A	5.13%	05/01/2027	450,000	471,938	465,570
BOEING CO/THE	5.04%	05/01/2027	261,000	261,000	287,833
IHEARTCOMMUNICATIONS INC	8.38%	05/01/2027	184,000	184,920	168,612
GRAY TELEVISION INC 144A	7.00%	05/15/2027	216,000	237,019	221,400
NISOURCE INC	3.49%	05/15/2027	486,000	510,217	549,603
CLARIOS GLOBAL LP / CLARI 144A	8.50%	05/15/2027	123,000	124,299	123,609
CENTURY COMMUNITIES INC	6.75%	06/01/2027	95,000	101,915	95,475
TRI POINTE GROUP INC	5.25%	06/01/2027	100,000	100,499	99,500
UPJOHN INC 144A	2.30%	06/22/2027	457,000	461,558	471,409
BORGWARNER INC	2.65%	07/01/2027	84,000	83,764	86,184
AVIS BUDGET CAR RENTAL LL 144A	5.75%	07/15/2027	450,000	471,375	344,480
INTUIT INC	1.35%	07/15/2027	160,000	159,850	160,736
NEXSTAR BROADCASTING INC 144A	5.63%	07/15/2027	247,000	250,071	245,162
VERTICAL US NEWCO INC 144A	5.25%	07/15/2027	200,000	200,000	200,000
SCRIPPS ESCROW INC 144A	5.88%	07/15/2027	150,000	153,794	142,125
CNAC HK FINBRIDGE CO LTD REGS	4.13%	07/19/2027	250,000	263,500	271,357
PARALLEL 2015-1 LTD 1A AR 144A	1.12%	07/20/2027	280,058	272,357	272,907
AVERY POINT VI CLO 6A AR 144A	1.59%	08/05/2027	250,000	245,375	247,339
NGPL PIPECO LLC 144A	4.88%	08/15/2027	200,000	215,262	219,784
E*TRADE FINANCIAL CORP	3.80%	08/24/2027	200,000	206,442	221,820
AES CORP/THE	5.13%	09/01/2027	113,000	119,498	117,238
NEXTERA ENERGY OPERATING 144A	4.50%	09/15/2027	113,000	120,096	118,122

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

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ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
FMG RESOURCES AUGUST 2006 144A	4.50%	09/15/2027	116,000	118,610	116,043
ESH HOSPITALITY INC 144A	4.63%	10/01/2027	450,000	453,375	421,313
SOUTHWESTERN ENERGY CO	7.75%	10/01/2027	130,000	122,525	113,100
ESH HOSPITALITY INC 144A	4.63%	10/01/2027	140,000	132,356	131,075
PARSLEY ENERGY LLC / PARS 144A	5.63%	10/15/2027	146,000	117,610	143,810
BRINK'S CO/THE 144A	4.63%	10/15/2027	63,000	62,982	60,480
MPT OPERATING PARTNERSHIP LP /	5.00%	10/15/2027	226,000	240,229	232,215
HALCYON LOAN ADVIS 3A A1R 144A	1.17%	10/18/2027	356,035	349,982	351,006
GARDA WORLD SECURITY CORP 144A	9.50%	11/01/2027	115,000	118,738	121,613
UNITED RENTALS NORTH AMERICA I	3.88%	11/15/2027	450,000	456,188	448,875
ITC HOLDINGS CORP	3.35%	11/15/2027	97,000	98,894	107,319
BOYD GAMING CORP 144A	4.75%	12/01/2027	72,000	51,840	61,920
MURPHY OIL CORP	5.88%	12/01/2027	130,000	126,100	114,400
LITHIA MOTORS INC 144A	4.63%	12/15/2027	232,000	237,087	229,680
MATCH GROUP HOLDINGS II L 144A	5.00%	12/15/2027	231,000	236,471	240,367
CITIGROUP INC	3.89%	01/10/2028	389,000	418,757	438,481
CHURCHILL DOWNS INC 144A	4.75%	01/15/2028	40,000	40,670	38,600
NRG ENERGY INC	5.75%	01/15/2028	213,000	231,750	224,715
UNITED RENTALS NORTH AMERICA I	4.88%	01/15/2028	349,000	348,704	357,725
CONTIMORTGAGE HOME EQUITY 4 A8	7.22%	01/15/2028	4,893	5,049	4,670
MINERVA LUXEMBOURG SA 144A	5.88%	01/19/2028	200,000	205,750	195,440
BAUSCH HEALTH COS INC 144A	5.00%	01/30/2028	59,000	59,000	55,548
XYLEM INC/NY	1.95%	01/30/2028	219,000	219,128	220,879
ENCOMPASS HEALTH CORP	4.50%	02/01/2028	18,000	18,450	17,264
CCO HOLDINGS LLC / CCO HO 144A	5.00%	02/01/2028	150,000	155,669	154,875
RADIOLOGY PARTNERS INC 144A	9.25%	02/01/2028	118,000	122,518	111,215
PETROLEOS MEXICANOS	5.35%	02/12/2028	370,000	356,125	310,800
LAMAR MEDIA CORP 144A	3.75%	02/15/2028	425,000	426,063	400,690
HECLA MINING CO	7.25%	02/15/2028	78,000	78,000	79,170
VOC ESCROW LTD 144A	5.00%	02/15/2028	128,000	120,640	95,040
TOLL BROTHERS FINANCE CORP	4.35%	02/15/2028	100,000	103,750	103,750
BAYER CORP 144A	6.65%	02/15/2028	83,000	101,148	108,088
PALMER SQUARE LOAN 1A A1 144A	1.18%	02/20/2028	246,041	240,997	242,444
EGYPT GOVERNMENT INTERNAT 144A	6.59%	02/21/2028	200,000	201,400	197,092
GRIFFON CORP	5.75%	03/01/2028	106,000	106,000	104,675
FREEPORT-MCMORAN INC	4.13%	03/01/2028	122,000	122,000	118,340
ZAYO GROUP HOLDINGS INC 144A	6.13%	03/01/2028	49,000	49,000	47,653
SAUDI GOVERNMENT INTERNAT 144A	3.63%	03/04/2028	250,000	264,500	274,475
CIT GROUP INC	6.13%	03/09/2028	49,000	59,045	52,816
CALPINE CORP 144A	5.13%	03/15/2028	114,000	114,713	111,720
NETFLIX INC	4.88%	04/15/2028	168,000	185,813	179,637
NVENT FINANCE SARL	4.55%	04/15/2028	445,000	464,977	476,034
EPR PROPERTIES	4.95%	04/15/2028	198,000	217,420	189,060
BACARDI LTD 144A	4.70%	05/15/2028	450,000	495,045	508,982
TRIMBLE INC	4.90%	06/15/2028	200,000	218,585	229,574
BANK OF AMERICA CORP	3.59%	07/21/2028	425,000	450,480	476,353
AUSGRID FINANCE PTY LTD 144A	4.35%	08/01/2028	175,000	191,163	194,609
DISCOVER BANK	4.68%	08/09/2028	550,000	576,848	555,198
WESTINGHOUSE AIR BRAKE TECHNOL	4.95%	09/15/2028	325,000	362,534	362,226
APACHE CORP	4.38%	10/15/2028	143,000	123,435	126,278
APEX CREDIT CLO 2 1A AS1R 144A	1.54%	10/27/2028	137,623	137,623	135,764
SPRINT CAPITAL CORP	6.88%	11/15/2028	289,000	338,050	351,858
AI CANDELARIA SPAIN SLU 144A	7.50%	12/15/2028	250,000	284,750	252,500
MARLETTE FUNDING TRU 4A A 144A	3.71%	12/15/2028	121,057	122,211	122,210
KVK CLO 2016-1 LTD 1A B 144A	2.53%	01/15/2029	446,487	447,157	438,115

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

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	CORPORATE DEBT INSTRUMENTS - OTHER				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
ANHEUSER-BUSCH INBEV WORLDWIDE	4.75%	01/23/2029	550,000	607,266	664,560
ALTRIA GROUP INC	4.80%	02/14/2029	190,000	198,522	221,833
BANK OF AMERICA CORP	3.97%	03/05/2029	170,000	188,758	194,766
MACQUARIE GROUP LTD 144A	4.65%	03/27/2029	200,000	223,890	225,952
JBS USA LUX SA / JBS USA 144A	6.50%	04/15/2029	180,000	198,437	191,025
NETFLIX INC	6.38%	05/15/2029	308,000	352,279	357,280
PENNSYLVANIA ELECTRIC CO 144A	3.60%	06/01/2029	105,000	111,548	117,913
NRG ENERGY INC 144A	5.25%	06/15/2029	167,000	170,549	175,350
NRG ENERGY INC 144A	4.45%	06/15/2029	250,000	265,525	262,390
IMPERIAL BRANDS FINANCE P 144A	3.88%	07/26/2029	275,000	275,759	289,542
LAS VEGAS SANDS CORP	3.90%	08/08/2029	90,000	92,705	88,785
TEGNA INC 144A	5.00%	09/15/2029	450,000	457,740	421,277
IRON MOUNTAIN INC 144A	4.88%	09/15/2029	450,000	461,250	437,625
TEGNA INC 144A	5.00%	09/15/2029	118,000	118,625	110,468
MURPHY OIL USA INC	4.75%	09/15/2029	64,000	67,850	65,440
COMMONSPIRIT HEALTH	3.35%	10/01/2029	162,000	162,795	166,633
GLOBAL ATLANTIC FIN CO 144A	4.40%	10/15/2029	250,000	251,328	230,165
MOUNTAIN VIEW CLO 2 1A AR 144A	1.36%	10/16/2029	250,000	250,000	244,511
SANTANDER UK PLC	7.95%	10/26/2029	235,000	304,460	312,261
SCIENTIFIC GAMES INTERNAT 144A	7.25%	11/15/2029	111,000	121,192	88,800
ONEMAIN FINANCE CORP	5.38%	11/15/2029	271,000	274,933	253,385
CHENIERE CORPUS CHRISTI H 144A	3.70%	11/15/2029	67,000	66,950	68,358
CEMEX SAB DE CV 144A	5.45%	11/19/2029	200,000	213,500	184,740
DIAMONDBACK ENERGY INC	3.50%	12/01/2029	135,000	93,150	130,757
JD.COM INC	3.38%	01/14/2030	200,000	201,658	213,452
HILTON DOMESTIC OPERATING CO I	4.88%	01/15/2030	236,000	229,510	232,460
TERRAFORM POWER OPERATING 144A	4.75%	01/15/2030	230,000	239,200	233,450
GLOBO COMUNICACAO E PARTI 144A	4.88%	01/22/2030	200,000	200,000	180,500
COLOMBIA GOVERNMENT INTERNATIO	3.00%	01/30/2030	200,000	199,400	198,102
WESTERN MIDSTREAM OPERATING LP	5.05%	02/01/2030	326,000	291,748	313,804
CENTENE CORP	3.38%	02/15/2030	450,000	452,250	454,370
ALBERTSONS COS INC / SAFE 144A	4.88%	02/15/2030	173,000	175,878	177,001
HEALTHCARE TRUST OF AMERICA HO	3.10%	02/15/2030	150,000	150,638	151,340
AT&T INC	4.30%	02/15/2030	90,000	100,710	105,476
CENTENE CORP	3.38%	02/15/2030	159,000	159,000	160,544
ASSURANT INC	3.70%	02/22/2030	100,000	100,780	100,528
FREEPORT-MCMORAN INC	4.25%	03/01/2030	126,000	120,015	122,220
CCO HOLDINGS LLC / CCO HO 144A	4.75%	03/01/2030	256,000	266,686	261,937
CARLISLE COS INC	2.75%	03/01/2030	158,000	156,034	162,625
TURKEY GOVERNMENT INTERNATIONAL	5.25%	03/13/2030	200,000	196,914	179,000
HEALTHCARE REALTY TRUST INC	2.40%	03/15/2030	81,000	80,729	77,065
DOMINION ENERGY INC	3.38%	04/01/2030	235,000	232,638	259,400
EXELON CORP	4.05%	04/15/2030	100,000	99,794	115,470
BAE SYSTEMS PLC 144A	3.40%	04/15/2030	233,000	231,360	253,777
WALGREENS BOOTS ALLIANCE INC	3.20%	04/15/2030	126,000	125,990	130,171
BIOGEN INC	2.25%	05/01/2030	578,000	577,844	582,716
IDEX CORP	3.00%	05/01/2030	72,000	71,870	75,133
BOEING CO/THE	5.15%	05/01/2030	159,000	159,000	177,290
ALCON FINANCE CORP 144A	2.60%	05/27/2030	410,000	411,679	420,283
AUTONATION INC	4.75%	06/01/2030	21,000	20,891	22,755
BOSTON SCIENTIFIC CORP	2.65%	06/01/2030	319,000	318,525	332,424
ANHEUSER-BUSCH INBEV WORLDWIDE	3.50%	06/01/2030	448,000	447,709	503,745
RAYTHEON TECHNOLOGIES CORP	2.25%	07/01/2030	323,000	322,587	336,405
COSTAR GROUP INC 144A	2.80%	07/15/2030	74,000	73,942	75,729
HCA INC	3.50%	09/01/2030	450,000	450,000	433,427

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2020

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		
CITIGROUP INC	2.67%	01/29/2031	178,000	179,083	184,809
PSEG POWER LLC	8.63%	04/15/2031	150,000	211,944	210,482
QUEST DIAGNOSTICS INC	2.80%	06/30/2031	149,000	148,782	156,314
FORD MOTOR CO	7.45%	07/16/2031	318,000	347,573	334,695
TORONTO-DOMINION BANK/THE	3.63%	09/15/2031	200,000	208,310	225,006
OCCIDENTAL PETROLEUM CORP	7.88%	09/15/2031	300,000	405,177	284,064
J.P. MORGAN CHASE WIKI C 144A	3.55%	10/05/2031	140,000	141,838	133,724
J.P. MORGAN CHASE WIKI E 144A	4.01%	10/05/2031	276,000	279,256	233,559
ALLY FINANCIAL INC	8.00%	11/01/2031	84,000	117,267	108,388
JP MORGAN CHASE COM LAQ A 144A	1.17%	06/15/2032	249,319	249,202	234,340
JP MORGAN CHASE COM LAQ B 144A	1.47%	06/15/2032	178,085	178,141	163,820
CF TRUST 2019-MF1 MF1 D 144A	2.95%	08/21/2032	400,000	400,063	371,516
PULTEGROUP INC	6.38%	05/15/2033	48,000	59,126	56,160
LOANCORE 2019-CRE3 CRE3 A 144A	1.22%	04/15/2034	500,000	500,703	490,945
WESTPAC BANKING CORP	4.11%	07/24/2034	175,000	183,300	193,067
NATIONAL AUSTRALIA BANK L 144A	3.93%	08/02/2034	250,000	258,660	272,465
TRTX 2019-FL3 ISSUE FL3 A 144A	1.33%	10/15/2034	525,000	525,000	514,369
BBCMS 2019-BWAY MO BWAY A 144A	1.13%	11/25/2034	113,000	112,237	109,052
BBCMS 2019-BWAY MO BWAY B 144A	1.48%	11/25/2034	150,000	149,024	143,156
BBCMS 2019-BWAY MO BWAY C 144A	1.78%	11/25/2034	200,000	198,709	189,398
DBGS 2018-BIOD MOR BIOD A 144A	0.98%	05/15/2035	256,717	256,556	250,928
ANHEUSER-BUSCH COS LLC / ANHEU	4.70%	02/01/2036	100,000	116,703	117,807
NEWELL BRANDS INC	5.88%	04/01/2036	210,000	233,033	223,913
GENERAL MOTORS CO	6.60%	04/01/2036	700,000	793,489	756,707
VMC FINANCE 2019-FL FL3 A 144A	1.28%	09/15/2036	916,028	916,314	890,837
BX COMMERCIAL MORTGA XL A 144A	1.09%	10/15/2036	477,700	477,700	474,065
BX COMMERCIAL MORT XL XCP 144A	0.08%	10/15/2036	108,664,264	87,573	27,068
BX COMMERCIAL MORTGA XL C 144A	1.42%	10/15/2036	95,540	95,540	93,388
BX COMMERCIAL MORTGA XL D 144A	1.62%	10/15/2036	191,080	191,080	186,297
GS MORTGAGE SECUR 70P XCP 144A	0.51%	10/15/2036	54,761,000	384,784	209,187
OWENS CORNING	7.00%	12/01/2036	41,000	51,893	52,388
PFP 2019-6 LTD 6 B 144A	1.88%	04/14/2037	500,000	500,000	468,170
PFP 2019-6 LTD 6 C 144A	2.28%	04/14/2037	332,000	332,000	312,080
VALERO ENERGY CORP	6.63%	06/15/2037	1,805,000	2,422,389	2,400,325
GENERAL ELECTRIC CO	6.15%	08/07/2037	160,000	212,527	186,477
BAT CAPITAL CORP	4.39%	08/15/2037	502,000	497,871	547,737
WELLS FARGO BANK NA	6.60%	01/15/2038	250,000	360,300	368,143
CVS HEALTH CORP	4.78%	03/25/2038	476,000	537,138	591,478
PRIMA CAPITAL CRE RK1 AG 144A	4.00%	04/15/2038	103,866	109,964	118,308
PRIMA CAPITAL CRE RK1 AT 144A	4.45%	04/15/2038	100,000	107,773	103,936
DOMINION ENERGY INC	7.00%	06/15/2038	57,000	80,984	81,164
GS MORTGAGE SECURI BOCA B 144A	1.67%	06/15/2038	100,000	100,063	92,990
TIME WARNER CABLE LLC	7.30%	07/01/2038	500,000	638,238	688,220
COX COMMUNICATIONS INC 144A	8.38%	03/01/2039	360,000	542,920	588,103
COMCAST CORP	6.55%	07/01/2039	500,000	742,610	755,005
EXELON GENERATION CO LLC	6.25%	10/01/2039	150,000	191,777	178,127
PROTECTIVE LIFE CORP	8.45%	10/15/2039	200,000	303,044	307,750
OGLETHORPE POWER CORP	5.95%	11/01/2039	205,000	266,034	270,664
ZIMMER BIOMET HOLDINGS INC	5.75%	11/30/2039	384,000	464,608	493,229
AT&T INC	6.00%	08/15/2040	725,000	907,497	983,506
MATTEL INC	5.45%	11/01/2041	163,000	139,842	135,238
GLENORE FINANCE CANADA L 144A	5.55%	10/25/2042	250,000	272,323	269,233
NATIONAL OILWELL VARCO INC	3.95%	12/01/2042	100,000	91,733	83,572
ASHLAND LLC	6.88%	05/15/2043	45,000	51,336	51,750
CF INDUSTRIES INC	4.95%	06/01/2043	221,000	232,730	238,194



**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER**

**JUNE 30, 2020**

**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
NEUBERGER BERMAN GROUP LL 144A	4.88%	04/15/2045	240,000	245,129	253,214
MCDONALD'S CORP	4.88%	12/09/2045	1,475,000	1,789,957	1,887,528
KRAFT HEINZ FOODS CO	4.38%	06/01/2046	300,000	284,818	294,927
EMERA US FINANCE LP	4.75%	06/15/2046	257,000	308,375	304,722
DELL INTERNATIONAL LLC / 144A	8.35%	07/15/2046	365,000	482,009	486,833
HCA INC	5.50%	06/15/2047	365,000	447,541	444,493
OWENS CORNING	4.30%	07/15/2047	255,000	248,791	259,077
BAKER HUGHES A GE CO LLC / BAK	4.08%	12/15/2047	144,000	144,852	149,543
HARDEE'S FUNDING L 1A A23 144A	5.71%	06/20/2048	136,554	143,503	136,722
BERKSHIRE HATHAWAY ENERGY CO	3.80%	07/15/2048	153,000	171,562	177,905
ASTRAZENECA PLC	4.38%	08/17/2048	141,000	194,370	188,150
WINGSTOP FUNDING 201 1 A2 144A	4.97%	12/05/2048	99,000	101,494	103,198
ALTRIA GROUP INC	5.95%	02/14/2049	187,000	237,935	245,267
NEW RESIDENTIAL M NQM3 A1 144A	2.80%	07/25/2049	157,165	155,790	159,461
ME FUNDING LLC 2019- 1 A2 144A	6.45%	07/30/2049	348,250	339,453	286,561
PERTAMINA PERSERO PT 144A	4.70%	07/30/2049	220,000	230,340	237,085
COMM 2014-277P MOR 277P A 144A	3.61%	08/10/2049	500,000	531,211	536,125
ABBVIE INC 144A	4.25%	11/21/2049	270,000	301,131	327,286
PLANET FITNESS MAST 1A A2 144A	3.86%	12/05/2049	105,470	105,470	90,858
JPMORGAN CHASE & CO	4.60%	12/31/2049	151,000	129,681	134,768
CARRIER GLOBAL CORP 144A	3.58%	04/05/2050	46,000	45,998	45,278
SNAP-ON INC	3.10%	05/01/2050	73,000	72,169	75,117
KANSAS CITY SOUTHERN	3.50%	05/01/2050	163,000	161,709	174,174
PAYPAL HOLDINGS INC	3.25%	06/01/2050	72,000	71,725	77,968
COMM 2015-PC1 MORTGAGE T PC1 C	4.36%	07/10/2050	250,000	261,074	228,555
AT&T INC	3.65%	06/01/2051	327,000	325,735	342,376
BENCHMARK 2019-B1 B12 TCC 144A	3.44%	08/15/2052	500,000	484,707	471,941
READYCAP COMMERCIAL M 6 A 144A	2.83%	10/25/2052	539,457	539,457	534,182
NEW RESIDENTIAL MOR 2A A1 144A	4.25%	12/25/2057	1,048,147	1,039,678	1,119,442
NEW RESIDENTIAL MO 4A A1B 144A	3.50%	12/25/2058	1,344,744	1,385,764	1,422,600
NEW RESIDENTIAL M NQM1 A1 144A	2.46%	01/26/2060	94,156	94,156	95,750
STANLEY BLACK & DECKER INC	4.00%	03/15/2060	192,000	192,000	192,098
			<u>\$ 272,721,531</u>	<u>\$ 114,725,816</u>	<u>\$ 114,811,886</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, 2020**

**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	684,000	\$ 653,028	\$ 534,259
E*TRADE FINANCIAL CORP	190,000	211,393	197,125
WELLS FARGO & CO	125,000	154,973	150,430
GROSVENOR INSTITUTIONAL PARTNERS LP - COMMON STOCK	-	<u>22,439,228</u>	<u>23,841,870</u>
		<u>\$ 23,458,622</u>	<u>\$ 24,723,684</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, 2020**

**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)
ISSUER		COST	CURRENT VALUE
GROSVENOR INSTITUTIONAL PARTNERS LP - PARTNERSHIPS		\$ 2,039,950	\$ 2,160,079
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - PARTNERSHIPS		5,585,468	5,383,914
US REAL ESTATE INVESTMENT FUND - PARTNERSHIPS		<u>30,346,838</u>	<u>30,826,494</u>
		<u>\$ 37,972,256</u>	<u>\$ 38,370,487</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 COMMON/COLLECTIVE TRUST FUNDS**

**JUNE 30, 2020**

**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	303,265	\$ 64,962,989	\$ 70,832,466
NHIT CORE PLUS FULL DISCRETION TRUST	8,296,264	98,595,943	113,078,078
STATE STREET MSCI ACWI EX USA INDEX NON-LENDING COMMON TRUST FUND	2,114,231	32,244,019	39,288,746
STATE STREET U.S. TREASURY INFLATION PROTECTED SECURITIES INDEX NON-LENDING COMMON TRUST FUND	4,348,237	<u>58,189,032</u>	<u>71,750,261</u>
		<u>\$ 253,991,983</u>	<u>\$ 294,949,551</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

JUNE 30, 2020

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>55,032,258</u>
		\$ <u>50,000,000</u>	\$ <u>55,032,258</u>

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF REGISTERED INVESTMENT COMPANIES**

**JUNE 30, 2020**

**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	59,898,044	\$ 59,898,044	\$ 59,898,044
	PIMCO ALL ASSET FUND	2,818,869	33,559,693	31,261,253
	GROSVENOR INSTITUTIONAL PARTNERS LP - REGISTERED INVESTMENT COMPANY	-	<u>943,476</u>	<u>999,036</u>
			<u>\$ 94,401,213</u>	<u>\$ 92,158,333</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 MUNICIPAL BONDS**

**JUNE 30, 2020**

**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 MUNICIPAL BONDS			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
SENTARA HEALTHCARE VIR TAXABE	1.20%	07/01/2020	\$ 750,000	\$ 750,000	\$ 750,000
ST OF CA G/O SR B-2 TAXABLE	1.50%	07/07/2020	960,000	960,000	960,000
IDAHO HSG & FIN ASSN TAXABLE	0.55%	08/05/2020	750,000	750,000	750,000
LOS ANGELES COUNT MET TAXABLE	0.38%	08/11/2020	750,000	750,000	750,000
DISTRICT OF COLUMBIA TAXABLE	3.05%	09/01/2020	750,000	749,556	749,556
SAN JOSE FIN AUTH TAXABLE	0.28%	09/24/2020	750,000	750,000	750,000
MICHIGAN ST FIN AUTH REVENUE	2.03%	12/01/2020	130,000	130,000	130,000
NEW JERSEY ST EDUCTNL FACS AUT	3.64%	09/01/2029	102,000	106,623	112,971
CALIFORNIA ST HLTH FACS FING A	3.03%	06/01/2034	65,000	65,324	67,240
MICHIGAN ST FIN AUTH REVENUE	3.08%	12/01/2034	170,000	171,132	183,221
CALIFORNIA ST	7.55%	04/01/2039	1,975,000	3,296,200	3,516,863
CALIFORNIA ST	7.30%	10/01/2039	40,000	61,402	66,874
MET TRANSPRTN AUTH NY REVENUE	6.67%	11/15/2039	1,775,000	2,264,226	2,305,175
CALIFORNIA ST	7.63%	03/01/2040	65,000	104,943	114,737
SAN ANTONIO TX ARPT SYS REVENU	3.53%	07/01/2040	140,000	141,345	141,005
ALABAMA ST PORT AUTH DOCKS FAC	6.00%	10/01/2040	790,000	803,556	801,179
NEW YORK CITY NY MUNI WTR FIN	6.28%	06/15/2042	2,225,000	2,266,719	2,275,552
COLORADO ST HSG & FIN AUTH	0.18%	05/01/2044	400,000	400,000	400,000
ALASKA ST HSG FIN CORP	0.24%	12/01/2044	900,000	900,000	900,000
CALIFORNIA ST	0.94%	04/01/2047	395,000	397,370	394,261
TEXAS ST A & M UNIV PERM UNIV	3.66%	07/01/2047	125,000	128,229	135,559
FOOTHILL ESTRN TRANSPRTN CORRI	4.09%	01/15/2049	117,000	118,286	120,134
			<u>\$ 14,124,000</u>	<u>\$ 16,064,911</u>	<u>\$ 16,374,327</u>

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2020**

**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)
*	DREYFUS INS RSRV PR MONEY6546	\$ 982,013,087	\$ -	\$ -	\$ -	\$ -	\$ 982,013,087	\$ -
*	DREYFUS INS RSRV PR MONEY6546	-	987,734,115	-	-	987,734,115	987,734,115	-
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 01/01/2051 DD 01/01/2021	35,534,183	-	-	-	-	35,534,183	-
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 01/01/2051 DD 01/01/2021	-	35,611,650	-	-	35,534,183	35,611,650	77,467
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 02/01/2051 DD 02/01/2021	37,333,936	-	-	-	-	37,333,936	-
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 02/01/2051 DD 02/01/2021	-	37,358,886	-	-	37,333,936	37,358,886	24,950
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 04/01/2051 DD 04/01/2021	21,935,110	-	-	-	-	21,935,110	-
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 04/01/2051 DD 04/01/2021	-	21,972,392	-	-	21,935,110	21,972,392	37,282
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 11/01/2050 DD 11/01/2020	24,627,715	-	-	-	-	24,627,715	-
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 11/01/2050 DD 11/01/2020	-	24,616,984	-	-	24,627,715	24,616,984	(10,731)
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 12/01/2050 DD 12/01/2020	23,181,855	-	-	-	-	23,181,855	-
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 12/01/2050 DD 12/01/2020	-	23,251,125	-	-	23,181,855	23,251,125	69,270
N/A	FEDERAL AGRIC MTG CORP 0.000% 09/11/19 DD 09/11/18	29,998,350	-	-	-	-	29,998,350	-



**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2020**

**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)
N/A	FEDERAL AGRIC MTG CORP 0.000% 09/11/19 DD 09/11/18	-	29,998,350	-	-	29,998,350	29,998,350	-
N/A	FEDERAL HOME LN BK CONS DISC 10/11/19	44,997,875	-	-	-	-	44,997,875	-
N/A	FEDERAL HOME LN BK CONS DISC 10/15/19	44,991,500	-	-	-	-	44,991,500	-
N/A	FEDERAL HOME LN BK CONS DISC 10/16/19	44,997,775	-	-	-	-	44,997,775	-
N/A	NHIT CORE PLUS FULL DISCRETION TRUST	21,800,000	-	-	-	-	21,800,000	-
N/A	NHIT CORE PLUS FULL DISCRETION TRUST	-	30,308,999	-	-	28,337,344	30,308,999	1,971,655
N/A	US TREASURY NOTE 1.125% 08/31/21 DD 08/31/16	28,371,056	-	-	-	-	28,371,056	-
N/A	US TREASURY NOTE 1.125% 08/31/21 DD 08/31/16	-	28,379,970	-	-	28,371,056	28,379,970	8,914
N/A	US TREASURY NOTE 1.375% 01/31/21 DD 01/31/16	46,360,217	-	-	-	-	46,360,217	-
N/A	US TREASURY NOTE 1.375% 01/31/21 DD 01/31/16	-	35,862,415	-	-	35,769,788	35,862,415	92,627
N/A	US TREASURY NOTE 1.375% 05/31/21 DD 05/31/16	25,409,715	-	-	-	-	25,409,715	-
N/A	US TREASURY NOTE 1.375% 05/31/21 DD 05/31/16	-	20,780,747	-	-	20,742,123	20,780,747	38,624
N/A	US TREASURY BILL 0.000% 11/07/19 DD 11/08/18	19,998,411	-	-	-	-	19,998,411	-

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2020**

**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)
N/A	US TREASURY BILL 0.000% 11/07/19 DD 11/08/18	-	29,878,790	-	-	29,878,594	29,878,790	196
N/A	US TREASURY BILL 0.000% 11/05/19 DD 09/10/19	24,966,818	-	-	-	-	24,966,818	-
N/A	US TREASURY BILL 0.000% 11/05/19 DD 09/10/19	-	24,968,751	-	-	24,966,818	24,968,751	1,933

\* 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, 2020

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
<b>Assets</b>			
<b>Investments</b>			
Interest bearing cash	\$ -	\$ 1,382,368	\$ 1,382,368
U.S. government securities	119,341,194	-	119,341,194
Corporate debt instruments	177,829,821	-	177,829,821
Corporate stock	881,814	23,841,870	24,723,684
Partnership/joint venture interests	64,686,527	(26,316,040)	38,370,487
Common/collective trust funds	294,949,551	-	294,949,551
103-12 investment entities	55,032,258	-	55,032,258
Registered investment companies	91,159,297	999,036	92,158,333
Municipal bonds	16,374,327	-	16,374,327
<b>Receivables</b>	33,280,955	2,465,567	35,746,522
<b>Cash</b>	6,523,810	-	6,523,810
<b>Other assets</b>	<u>1,287,377</u>	<u>-</u>	<u>1,287,377</u>
<b>Total assets</b>	<u>861,346,931</u>	<u>2,372,801</u>	<u>863,719,732</u>
<b>Liabilities</b>			
<b>Operating payables</b>	32,173,910	-	32,173,910
<b>Other liabilities</b>	<u>25,199,510</u>	<u>2,372,801</u>	<u>27,572,311</u>
<b>Total liabilities</b>	<u>57,373,420</u>	<u>2,372,801</u>	<u>59,746,221</u>
<b>Net assets available for benefits</b>	<u>\$ 803,973,511</u>	<u>\$ -</u>	<u>\$ 803,973,511</u>
<b>Less benefit obligations currently payable</b>			<u>44,600,000</u>
<b>Net assets available to benefits Form 5500</b>			<u>\$ 759,373,511</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, 2020 AND 2019**

	<u><b>2020</b></u>	<u><b>2019</b></u>
Payroll	\$ 2,815,898	\$ 2,747,444
Payroll taxes	213,099	202,824
Employee benefits	1,796,870	1,804,606
Occupancy	922,045	900,931
Telephone	57,758	42,764
Office	127,122	124,673
Printing and postage	172,409	243,292
Legal and collection	1,166,808	1,466,832
Accounting	127,408	104,000
Payroll audits	1,424,038	1,373,488
Consulting	792,246	1,047,227
Outside services	113,251	119,294
Insurance	182,467	162,508
Conferences and meetings	37,537	35,863
Repairs and maintenance	99,389	122,127
Scholarship administrative expenses	19,526	28,349
Depreciation	242,288	219,217
Reimbursements to related organizations	605,286	52,852
Reimbursements from related organizations	<u>(170,414)</u>	<u>(149,122)</u>
Total administrative expenses	\$ <u>10,745,031</u>	\$ <u>10,649,169</u>

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## DIRECTIVE 12 - SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2020 AND 2019

	<u>2020</u>		<u>2019</u>
Salaries	\$ 3,028,997		\$ 2,950,268
% of total Administrative Expense	14 %		14 %
Fringe benefits	1,796,870		1,804,606
Legal	1,166,808 (1)		1,466,832
Accounting	1,551,446		1,477,488
Other fees and commissions	792,246 (2)		1,047,227
Rent	922,045		900,931
Travel and conference	37,537		35,863
Telephone	57,758 (3)		42,764
Depreciation	242,288		219,217
Printing and postage	172,409 (4)		243,292
Insurance	182,467		162,508
Repairs and maintenance	99,389 (5)		122,127
Office	127,122		124,673
Temporary services	30,080 (6)		14,322
Scholarship administrative expenses	19,526 (7)		28,349
Security expense	83,171 (8)		104,972
Reimbursements to related organizations	605,286 (9)		52,852
Reimbursements from related organizations	<u>(170,414)</u>		<u>(149,122)</u>
Subtotal	10,745,031		10,649,169
Medical fees	8,769,259		9,567,656
Investment and custodial services	<u>1,594,868</u> (10)		<u>1,298,761</u>
Total administrative expenses	<u>\$ 21,109,158</u>		<u>\$ 21,515,586</u>
Total administrative expenses	21,109,158		21,515,586
Total benefit fund revenue	444,198,780		530,909,937
% Administrative expenses / revenue	4.75 %		4.05 %

### Variances

- (1) Legal fees decreased due to a decrease in the collection fees paid by the Plan.
- (2) Consulting services fluctuate based on the needs of the Plan.
- (3) Telephone expense increased due to the timing of payments.
- (4) Printing and postage fluctuate based on the needs of the Plan.
- (5) Repairs and maintenance decreased due to the timing of payments. Five payments were made in the prior year for the rental of the mailing and shipping machine and only two in the current year.

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**DIRECTIVE 12 - SCHEDULES OF ADMINISTRATIVE EXPENSES**

**YEARS ENDED JUNE 30, 2020 AND 2019**

- (6) Temporary services fluctuate based on the staffing needs of the Plan.
- (7) Scholarship administrative expenses decreased because there was no scholarship luncheon during the current year.
- (8) Security expense decreased due to a reduction in services as there were government mandated closings towards the end of the current year.
- (9) Reimbursements to related organizations increased due to a cost-sharing settlement being paid by the Plan during the current year.
- (10) Investment and custodial services fees increased due to increases in fair market value during the current year. In addition, the timing of payments varies from year to year.

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**DIRECTIVE 12 - SCHEDULE OF BENEFIT EXPENSES**

**YEAR ENDED JUNE 30, 2020**

<u>Benefit Description</u>	<u>Insured / Self Insured</u>	<u>Cost of Benefit</u>	<u>Benefit Coverage</u>
Medical/Hospitalization	Self Insured	\$ 184,865,915	1, 2, 3
Dental	Self Insured	6,242,290	1, 2, 3
Prescription Drugs	Self Insured	50,182,506	1, 2, 3
Disability	Self Insured	1,194,949	1
Hearing	Self Insured	43,449	1, 2, 3
Vision	Self Insured	674,545	1, 2, 3
Scholarship Awards	Self Insured	336,000	3
Vacation Benefits	Self Insured	128,042,208	1
Medicare Supplemental	Insured	3,222,621	1, 2
Life Insurance & AD&D	Insured	2,314,616	1, 2, 3
Paid Family Leave	Insured	<u>1,169,732</u>	1
Total		<u>\$ 378,288,831</u>	

1 = Member

2 = Spouse

3 = Children

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF INTEREST BEARING CASH**

**JUNE 30, 2020**

**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			\$ 1,379,386	\$ 1,379,386
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - INTEREST BEARING CASH			<u>2,982</u>	<u>2,982</u>
			<u>\$ 1,382,368</u>	<u>\$ 1,382,368</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, 2020**

**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		
RESOLUTION FDG CORP PRIN STRIP	0.00%	07/15/2020	\$ 1,500,000	a \$ 1,488,854	\$ 1,499,864
U S TREASURY BILL	0.00%	09/10/2020	3,000,000	a 2,948,349	2,948,349
RESOLUTION FDG CORP PRIN STRIP	0.00%	10/15/2020	810,000	a 800,604	809,279
U S TREASURY NOTE	2.00%	01/15/2021	1,000,000	1,004,453	1,009,770
U S TREASURY NOTE	1.38%	01/31/2021	10,610,000	10,590,429	10,682,997
U S TREASURY NOTE	0.22%	01/31/2021	4,000,000	3,997,372	4,002,200
U S TREASURY NOTE	2.50%	01/31/2021	1,256,000	1,267,873	1,272,780
U S TREASURY NOTE	1.38%	05/31/2021	4,690,000	4,667,592	4,741,309
U S TREASURY NOTE	2.13%	05/31/2021	5,000,000	5,040,234	5,089,050
FNMA GTD REMIC P/T 11-M3 A2	3.64%	07/25/2021	325,274	328,485	328,716
FEDERAL FARM CR BK CONS BD	0.39%	11/16/2021	660,000	659,836	661,115
FEDERAL FARM CR BK CONS BD	0.43%	01/18/2022	1,500,000	1,509,471	1,504,020
FNMA GTD REMIC P/T 12-M2 A2	2.72%	02/25/2022	191,826	196,299	196,541
U S TREASURY NOTE	1.75%	09/30/2022	8,425,000	8,722,505	8,723,498
FEDERAL NATL MTG ASSN	1.70%	02/21/2023	780,000	779,883	781,677
FHLMC MULTICLASS MTG KF28 A	0.52%	01/25/2024	108,880	108,905	108,915
FNMA POOL #0303823	3.13%	04/01/2024	500	520	502
FHLMC MULTICLASS MTG KI04 A	0.53%	07/25/2024	648,633	642,552	646,116
FHLMC MULTICLASS MTG KI05 A	0.51%	07/25/2024	653,535	653,535	654,960
U S TREASURY NOTE	2.50%	01/31/2025	4,070,000	4,235,627	4,485,262
US TREAS-CPI INFLAT	0.13%	04/15/2025	1,398,573	1,468,120	1,465,159
FNMA POOL #0395122	3.86%	05/01/2025	814	849	819
FNMA POOL #0342042	3.31%	06/01/2025	287	294	290
FNMA POOL #0303824	3.29%	07/01/2025	231	237	233
U S TREASURY NOTE	2.00%	08/15/2025	5,185,000	5,333,772	5,628,577
GNMA II POOL #0008989	3.13%	10/20/2026	943	953	977
GNMA II POOL #0008991	3.13%	10/20/2026	33,866	34,242	35,114
GNMA II POOL #0080012	3.13%	11/20/2026	1,046	1,065	1,080
GNMA II POOL #0080093	3.25%	07/20/2027	218	218	226
GNMA II POOL #0080120	3.13%	10/20/2027	2,511	2,503	2,610
FNMA GTD REMIC P/T 19-M1 A2	3.55%	09/25/2028	2,025,000	2,212,373	2,371,943
U S TREASURY NOTE	0.63%	05/15/2030	1,569,000	1,566,303	1,564,654
FHLMC POOL #SB-0105	2.50%	10/01/2034	2,015,787	2,031,850	2,111,899
FHLMC POOL #QN-1099	3.00%	12/01/2034	2,236,090	2,299,679	2,355,386
FHLMC POOL #SB-0240	2.50%	01/01/2035	1,578,029	1,603,055	1,653,269
FHLMC POOL #1Q-1363	3.77%	02/01/2036	15,716	16,659	16,555
FHLMC POOL #ZS-9362	4.00%	08/01/2038	1,304,190	1,380,403	1,396,931
FNMA POOL #0AE0193	3.51%	07/01/2040	15,235	16,158	15,872
U S TREASURY BOND	3.63%	08/15/2043	3,000	3,739	4,382
U S TREASURY BOND	3.38%	05/15/2044	9,825,000	12,041,660	13,896,284
FHLMC MULTICLASS MTG 4808 DG	3.50%	09/15/2045	740,708	759,109	768,780
FNMA POOL #0BH2675	3.50%	09/01/2047	1,342,030	1,378,097	1,441,957
FNMA POOL #0BH9139	3.50%	09/01/2047	142,621	146,454	153,280
FNMA POOL #0FM1738	4.00%	01/01/2048	291,010	314,291	328,772
FNMA POOL #0BN6677	4.00%	06/01/2049	2,711,065	2,822,049	2,871,506
FNMA POOL #0CA4372	4.50%	10/01/2049	2,607,105	2,763,532	2,802,769
FHLMC POOL #SD-0119	4.00%	10/01/2049	237,361	257,462	268,168
FHLMC MULTICLASS MTG 4926 BP	3.00%	10/25/2049	675,000	712,969	717,552
FNMA POOL #0CA4558	3.50%	11/01/2049	686,092	734,011	731,203
FHLMC POOL #RA-2569	4.00%	01/01/2050	697,278	746,632	739,358
FNMA POOL #0FM2095	3.00%	01/01/2050	2,153,455	2,187,776	2,284,450
FHLMC POOL #QA-7336	3.00%	02/01/2050	404,263	417,528	432,376
FHLMC POOL #QA-7479	3.00%	03/01/2050	854,845	879,021	904,384
FHLMC POOL #RA-2314	3.50%	03/01/2050	711,177	763,460	760,255
FNMA POOL #0CA5353	3.50%	03/01/2050	712,904	762,251	759,904

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF U.S. GOVERNMENT SECURITIES**

**JUNE 30, 2020**

**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)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
FNMA POOL #0CA5347	3.50%	03/01/2050	740,736	760,644	796,610
U S TREASURY BOND	1.25%	05/15/2050	1,205,000	1,151,367	1,157,788
COMMIT TO PUR FNMA SF MTG	2.50%	07/01/2050	1,283,000	1,332,115	1,337,528
COMMIT TO PUR FNMA SF MTG	3.00%	07/01/2050	2,450,000	2,569,533	2,580,340
COMMIT TO PUR FNMA SF MTG	3.50%	07/01/2050	3,713,000	3,907,497	3,905,185
COMMIT TO PUR FNMA SF MTG	4.00%	07/01/2050	10,314,000	10,972,974	10,929,849
			<u>\$ 111,112,834</u>	<u>\$ 115,996,282</u>	<u>\$ 119,341,194</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, 2020

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	CURRENT VALUE
	UNITEDHEALTH GROUP INC	2.70%	07/15/2020	\$ 670,000	\$ 670,583
	MANUFACTURERS & TRADERS TRUST	2.05%	08/17/2020	500,000	500,305
	BANK OF NEW YORK MELLON CORP/T	2.60%	08/17/2020	110,000	110,098
	GILEAD SCIENCES INC	2.55%	09/01/2020	750,000	752,708
	CATERPILLAR FINANCIAL SERVICES	0.62%	09/04/2020	150,000	150,077
	UNITEDHEALTH GROUP INC	0.35%	10/15/2020	230,000	230,087
	PRUDENTIAL FINANCIAL INC	4.50%	11/15/2020	430,000	436,570
	MERCEDES-BENZ AUTO LEASE A A2	3.01%	02/16/2021	30,827	30,854
	BMW VEHICLE LEASE TRUST 2 1 A2	2.79%	03/22/2021	129,084	129,379
	BMW VEHICLE LEASE TRUST 2 1 A2	2.79%	03/22/2021	39,516	39,606
	GM FINANCIAL AUTOMOBILE 1 A2B	0.43%	04/20/2021	24,982	24,983
	PACCAR FINANCIAL CORP	0.71%	05/10/2021	1,000,000	1,000,110
	GENERAL DYNAMICS CORP	0.83%	05/11/2021	390,000	390,924
	FORD CREDIT AUTO OWNER TR A A1	0.27%	05/15/2021	141,094	141,091
	JOHN DEERE CAPITAL CORP	0.72%	06/07/2021	120,000	120,334
	GM FINANCIAL AUTOMOBILE 2 A2A	2.67%	06/21/2021	219,202	219,947
	VOLKSWAGEN AUTO LOAN ENH 1 A2A	2.81%	07/20/2021	1,091	1,093
	CITIBANK NA	0.83%	07/23/2021	250,000	251,165
	WELLS FARGO BANK NA	1.54%	07/23/2021	325,000	326,160
	JOHN DEERE CAPITAL CORP	0.57%	09/10/2021	325,000	325,309
	MERCEDES-BENZ AUTO LEASE B A3	3.21%	09/15/2021	31,458	31,706
	HONDA AUTO RECEIVABLES 20 3 A3	1.79%	09/20/2021	131,258	131,741
	HONDA AUTO RECEIVABLES 20 1 A2	2.75%	09/20/2021	297,549	299,094
	NISSAN AUTO LEASE TRUST B A2B	0.44%	10/15/2021	386,879	386,771
	TOYOTA AUTO RECEIVABLES A A2A	2.83%	10/15/2021	115,725	116,277
	GM FINANCIAL AUTOMOBILE 3 A2B	0.46%	10/20/2021	203,201	203,083
	WELLS FARGO BANK NA	0.77%	10/22/2021	355,000	356,097
	TD AMERITRADE HOLDING CORP	1.12%	11/01/2021	365,000	364,175
	MERCEDES-BENZ AUTO LEASE A A3	3.10%	11/15/2021	83,000	83,804
	MERCEDES-BENZ AUTO LEASE B A2	2.01%	12/15/2021	338,869	340,506
	HYUNDAI AUTO RECEIVABLES A A2	2.67%	12/15/2021	144,565	145,347
	WORLD OMNI AUTO RECEIVABL C A2	2.80%	01/18/2022	15,094	15,108
	AMERICREDIT AUTOMOBILE R 3 A2A	3.11%	01/18/2022	4,187	4,193
	CAPITAL AUTO RECEIVA 1 A3 144A	2.79%	01/20/2022	143,693	144,258
	NATIONAL RURAL UTILITIES COOPE	1.75%	01/21/2022	715,000	730,437
	US BANK NA/CINCINNATI OH	1.80%	01/21/2022	385,000	392,896
	SANTANDER DRIVE AUTO REC 3 A2B	0.50%	02/15/2022	247,789	247,759
	CARMAX AUTO OWNER TRUST 4 A2A	3.11%	02/15/2022	98,745	99,121
	CHEVRON CORP	0.82%	03/03/2022	750,000	752,648
	MERCEDES-BENZ AUTO LEASE A A2	1.82%	03/15/2022	420,000	422,302
	ALLY AUTO RECEIVABLES TRU 1 A2	2.85%	03/15/2022	77,710	77,956
	VOLKSWAGEN AUTO LEASE TR A A2A	2.00%	03/21/2022	214,448	216,195
	GM FINANCIAL AUTOMOBILE L 2 A3	2.67%	03/21/2022	105,000	106,373
	TOYOTA AUTO RECEIVABLES C A2B	0.37%	04/15/2022	440,011	440,059
	HONDA AUTO RECEIVABLES 20 3 A2	1.90%	04/15/2022	565,066	569,011
	PEPSICO INC	0.92%	05/02/2022	230,000	230,635
	INTEL CORP	0.80%	05/11/2022	180,000	180,455
	APPLE INC	0.80%	05/11/2022	185,000	185,833
	CATERPILLAR FINANCIAL SERVICES	1.13%	05/13/2022	380,000	383,238
	HARLEY-DAVIDSON MOTORCYCL A A2	2.37%	05/15/2022	369,942	371,733
	NISSAN AUTO LEASE TRUST A A2A	1.80%	05/16/2022	350,000	352,706
	FIFTH THIRD AUTO TRUST 2 1 A2A	2.66%	05/16/2022	212,777	213,962
	CNH EQUIPMENT TRUST 2019- A A2	2.96%	05/16/2022	123,398	124,078
	FIFTH THIRD AUTO TRUST 2 1 A2A	2.66%	05/16/2022	260,953	262,406

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2020

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
MANUFACTURERS & TRADERS TRUST	1.00%	05/18/2022	250,000	250,000	251,205
BMW VEHICLE OWNER TRUST 2 A A2	2.05%	05/25/2022	261,372	261,117	263,105
WELLS FARGO BANK NA	0.99%	05/27/2022	375,000	375,000	375,870
ALLY AUTO RECEIVABLES TRU 1 A3	2.35%	06/15/2022	682,691	687,011	687,190
TCF AUTO RECEIVABL PT1A A 144A	1.93%	06/15/2022	118,459	118,315	118,682
JOHN DEERE CAPITAL CORP	0.55%	07/05/2022	165,000	164,965	165,472
WORLD OMNI AUTOMOBILE LE B A2B	0.43%	07/15/2022	430,299	430,299	430,062
TOYOTA AUTO RECEIVABLES 2 D A2	1.92%	07/15/2022	688,733	688,682	694,650
HYUNDAI AUTO RECEIVABLES B A2	1.93%	07/15/2022	265,035	265,018	266,911
CARMAX AUTO OWNER TRUST 1 A2A	3.02%	07/15/2022	192,867	192,854	193,912
ALLY MASTER OWNER TRUST 3 A	0.50%	07/15/2022	74,000	72,034	73,990
FORD CREDIT AUTO OWNER T C A2A	1.88%	07/15/2022	451,929	450,729	454,903
HYUNDAI AUTO RECEIVABLES B A2	1.93%	07/15/2022	556,573	556,352	560,513
FORD CREDIT FLOORPLAN MAST 5 A	2.39%	08/15/2022	204,000	204,558	204,375
AMERICREDIT AUTOMOBILE REC 3 D	2.71%	09/08/2022	764,000	768,298	772,534
DRIVE AUTO RECEIVABLES T 3 A2B	0.55%	09/15/2022	29,814	29,832	29,816
NISSAN AUTO RECEIVABLES B A2A	0.47%	10/17/2022	340,000	339,990	340,041
ALLY AUTO RECEIVABLES TRU 4 A2	1.93%	10/17/2022	262,923	262,900	264,325
NEXTGEAR FLOORPLAN 2A A2 144A	2.56%	10/17/2022	510,000	512,211	511,938
GM FINANCIAL AUTOMOBILE 2 A2A	0.71%	10/20/2022	160,000	159,990	160,091
HONDA AUTO RECEIVABLES 20 2 A2	0.74%	11/15/2022	250,000	249,981	250,755
TOYOTA AUTO RECEIVABLES 2 B A2	1.38%	12/15/2022	290,000	289,978	292,482
DRIVE AUTO RECEIVABLES TR 1 A2	1.99%	12/15/2022	165,834	165,829	166,555
CARMAX AUTO OWNER TRUST 3 A2A	2.21%	12/15/2022	79,867	79,848	80,509
FIRST INVESTORS AUT 2A A1 144A	3.23%	12/15/2022	55,695	55,884	55,897
SANTANDER DRIVE AUTO RECEI 3 C	2.76%	12/15/2022	308,551	309,469	309,853
VOLKSWAGEN AUTO LOAN ENH 1 A2A	0.93%	12/20/2022	450,000	449,987	451,724
GM FINANCIAL CONSUMER AUT 1 A2	1.83%	01/17/2023	189,143	189,135	190,666
HARLEY-DAVIDSON MOTORCYC A A2A	1.83%	01/17/2023	750,000	750,263	754,523
FORD CREDIT AUTO OWNER TR B A2	0.50%	02/15/2023	340,000	339,985	340,109
WORLD OMNI AUTO RECEIVAB C A2A	1.96%	02/15/2023	877,035	877,006	884,411
WESTLAKE AUTOMOBILE 3A A2 144A	2.15%	02/15/2023	490,346	490,319	493,533
PNC BANK NA	0.68%	02/24/2023	280,000	280,000	279,717
PNC BANK NA	1.74%	02/24/2023	250,000	250,000	254,178
TRUIST BANK	0.90%	03/09/2023	250,000	250,000	248,318
MERCEDES-BENZ AUTO RECEIV 1 A2	0.46%	03/15/2023	290,000	289,995	290,125
CHASE ISSUANCE TRUST A2 A2	2.77%	03/15/2023	750,000	763,799	762,810
DRIVE AUTO RECEIVABLES TRU 1 C	3.22%	03/15/2023	31,084	31,179	31,122
GM FINANCIAL CONSUMER AU 2 A2A	1.50%	03/16/2023	90,000	89,996	90,739
AMERICREDIT AUTOMOBILE R 1 A2A	1.10%	03/20/2023	510,000	509,994	511,535
CARMAX AUTO OWNER TRUST 2 1 A2	1.87%	04/17/2023	250,000	249,983	252,828
BARCLAYS DRYROCK ISSUANCE 2 A	0.48%	05/15/2023	485,000	485,644	485,000
ALLY AUTO RECEIVABLES TRUS 1 B	2.66%	05/15/2023	85,000	85,691	86,536
AMERICAN EXPRESS CREDIT AC 6 A	2.04%	05/15/2023	250,000	250,244	251,203
GM FINANCIAL CONSUMER AUT 3 A3	3.02%	05/16/2023	282,273	286,155	288,368
WORLD OMNI AUTO RECEIVAB A A2B	0.46%	06/15/2023	650,000	650,000	650,735
AMERICREDIT AUTOMOBILE REC 3 B	2.24%	06/19/2023	600,000	601,195	603,228
CNH EQUIPMENT TRUST 2020- A A2	1.08%	07/17/2023	160,000	159,991	160,381
CAPITAL ONE MULTI-ASSET A4 A4	1.99%	07/17/2023	350,000	351,313	351,148
SANTANDER DRIVE AUTO RECEI 3 C	3.51%	08/15/2023	675,000	683,596	683,978
TRILLIUM CREDIT CARD 2A A 144A	0.52%	09/26/2023	105,000	101,173	104,987
PRESTIGE AUTO RECEIV 1A D 144A	3.61%	10/16/2023	185,000	187,818	188,199
CAPITAL AUTO RECEIVAB 2 B 144A	3.48%	10/20/2023	465,000	472,120	472,919
ENTERPRISE FLEET FIN 1 A2 144A	2.87%	10/20/2023	168,180	168,968	169,300

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2020

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
CPS AUTO RECEIVABLES D B 144A	2.35%	11/15/2023	257,000	256,984	259,241
DISCOVER CARD EXECUTION N A2 A	0.44%	12/15/2023	390,000	390,000	390,503
EXETER AUTOMOBILE RE 4A B 144A	2.30%	12/15/2023	255,000	254,956	257,351
AVID AUTOMOBILE RECEI 1 A 144A	2.62%	02/15/2024	343,827	343,818	347,121
NEXTGEAR FLOORPLAN 1A A2 144A	3.21%	02/15/2024	638,000	632,517	643,940
RESIDENTIAL MORTGAGE 1 A1 144A	2.38%	02/25/2024	95,425	95,425	96,618
WESTLAKE AUTOMOBILE 1A C 144A	3.45%	03/15/2024	100,000	101,438	102,500
HYUNDAI FLOORPLAN MAS 1 A 144A	2.68%	04/15/2024	200,000	197,516	202,408
DRIVE AUTO RECEIVABL AA D 144A	4.16%	05/15/2024	460,979	467,677	467,137
SCF EQUIPMENT LEASI 2A A1 144A	2.22%	06/20/2024	349,892	349,863	351,515
SANTANDER DRIVE AUTO RECEI 4 C	3.56%	07/15/2024	758,000	769,252	771,606
CPS AUTO RECEIVABLES D C 144A	2.54%	08/15/2024	257,000	256,984	259,328
GM FINANCIAL CONSUMER AUTO 1 B	3.37%	08/16/2024	673,000	695,030	708,299
FIRST INVESTORS AUTO 2A A 144A	2.21%	09/16/2024	360,939	360,927	365,595
WESTLAKE AUTOMOBILE 3A C 144A	2.49%	10/15/2024	256,000	255,951	258,373
WESTLAKE AUTOMOBILE 3A B 144A	2.41%	10/15/2024	256,000	255,996	259,318
SCF EQUIPMENT LEASI 1A A2 144A	3.23%	10/20/2024	100,000	95,578	99,364
CAPITAL ONE PRIME AUTO RE 2 A4	1.96%	02/18/2025	404,000	404,284	417,776
FIRST INVESTORS AUTO 1A B 144A	3.02%	03/17/2025	539,000	548,306	552,243
AMERIPRISE FINANCIAL INC	3.00%	04/02/2025	115,000	114,514	124,821
WESTLAKE AUTOMOBILE 1A C 144A	2.52%	04/15/2025	250,000	249,968	253,398
KOOKMIN BANK 144A	1.75%	05/04/2025	200,000	198,840	204,362
CARMAX AUTO OWNER TRUST 20 4 B	2.32%	07/15/2025	512,000	511,828	522,511
BOWMAN PARK CLO LTD 1A AR 144A	1.54%	11/23/2025	154,951	154,951	154,151
FIRST INVESTORS AUTO 2A C 144A	2.71%	12/15/2025	256,000	255,995	260,378
EQUINOR ASA	1.75%	01/22/2026	67,000	66,731	68,628
SCF EQUIPMENT LEASI 2A A2 144A	2.47%	04/20/2026	500,000	499,897	502,365
QATAR GOVERNMENT INTERNAT 144A	3.25%	06/02/2026	850,000	904,950	921,791
WORLD FINANCIAL NETWORK CR C A	2.21%	07/15/2026	184,000	175,519	187,666
GREENKO SOLAR MAURITIUS L 144A	5.95%	07/29/2026	200,000	205,250	196,954
SCF EQUIPMENT LEASIN 2A B 144A	2.76%	08/20/2026	234,000	233,972	226,596
SCF EQUIPMENT LEASIN 2A C 144A	3.11%	06/21/2027	170,000	169,994	151,276
HALCYON LOAN ADVISO 2A BR 144A	1.89%	07/25/2027	300,000	298,500	291,770
JAMESTOWN CLO VII L 7A CR 144A	2.84%	07/25/2027	250,000	241,875	229,686
BANCO DE CREDITO E INVERS 144A	3.50%	10/12/2027	200,000	209,580	210,280
DRYDEN XXV SENIOR 25A BRR 144A	1.63%	10/15/2027	310,000	304,544	299,158
TENCENT HOLDINGS LTD 144A	3.60%	01/19/2028	400,000	425,870	435,988
CAPITAL ONE MULTI-ASSET A3 A3	2.06%	08/15/2028	198,000	199,980	211,143
JAMESTOWN CLO IX 9A A1AR 144A	1.44%	10/20/2028	400,000	399,520	394,200
SALEM FIELDS CLO L 2A A1R 144A	1.39%	10/25/2028	250,000	237,584	245,838
OZLM FUNDING III 3A A2AR 144A	2.21%	01/22/2029	250,000	250,000	244,843
TCW CLO 2019-1 AMR L 1A A 144A	1.46%	02/15/2029	250,000	245,000	246,014
ADVENTIST HEALTH SYSTEM/WEST	2.95%	03/01/2029	65,000	64,369	67,135
THL CREDIT WIND RIV 1A AR 144A	1.41%	04/18/2029	316,917	309,565	310,576
BENEFIT STREET P IIIA A2R 144A	2.07%	07/20/2029	250,000	248,050	242,612
CHESAPEAKE FUNDING 3A A1 144A	1.91%	08/15/2029	146,161	145,896	146,665
ABU DHABI GOVERNMENT INTE 144A	2.50%	09/30/2029	200,000	206,800	209,500
AOA 2015-1177 MORT 1177 A 144A	2.96%	12/13/2029	275,000	276,987	276,716
ATRIUM IX 9A AR 144A	1.61%	05/28/2030	500,000	500,000	491,265
SAUDI GOVERNMENT INTERNAT 144A	3.25%	10/22/2030	275,000	287,100	294,806
ONEMAIN FINANCIAL IS 1A A 144A	3.48%	02/14/2031	140,000	141,400	142,377
MORGAN STANLEY CAP MART A 144A	2.20%	09/13/2031	275,000	274,609	273,917
HILTON GRAND VACATIO AA A 144A	3.54%	02/25/2032	766,000	791,374	780,270
GS MORTGAGE SECURIT SMP B 144A	1.67%	08/15/2032	600,000	600,000	570,078

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2020

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
JP MORGAN CHASE C WPT BFL 144A	1.41%	07/05/2033	308,853	308,853	291,925
DBWF MORTGAGE TRUS LCM A2 144A	3.42%	06/10/2034	260,000	270,298	252,434
HUDSONS BAY SIMO HB10 A10 144A	4.15%	08/05/2034	127,261	132,734	105,541
TRTX 2019-FL3 ISSUE FL3 C 144A	2.28%	10/15/2034	256,500	256,500	239,847
BELLA VISTA MORTGAGE TRUS 1 3A	3.43%	02/22/2035	32,372	32,294	30,793
CITIGROUP COMMERCIAL 375P C 144A	3.52%	05/10/2035	180,793	184,479	181,164
BSPRT 2018-FL4 ISSU FL4 A 144A	1.22%	09/15/2035	161,500	161,500	158,472
BX COMMERCIAL MORTGA XL B 144A	1.25%	10/15/2036	95,540	95,540	93,866
BX COMMERCIAL MORTGA XL E 144A	1.97%	10/15/2036	238,850	238,850	231,078
FONTAINEBLEAU MIAM FBLU A 144A	3.14%	12/10/2036	250,000	257,500	251,055
FONTAINEBLEAU MIAM FBLU B 144A	3.45%	12/10/2036	250,000	257,498	242,108
GREAT WOLF TRUST 2 WOLF A 144A	1.21%	12/15/2036	290,000	289,275	278,496
AMSR 2020-SFR1 TRU SFR1 A 144A	1.82%	04/17/2037	800,000	799,971	808,648
CSMC 2014-USA OA L USA A2 144A	3.95%	09/15/2037	268,000	285,912	261,563
DOMINION ENERGY SOUTH CAROLINA	6.05%	01/15/2038	75,000	102,344	108,955
UNITEDHEALTH GROUP INC	3.50%	08/15/2039	216,000	246,417	251,171
SOFI PROFESSIONAL L E A2A 144A	1.86%	11/26/2040	38,251	38,201	38,272
BX TRUST 2019-OC11 OC11 A 144A	3.20%	12/09/2041	227,000	233,798	236,480
TRITON CONTAINER FIN 2A A 144A	4.19%	06/22/2043	280,000	282,691	280,084
TEACHERS INSURANCE & ANNU 144A	4.90%	09/15/2044	200,000	248,068	256,966
WELLS FARGO COMMERCIAL LC12 B	4.28%	07/15/2046	10,000	10,325	9,044
COMM 2014-UBS3 MORTGAG UBS3 A3	3.55%	06/10/2047	210,066	219,831	224,245
COMM 2014-UBS4 MOR UBS4 D 144A	4.71%	08/10/2047	525,000	484,157	269,183
ANGEL OAK MORTGAGE T 4 A1 144A	2.99%	07/26/2049	179,281	178,599	180,753
COMM 2016-COR1 MORTGAG COR1 AM	3.49%	10/10/2049	52,000	54,052	54,470
ADVOCATE HEALTH & HOSPITALS CO	3.39%	10/15/2049	114,000	115,425	125,506
CSAIL 2016-C7 COMMERC C7 D 144A	4.39%	11/15/2049	300,000	265,324	192,255
JPMDB COMMERCIAL MORTGAG C4 A3	3.14%	12/15/2049	1,600,000	1,662,875	1,741,280
CSMC 2020-AFC1 TR AFC1 A1 144A	2.24%	02/25/2050	142,314	142,314	144,498
STARWOOD MORTGAGE RE 1 A1 144A	2.28%	02/25/2050	90,034	90,033	90,784
AMAZON.COM INC	2.50%	06/03/2050	148,000	146,486	151,940
WELLS FARGO COMMERCIAL C41 AS	3.79%	11/15/2050	290,463	309,051	310,473
BENCHMARK 2019-B11 MORT B11 A5	3.54%	05/15/2052	3,025,000	3,288,388	3,471,339
CSAIL 2019-C18 COMMERC C18 AS	3.32%	12/15/2052	122,455	126,128	131,847
WELLS FARGO COMMERC NXS5 E 144A	4.97%	01/15/2059	216,000	216,380	145,722
DEEPHAVEN RESIDENTI 3A A1 144A	2.96%	07/25/2059	190,679	189,845	193,566
DEEPHAVEN RESIDENTI 4A A1 144A	2.79%	10/25/2059	123,735	122,807	125,030
PEPPERDINE UNIVERSITY	3.30%	12/01/2059	52,000	52,000	53,404
ANGEL OAK MORTGAGE T 1 A1 144A	2.47%	12/25/2059	62,649	62,648	63,104
DEEPHAVEN RESIDENTIA 1 A1 144A	2.34%	01/25/2060	89,858	89,857	90,819
GCA 2019-NQM2 TR NQM1 A1 144A	2.25%	01/25/2060	94,123	94,121	94,939
VERUS SECURITIZATION 1 A1 144A	2.42%	01/25/2060	210,650	209,077	213,544
			<u>\$ 62,361,134</u>	<u>\$ 63,012,033</u>	<u>\$ 63,017,935</u>

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER**

**JUNE 30, 2020**

**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
YALE UNIVERSITY DISC	0.00%	08/04/2020	\$ 750,000	\$ 747,532	\$ 747,532
GENERAL MOTORS CO	1.27%	08/07/2020	110,000	110,000	109,974
HUNTINGTON NATIONAL BANK/THE	2.88%	08/20/2020	750,000	753,960	751,403
COMCAST CORP	0.63%	10/01/2020	310,000	310,000	310,239
CONAGRA BRANDS INC	0.77%	10/09/2020	235,000	235,000	235,132
BANK OF AMERICA CORP	2.63%	10/19/2020	390,000	391,558	392,652
CITIGROUP INC	2.65%	10/26/2020	225,000	220,936	226,571
FIFTH THIRD BANK NA	0.52%	10/30/2020	200,000	200,000	200,116
GENERAL MOTORS FINANCIAL CO IN	1.04%	11/06/2020	200,000	200,000	199,204
EXPRESS SCRIPTS HOLDING CO	1.11%	11/30/2020	260,000	260,000	260,018
SEMPRA ENERGY	0.78%	01/15/2021	95,000	95,000	95,016
ESKOM HOLDINGS SOC LTD 144A	5.75%	01/26/2021	200,000	202,888	190,260
TRUIST FINANCIAL CORP	0.91%	02/01/2021	235,000	235,000	235,153
OCCIDENTAL PETROLEUM CORP	1.40%	02/08/2021	60,000	60,000	59,112
FORD CREDIT AUTO LEASE TR A A1	1.73%	02/15/2021	231,753	231,753	232,142
WORLD OMNI AUTO RECEIVABL A A1	1.64%	02/16/2021	252,662	252,662	252,892
CAPITAL ONE PRIME AUTO RE 1 A1	1.64%	02/16/2021	216,464	216,464	216,464
GM FINANCIAL AUTOMOBILE L 1 A1	1.63%	02/22/2021	236,802	236,802	237,202
MARRIOTT INTERNATIONAL INC/MD	0.97%	03/08/2021	100,000	100,000	99,039
CVS HEALTH CORP	1.03%	03/09/2021	85,000	85,000	85,323
UNITED PARCEL SERVICE INC	2.05%	04/01/2021	375,000	380,021	379,838
NISSAN AUTO RECEIVABLES 2 A A1	0.98%	04/15/2021	208,557	208,557	208,557
CARMAX AUTO OWNER TRUST 2 2 A1	1.25%	05/17/2021	144,079	144,079	144,308
AMERICAN EXPRESS CO	0.91%	05/17/2021	220,000	220,000	220,561
JPMORGAN CHASE & CO	2.40%	06/07/2021	750,000	762,878	762,788
DRIVE AUTO RECEIVABLES TR 2 A1	0.32%	06/15/2021	230,000	230,000	230,000
SPIRIT AEROSYSTEMS INC	1.11%	06/15/2021	130,000	130,000	121,074
CONSOLIDATED EDISON CO OF NEW	0.70%	06/25/2021	320,000	320,000	320,653
WORLD OMNI AUTOMOBILE LEA A A3	2.83%	07/15/2021	161,977	162,660	162,274
FIFTH THIRD BANK NA	0.68%	07/26/2021	345,000	345,000	345,700
GOLDMAN SACHS GROUP INC/THE	5.25%	07/27/2021	350,000	349,745	367,504
GOLDMAN SACHS GROUP INC/THE	5.25%	07/27/2021	200,000	209,920	210,002
REGIONS BANK/BIRMINGHAM AL	0.93%	08/13/2021	250,000	250,000	249,960
OCCIDENTAL PETROLEUM CORP	1.68%	08/13/2021	40,000	40,000	38,213
DOMINION ENERGY INC	2.72%	08/15/2021	90,000	90,022	91,978
NEXTERA ENERGY CAPITAL HOLDING	0.92%	08/28/2021	280,000	280,000	280,098
MPLX LP	1.21%	09/09/2021	140,000	140,000	138,890
CIGNA CORP	0.95%	09/17/2021	99,000	94,859	99,005
BANK OF AMERICA CORP	0.95%	10/01/2021	290,000	290,000	290,226
HEWLETT PACKARD ENTERPRISE CO	1.02%	10/05/2021	225,000	225,000	224,564
MCDONALD'S CORP	0.68%	10/28/2021	500,000	501,330	501,115
GOLDMAN SACHS GROUP INC/THE	1.56%	11/15/2021	250,000	250,000	250,748
WORLD OMNI AUTOMOBILE LEA A A2	2.89%	11/15/2021	142,822	143,603	143,776
DUKE ENERGY FLORIDA LLC	0.61%	11/26/2021	205,000	205,000	204,893
MORGAN STANLEY	1.45%	01/20/2022	195,000	195,000	195,801
WELLS FARGO & CO	1.38%	02/11/2022	71,000	71,346	71,215
SUNAC CHINA HOLDINGS LTD REGS	7.88%	02/15/2022	200,000	209,500	205,246
AMERICAN EXPRESS CREDIT CORP	1.04%	03/03/2022	145,000	145,000	145,576
CAPITAL ONE FINANCIAL CORP	1.26%	03/09/2022	175,000	175,000	174,760
VERIZON COMMUNICATIONS INC	1.32%	03/16/2022	110,000	110,000	111,478
APACHE CORP	3.25%	04/15/2022	123,000	119,310	119,022
CITIGROUP INC	1.20%	04/25/2022	175,000	175,000	175,963
STARBUCKS CORP	1.30%	05/07/2022	40,000	39,972	40,559
MORGAN STANLEY	2.75%	05/19/2022	400,000	386,000	415,860
AMERICAN EXPRESS CO	1.00%	05/20/2022	380,000	380,000	380,646

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2020

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		
TURKIYE VAKIFLAR BANKASI 144A	5.63%	05/30/2022	200,000	199,000	197,778
BECTON DICKINSON AND CO	2.89%	06/06/2022	245,000	241,124	253,717
MORGAN STANLEY	0.94%	06/10/2022	360,000	360,000	359,975
BANK OF AMERICA CORP	0.95%	06/25/2022	330,000	330,000	330,228
GENERAL MOTORS FINANCIAL CO IN	1.62%	06/30/2022	245,000	245,000	240,039
MONDELEZ INTERNATIONAL INC	0.63%	07/01/2022	90,000	89,987	89,987
CONSOLIDATED COMMUNICATIONS IN	6.50%	10/01/2022	122,000	119,865	112,216
KAISA GROUP HOLDINGS LTD 144A	11.95%	10/22/2022	200,000	212,750	207,750
CITIGROUP INC	1.55%	11/04/2022	470,000	470,000	468,134
WORLD OMNI AUTO RECEIVABL A A2	1.71%	11/15/2022	460,000	459,978	464,559
BANK OF AMERICA CORP	3.30%	01/11/2023	2,125,000	2,196,740	2,267,970
KINDER MORGAN INC	1.56%	01/15/2023	115,000	115,000	114,969
COUNTRY GARDEN HOLDINGS C REGS	4.75%	01/17/2023	200,000	202,000	203,000
MORGAN STANLEY	0.77%	01/20/2023	380,000	380,000	378,712
GOLDMAN SACHS GROUP INC/THE	1.11%	02/23/2023	157,000	147,126	156,246
GENERAL ELECTRIC CO	1.31%	03/15/2023	183,000	161,025	178,681
CARNIVAL CORP 144A	11.50%	04/01/2023	199,000	197,010	215,915
RITE AID CORP 144A	6.13%	04/01/2023	126,000	114,345	122,535
FOURSIGHT CAPITAL AUT 1 B 144A	3.53%	04/17/2023	100,000	101,066	101,766
MICRON TECHNOLOGY INC	2.50%	04/24/2023	67,000	67,000	69,630
VOLKSWAGEN GROUP OF AMERI 144A	3.13%	05/12/2023	200,000	199,904	210,348
AHERN RENTALS INC 144A	7.38%	05/15/2023	60,000	50,437	28,800
TENET HEALTHCARE CORP	6.75%	06/15/2023	110,000	117,973	109,175
NIGERIA GOVERNMENT INTERN 144A	6.38%	07/12/2023	200,000	209,030	203,080
WPX ENERGY INC	8.25%	08/01/2023	20,000	14,350	22,200
ROPER TECHNOLOGIES INC	3.65%	09/15/2023	107,000	109,957	116,346
YUZHOU GROUP HOLDINGS CO REGS	6.00%	10/25/2023	200,000	198,250	192,733
EGYPT GOVERNMENT INTERNAT 144A	4.55%	11/20/2023	200,000	206,200	197,684
DANSKE BANK A/S 144A	5.38%	01/12/2024	200,000	219,262	222,564
PARK AEROSPACE HOLDINGS L 144A	5.50%	02/15/2024	250,000	273,245	228,710
CLEAR CHANNEL WORLDWIDE HOLDIN	9.25%	02/15/2024	63,000	64,418	58,439
GOLDMAN SACHS GROUP INC/THE	4.00%	03/03/2024	2,150,000	2,286,138	2,377,040
DRIVE AUTO RECEIVABL CA D 144A	4.18%	03/15/2024	31,748	32,207	32,193
AVIS BUDGET RENTAL C 2A A 144A	2.97%	03/20/2024	1,600,000	1,647,000	1,605,056
MEG ENERGY CORP 144A	7.00%	03/31/2024	104,000	98,741	89,180
AMC NETWORKS INC	5.00%	04/01/2024	83,000	81,678	82,170
SAUDI ARABIAN OIL CO 144A	2.88%	04/16/2024	200,000	203,028	207,868
SURA ASSET MANAGEMENT SA 144A	4.88%	04/17/2024	100,000	108,250	106,471
AVOLON HOLDINGS FUNDING L 144A	5.25%	05/15/2024	225,000	243,970	205,434
UBS AG REGS	5.13%	05/15/2024	900,000	975,417	974,722
PERIMETER MASTER NOT 2A A 144A	4.23%	05/15/2024	117,000	116,981	118,044
MPH ACQUISITION HOLDINGS 144A	7.13%	06/01/2024	121,000	118,278	112,530
CONTINENTAL RESOURCES INC/OK	3.80%	06/01/2024	224,000	160,020	209,444
KAISA GROUP HOLDINGS LTD REGS	9.38%	06/30/2024	200,000	198,500	182,978
DAVITA INC	5.13%	07/15/2024	450,000	462,150	457,875
HAT HOLDINGS I LLC / HAT 144A	5.25%	07/15/2024	115,000	116,395	117,300
CITGO HOLDING INC 144A	9.25%	08/01/2024	119,000	120,330	118,405
WPX ENERGY INC	5.25%	09/15/2024	136,000	128,685	133,960
GLOBAL AIRCRAFT LEASING C 144A	6.50%	09/15/2024	146,000	146,545	97,820
DRIVE AUTO RECEIVABLES TRU 3 D	4.30%	09/16/2024	439,000	451,319	451,814
FRESENIUS MEDICAL CARE US 144A	4.75%	10/15/2024	50,000	54,476	54,130
MOHEGAN GAMING & ENTERTAI 144A	7.88%	10/15/2024	68,000	69,437	56,440
DISCOVER CARD EXECUTION N A3 A	1.89%	10/15/2024	697,000	696,850	720,252
TRANSOCEAN PHOENIX 2 LTD 144A	7.75%	10/15/2024	120,900	120,130	113,331
LAMB WESTON HOLDINGS INC 144A	4.63%	11/01/2024	450,000	473,625	466,875



**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER**

**JUNE 30, 2020**

**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
LIVE NATION ENTERTAINMENT 144A	4.88%	11/01/2024	123,000	120,988	110,700
WARRIOR MET COAL INC 144A	8.00%	11/01/2024	100,000	102,490	97,500
FIBRIA OVERSEAS FINANCE LTD	4.00%	01/14/2025	80,000	82,200	82,321
LAREDO PETROLEUM INC	9.50%	01/15/2025	206,000	206,000	142,398
BANCO DO BRASIL SA/CAYMAN 144A	4.63%	01/15/2025	200,000	211,750	207,000
AERCAP IRELAND CAPITAL DAC / A	3.50%	01/15/2025	300,000	308,859	281,778
EQT CORP	6.13%	02/01/2025	117,000	123,435	116,593
HILTON WORLDWIDE FINANCE LLC /	4.63%	04/01/2025	450,000	461,250	439,970
YUM! BRANDS INC 144A	7.75%	04/01/2025	41,000	41,000	44,229
LIFEPOINT HEALTH INC 144A	6.75%	04/15/2025	110,000	112,365	113,575
CHOBANI LLC / CHOBANI FIN 144A	7.50%	04/15/2025	120,000	114,779	115,800
AIRXCEL 4/18 COV-LITE TL	0.00%	04/25/2025	82,318	78,408	73,510
CITIGROUP INC	3.30%	04/27/2025	2,575,000	2,699,114	2,827,814
NAVISTAR INTERNATIONAL CO 144A	9.50%	05/01/2025	108,000	117,270	115,727
QUICKEN LOANS LLC 144A	5.75%	05/01/2025	117,000	116,299	119,608
XPO LOGISTICS INC 144A	6.25%	05/01/2025	227,000	233,100	237,783
HUNTINGTON INGALLS INDUST 144A	3.84%	05/01/2025	281,000	289,309	305,118
BOEING CO/THE	4.88%	05/01/2025	305,000	305,000	332,389
DELTA AIR LINES INC 144A	7.00%	05/01/2025	239,000	239,000	246,713
GAP INC/THE 144A	8.63%	05/15/2025	112,000	117,880	118,580
VAIL RESORTS INC 144A	6.25%	05/15/2025	93,000	98,115	97,301
WILLIAM CARTER CO/THE 144A	5.50%	05/15/2025	114,000	116,960	117,563
BOSTON SCIENTIFIC CORP	3.85%	05/15/2025	285,000	291,581	320,522
GOLDMAN SACHS GROUP INC/THE	3.75%	05/22/2025	450,000	487,692	498,591
DIAMONDBACK ENERGY INC	4.75%	05/31/2025	55,000	55,451	58,852
PETSMART INC 144A	5.88%	06/01/2025	281,000	282,043	281,528
ROYAL CARIBBEAN CRUISES L 144A	11.50%	06/01/2025	68,000	65,960	70,955
EXELON GENERATION CO LLC	3.25%	06/01/2025	269,000	269,637	290,439
PETSMART INC 144A	8.88%	06/01/2025	116,000	119,088	116,285
IRB HOLDING CORP 144A	7.00%	06/15/2025	114,000	118,633	117,500
NETFLIX INC 144A	3.63%	06/15/2025	50,000	50,000	50,375
NAVIENT CORP	6.75%	06/25/2025	216,000	224,733	206,010
BRAND INDUSTRIAL SERVICES 144A	8.50%	07/15/2025	151,000	148,471	135,900
AMC NETWORKS INC	4.75%	08/01/2025	100,000	102,994	98,520
TENET HEALTHCARE CORP	7.00%	08/01/2025	177,000	185,629	172,637
TESLA INC 144A	5.30%	08/15/2025	114,000	103,080	114,000
BAXTER INTERNATIONAL INC 144A	3.75%	10/01/2025	107,000	106,846	121,908
CLEARWAY ENERGY OPERATING LLC	5.75%	10/15/2025	112,000	117,684	115,640
ACRISURE LLC / ACRISURE F 144A	7.00%	11/15/2025	183,000	180,713	174,994
SALLY HOLDINGS LLC / SALLY CAP	5.63%	12/01/2025	245,000	235,541	238,052
MATTEL INC 144A	6.75%	12/31/2025	145,000	151,938	150,438
INDONESIA GOVERNMENT INTE REGS	4.75%	01/08/2026	330,000	374,550	371,620
ENVIVA PARTNERS LP / ENVI 144A	6.50%	01/15/2026	171,000	174,893	177,840
NATIONAL FUEL GAS CO	5.50%	01/15/2026	235,000	233,867	249,742
PERUVIAN GOVERNMENT INTERNATIO	2.39%	01/23/2026	265,000	271,272	275,600
WESTERN DIGITAL CORP	4.75%	02/15/2026	112,000	115,360	115,746
IRB HOLDING CORP 144A	6.75%	02/15/2026	125,000	120,000	119,375
PULTEGROUP INC	5.50%	03/01/2026	108,000	119,160	117,785
JPMORGAN CHASE & CO	3.30%	04/01/2026	2,275,000	2,390,479	2,542,836
BAUSCH HEALTH AMERICAS IN 144A	9.25%	04/01/2026	135,000	151,241	146,462
MHP LUX SA 144A	6.95%	04/03/2026	200,000	207,392	203,204
TURKEY GOVERNMENT INTERNATIONAL	4.25%	04/14/2026	200,000	192,500	182,008
COTY INC 144A	6.50%	04/15/2026	219,000	220,705	186,150
TRONOX INC 144A	6.50%	04/15/2026	125,000	120,975	116,875
PALMER SQUARE LOAN 1A A1 144A	0.88%	04/15/2026	664,713	653,546	659,938

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER**

**JUNE 30, 2020**

**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
PDC ENERGY INC	5.75%	05/15/2026	126,000	71,698	114,660
KFC HOLDING CO/PIZZA HUT 144A	5.25%	06/01/2026	450,000	471,938	461,250
UNIVERSAL HEALTH SERVICES 144A	5.00%	06/01/2026	300,000	314,946	307,410
VEREIT OPERATING PARTNERSHIP L	4.88%	06/01/2026	450,000	500,742	498,915
TRANSDIGM INC	6.38%	06/15/2026	130,000	133,188	118,427
AIRCASTLE LTD	4.25%	06/15/2026	200,000	208,058	183,552
SABINE PASS LIQUEFACTION LLC	5.88%	06/30/2026	585,000	671,997	687,375
DISH DBS CORP	7.75%	07/01/2026	285,000	295,706	302,100
AVID AUTOMOBILE RECEI 1 B 144A	2.82%	07/15/2026	500,000	499,931	507,575
AVID AUTOMOBILE RECEI 1 C 144A	3.14%	07/15/2026	500,000	499,897	505,010
BRIGHTSPHERE INVESTMENT GROUP	4.80%	07/27/2026	75,000	78,726	73,845
VIRGIN MEDIA SECURED FINA 144A	5.50%	08/15/2026	450,000	473,063	460,323
ADIANT GLOBAL HOLDINGS LT 144A	4.88%	08/15/2026	200,000	169,000	163,960
BOYD GAMING CORP	6.00%	08/15/2026	250,000	253,352	233,675
SELECT MEDICAL CORP 144A	6.25%	08/15/2026	113,000	119,498	114,237
BANFF MERGER SUB INC 144A	9.75%	09/01/2026	115,000	116,150	115,719
LISTRINDO CAPITAL BV 144A	4.95%	09/14/2026	200,000	206,500	201,000
NOURYON HOLDING BV 144A	8.00%	10/01/2026	150,000	156,000	153,554
WELLS FARGO & CO	3.00%	10/23/2026	2,300,000	2,381,651	2,506,471
UBER TECHNOLOGIES INC 144A	8.00%	11/01/2026	111,000	118,493	112,943
PENN NATIONAL GAMING INC 144A	5.63%	01/15/2027	176,000	181,158	164,187
MEDNAX INC 144A	6.25%	01/15/2027	117,000	119,925	117,000
BROADCOM CORP / BROADCOM CAYMA	3.88%	01/15/2027	500,000	527,620	540,310
MEG ENERGY CORP 144A	7.13%	02/01/2027	225,000	219,330	187,031
TENET HEALTHCARE CORP 144A	6.25%	02/01/2027	210,000	216,467	208,425
SINCLAIR TELEVISION GROUP 144A	5.13%	02/15/2027	100,000	101,280	91,000
ZAYO GROUP HOLDINGS INC 144A	4.00%	03/01/2027	119,000	117,693	113,236
NAVIENT CORP	5.00%	03/15/2027	133,000	110,888	111,720
AMERICAN AXLE & MANUFACTURING	6.50%	04/01/2027	132,000	119,130	128,122
CVS HEALTH CORP	3.63%	04/01/2027	266,000	289,721	298,715
ANGLO AMERICAN CAPITAL PL 144A	4.75%	04/10/2027	250,000	271,493	278,253
CSC HOLDINGS LLC 144A	5.50%	04/15/2027	200,000	211,500	208,100
SURGERY CENTER HOLDINGS I 144A	10.00%	04/15/2027	105,000	106,315	105,000
CCO HOLDINGS LLC / CCO HO 144A	5.13%	05/01/2027	450,000	471,938	465,570
BOEING CO/THE	5.04%	05/01/2027	261,000	261,000	287,833
IHEARTCOMMUNICATIONS INC	8.38%	05/01/2027	184,000	184,920	168,612
GRAY TELEVISION INC 144A	7.00%	05/15/2027	216,000	237,019	221,400
NISOURCE INC	3.49%	05/15/2027	486,000	510,217	549,603
CLARIOS GLOBAL LP / CLARI 144A	8.50%	05/15/2027	123,000	124,299	123,609
CENTURY COMMUNITIES INC	6.75%	06/01/2027	95,000	101,915	95,475
TRI POINTE GROUP INC	5.25%	06/01/2027	100,000	100,499	99,500
UPJOHN INC 144A	2.30%	06/22/2027	457,000	461,558	471,409
BORGWARNER INC	2.65%	07/01/2027	84,000	83,764	86,184
AVIS BUDGET CAR RENTAL LL 144A	5.75%	07/15/2027	450,000	471,375	344,480
INTUIT INC	1.35%	07/15/2027	160,000	159,850	160,736
NEXSTAR BROADCASTING INC 144A	5.63%	07/15/2027	247,000	250,071	245,162
VERTICAL US NEWCO INC 144A	5.25%	07/15/2027	200,000	200,000	200,000
SCRIPPS ESCROW INC 144A	5.88%	07/15/2027	150,000	153,794	142,125
CNAC HK FINBRIDGE CO LTD REGS	4.13%	07/19/2027	250,000	263,500	271,357
PARALLEL 2015-1 LTD 1A AR 144A	1.12%	07/20/2027	280,058	272,357	272,907
AVERY POINT VI CLO 6A AR 144A	1.59%	08/05/2027	250,000	245,375	247,339
NGPL PIPECO LLC 144A	4.88%	08/15/2027	200,000	215,262	219,784
E*TRADE FINANCIAL CORP	3.80%	08/24/2027	200,000	206,442	221,820
AES CORP/THE	5.13%	09/01/2027	113,000	119,498	117,238
NEXTERA ENERGY OPERATING 144A	4.50%	09/15/2027	113,000	120,096	118,122

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER**

**JUNE 30, 2020**

**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)
	<b>CORPORATE DEBT INSTRUMENTS - OTHER</b>				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
FMG RESOURCES AUGUST 2006 144A	4.50%	09/15/2027	116,000	118,610	116,043
ESH HOSPITALITY INC 144A	4.63%	10/01/2027	450,000	453,375	421,313
SOUTHWESTERN ENERGY CO	7.75%	10/01/2027	130,000	122,525	113,100
ESH HOSPITALITY INC 144A	4.63%	10/01/2027	140,000	132,356	131,075
PARSLEY ENERGY LLC / PARS 144A	5.63%	10/15/2027	146,000	117,610	143,810
BRINK'S CO/THE 144A	4.63%	10/15/2027	63,000	62,982	60,480
MPT OPERATING PARTNERSHIP LP /	5.00%	10/15/2027	226,000	240,229	232,215
HALCYON LOAN ADVIS 3A A1R 144A	1.17%	10/18/2027	356,035	349,982	351,006
GARDA WORLD SECURITY CORP 144A	9.50%	11/01/2027	115,000	118,738	121,613
UNITED RENTALS NORTH AMERICA I	3.88%	11/15/2027	450,000	456,188	448,875
ITC HOLDINGS CORP	3.35%	11/15/2027	97,000	98,894	107,319
BOYD GAMING CORP 144A	4.75%	12/01/2027	72,000	51,840	61,920
MURPHY OIL CORP	5.88%	12/01/2027	130,000	126,100	114,400
LITHIA MOTORS INC 144A	4.63%	12/15/2027	232,000	237,087	229,680
MATCH GROUP HOLDINGS II L 144A	5.00%	12/15/2027	231,000	236,471	240,367
CITIGROUP INC	3.89%	01/10/2028	389,000	418,757	438,481
CHURCHILL DOWNS INC 144A	4.75%	01/15/2028	40,000	40,670	38,600
NRG ENERGY INC	5.75%	01/15/2028	213,000	231,750	224,715
UNITED RENTALS NORTH AMERICA I	4.88%	01/15/2028	349,000	348,704	357,725
CONTIMORTGAGE HOME EQUITY 4 A8	7.22%	01/15/2028	4,893	5,049	4,670
MINERVA LUXEMBOURG SA 144A	5.88%	01/19/2028	200,000	205,750	195,440
BAUSCH HEALTH COS INC 144A	5.00%	01/30/2028	59,000	59,000	55,548
XYLEM INC/NY	1.95%	01/30/2028	219,000	219,128	220,879
ENCOMPASS HEALTH CORP	4.50%	02/01/2028	18,000	18,450	17,264
CCO HOLDINGS LLC / CCO HO 144A	5.00%	02/01/2028	150,000	155,669	154,875
RADIOLOGY PARTNERS INC 144A	9.25%	02/01/2028	118,000	122,518	111,215
PETROLEOS MEXICANOS	5.35%	02/12/2028	370,000	356,125	310,800
LAMAR MEDIA CORP 144A	3.75%	02/15/2028	425,000	426,063	400,690
HECLA MINING CO	7.25%	02/15/2028	78,000	78,000	79,170
VOC ESCROW LTD 144A	5.00%	02/15/2028	128,000	120,640	95,040
TOLL BROTHERS FINANCE CORP	4.35%	02/15/2028	100,000	103,750	103,750
BAYER CORP 144A	6.65%	02/15/2028	83,000	101,148	108,088
PALMER SQUARE LOAN 1A A1 144A	1.18%	02/20/2028	246,041	240,997	242,444
EGYPT GOVERNMENT INTERNAT 144A	6.59%	02/21/2028	200,000	201,400	197,092
GRIFFON CORP	5.75%	03/01/2028	106,000	106,000	104,675
FREEPORT-MCMORAN INC	4.13%	03/01/2028	122,000	122,000	118,340
ZAYO GROUP HOLDINGS INC 144A	6.13%	03/01/2028	49,000	49,000	47,653
SAUDI GOVERNMENT INTERNAT 144A	3.63%	03/04/2028	250,000	264,500	274,475
CIT GROUP INC	6.13%	03/09/2028	49,000	59,045	52,816
CALPINE CORP 144A	5.13%	03/15/2028	114,000	114,713	111,720
NETFLIX INC	4.88%	04/15/2028	168,000	185,813	179,637
NVENT FINANCE SARL	4.55%	04/15/2028	445,000	464,977	476,034
EPR PROPERTIES	4.95%	04/15/2028	198,000	217,420	189,060
BACARDI LTD 144A	4.70%	05/15/2028	450,000	495,045	508,982
TRIMBLE INC	4.90%	06/15/2028	200,000	218,585	229,574
BANK OF AMERICA CORP	3.59%	07/21/2028	425,000	450,480	476,353
AUSGRID FINANCE PTY LTD 144A	4.35%	08/01/2028	175,000	191,163	194,609
DISCOVER BANK	4.68%	08/09/2028	550,000	576,848	555,198
WESTINGHOUSE AIR BRAKE TECHNOL	4.95%	09/15/2028	325,000	362,534	362,226
APACHE CORP	4.38%	10/15/2028	143,000	123,435	126,278
APEX CREDIT CLO 2 1A AS1R 144A	1.54%	10/27/2028	137,623	137,623	135,764
SPRINT CAPITAL CORP	6.88%	11/15/2028	289,000	338,050	351,858
AI CANDELARIA SPAIN SLU 144A	7.50%	12/15/2028	250,000	284,750	252,500
MARLETTE FUNDING TRU 4A A 144A	3.71%	12/15/2028	121,057	122,211	122,210
KVK CLO 2016-1 LTD 1A B 144A	2.53%	01/15/2029	446,487	447,157	438,115

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER**

**JUNE 30, 2020**

**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
ANHEUSER-BUSCH INBEV WORLDWIDE	4.75%	01/23/2029	550,000	607,266	664,560
ALTRIA GROUP INC	4.80%	02/14/2029	190,000	198,522	221,833
BANK OF AMERICA CORP	3.97%	03/05/2029	170,000	188,758	194,766
MACQUARIE GROUP LTD 144A	4.65%	03/27/2029	200,000	223,890	225,952
JBS USA LUX SA / JBS USA 144A	6.50%	04/15/2029	180,000	198,437	191,025
NETFLIX INC	6.38%	05/15/2029	308,000	352,279	357,280
PENNSYLVANIA ELECTRIC CO 144A	3.60%	06/01/2029	105,000	111,548	117,913
NRG ENERGY INC 144A	5.25%	06/15/2029	167,000	170,549	175,350
NRG ENERGY INC 144A	4.45%	06/15/2029	250,000	265,525	262,390
IMPERIAL BRANDS FINANCE P 144A	3.88%	07/26/2029	275,000	275,759	289,542
LAS VEGAS SANDS CORP	3.90%	08/08/2029	90,000	92,705	88,785
TEGNA INC 144A	5.00%	09/15/2029	450,000	457,740	421,277
IRON MOUNTAIN INC 144A	4.88%	09/15/2029	450,000	461,250	437,625
TEGNA INC 144A	5.00%	09/15/2029	118,000	118,625	110,468
MURPHY OIL USA INC	4.75%	09/15/2029	64,000	67,850	65,440
COMMONSPIRIT HEALTH	3.35%	10/01/2029	162,000	162,795	166,633
GLOBAL ATLANTIC FIN CO 144A	4.40%	10/15/2029	250,000	251,328	230,165
MOUNTAIN VIEW CLO 2 1A AR 144A	1.36%	10/16/2029	250,000	250,000	244,511
SANTANDER UK PLC	7.95%	10/26/2029	235,000	304,460	312,261
SCIENTIFIC GAMES INTERNAT 144A	7.25%	11/15/2029	111,000	121,192	88,800
ONEMAIN FINANCE CORP	5.38%	11/15/2029	271,000	274,933	253,385
CHENIERE CORPUS CHRISTI H 144A	3.70%	11/15/2029	67,000	66,950	68,358
CEMEX SAB DE CV 144A	5.45%	11/19/2029	200,000	213,500	184,740
DIAMONDBACK ENERGY INC	3.50%	12/01/2029	135,000	93,150	130,757
JD.COM INC	3.38%	01/14/2030	200,000	201,658	213,452
HILTON DOMESTIC OPERATING CO I	4.88%	01/15/2030	236,000	229,510	232,460
TERRAFORM POWER OPERATING 144A	4.75%	01/15/2030	230,000	239,200	233,450
GLOBO COMUNICACAO E PARTI 144A	4.88%	01/22/2030	200,000	200,000	180,500
COLOMBIA GOVERNMENT INTERNATIO	3.00%	01/30/2030	200,000	199,400	198,102
WESTERN MIDSTREAM OPERATING LP	5.05%	02/01/2030	326,000	291,748	313,804
CENTENE CORP	3.38%	02/15/2030	450,000	452,250	454,370
ALBERTSONS COS INC / SAFE 144A	4.88%	02/15/2030	173,000	175,878	177,001
HEALTHCARE TRUST OF AMERICA HO	3.10%	02/15/2030	150,000	150,638	151,340
AT&T INC	4.30%	02/15/2030	90,000	100,710	105,476
CENTENE CORP	3.38%	02/15/2030	159,000	159,000	160,544
ASSURANT INC	3.70%	02/22/2030	100,000	100,780	100,528
FREEPORT-MCMORAN INC	4.25%	03/01/2030	126,000	120,015	122,220
CCO HOLDINGS LLC / CCO HO 144A	4.75%	03/01/2030	256,000	266,686	261,937
CARLISLE COS INC	2.75%	03/01/2030	158,000	156,034	162,625
TURKEY GOVERNMENT INTERNATIONAL	5.25%	03/13/2030	200,000	196,914	179,000
HEALTHCARE REALTY TRUST INC	2.40%	03/15/2030	81,000	80,729	77,065
DOMINION ENERGY INC	3.38%	04/01/2030	235,000	232,638	259,400
EXELON CORP	4.05%	04/15/2030	100,000	99,794	115,470
BAE SYSTEMS PLC 144A	3.40%	04/15/2030	233,000	231,360	253,777
WALGREENS BOOTS ALLIANCE INC	3.20%	04/15/2030	126,000	125,990	130,171
BIOGEN INC	2.25%	05/01/2030	578,000	577,844	582,716
IDEX CORP	3.00%	05/01/2030	72,000	71,870	75,133
BOEING CO/THE	5.15%	05/01/2030	159,000	159,000	177,290
ALCON FINANCE CORP 144A	2.60%	05/27/2030	410,000	411,679	420,283
AUTONATION INC	4.75%	06/01/2030	21,000	20,891	22,755
BOSTON SCIENTIFIC CORP	2.65%	06/01/2030	319,000	318,525	332,424
ANHEUSER-BUSCH INBEV WORLDWIDE	3.50%	06/01/2030	448,000	447,709	503,745
RAYTHEON TECHNOLOGIES CORP	2.25%	07/01/2030	323,000	322,587	336,405
COSTAR GROUP INC 144A	2.80%	07/15/2030	74,000	73,942	75,729
HCA INC	3.50%	09/01/2030	450,000	450,000	433,427

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2020

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		
CITIGROUP INC	2.67%	01/29/2031	178,000	179,083	184,809
PSEG POWER LLC	8.63%	04/15/2031	150,000	211,944	210,482
QUEST DIAGNOSTICS INC	2.80%	06/30/2031	149,000	148,782	156,314
FORD MOTOR CO	7.45%	07/16/2031	318,000	347,573	334,695
TORONTO-DOMINION BANK/THE	3.63%	09/15/2031	200,000	208,310	225,006
OCCIDENTAL PETROLEUM CORP	7.88%	09/15/2031	300,000	405,177	284,064
J.P. MORGAN CHASE WIKI C 144A	3.55%	10/05/2031	140,000	141,838	133,724
J.P. MORGAN CHASE WIKI E 144A	4.01%	10/05/2031	276,000	279,256	233,559
ALLY FINANCIAL INC	8.00%	11/01/2031	84,000	117,267	108,388
JP MORGAN CHASE COM LAQ A 144A	1.17%	06/15/2032	249,319	249,202	234,340
JP MORGAN CHASE COM LAQ B 144A	1.47%	06/15/2032	178,085	178,141	163,820
CF TRUST 2019-MF1 MF1 D 144A	2.95%	08/21/2032	400,000	400,063	371,516
PULTEGROUP INC	6.38%	05/15/2033	48,000	59,126	56,160
LOANCORE 2019-CRE3 CRE3 A 144A	1.22%	04/15/2034	500,000	500,703	490,945
WESTPAC BANKING CORP	4.11%	07/24/2034	175,000	183,300	193,067
NATIONAL AUSTRALIA BANK L 144A	3.93%	08/02/2034	250,000	258,660	272,465
TRTX 2019-FL3 ISSUE FL3 A 144A	1.33%	10/15/2034	525,000	525,000	514,369
BBCMS 2019-BWAY MO BWAY A 144A	1.13%	11/25/2034	113,000	112,237	109,052
BBCMS 2019-BWAY MO BWAY B 144A	1.48%	11/25/2034	150,000	149,024	143,156
BBCMS 2019-BWAY MO BWAY C 144A	1.78%	11/25/2034	200,000	198,709	189,398
DBGS 2018-BIOD MOR BIOD A 144A	0.98%	05/15/2035	256,717	256,556	250,928
ANHEUSER-BUSCH COS LLC / ANHEU	4.70%	02/01/2036	100,000	116,703	117,807
NEWELL BRANDS INC	5.88%	04/01/2036	210,000	233,033	223,913
GENERAL MOTORS CO	6.60%	04/01/2036	700,000	793,489	756,707
VMC FINANCE 2019-FL FL3 A 144A	1.28%	09/15/2036	916,028	916,314	890,837
BX COMMERCIAL MORTGA XL A 144A	1.09%	10/15/2036	477,700	477,700	474,065
BX COMMERCIAL MORT XL XCP 144A	0.08%	10/15/2036	108,664,264	87,573	27,068
BX COMMERCIAL MORTGA XL C 144A	1.42%	10/15/2036	95,540	95,540	93,388
BX COMMERCIAL MORTGA XL D 144A	1.62%	10/15/2036	191,080	191,080	186,297
GS MORTGAGE SECUR 70P XCP 144A	0.51%	10/15/2036	54,761,000	384,784	209,187
OWENS CORNING	7.00%	12/01/2036	41,000	51,893	52,388
PFP 2019-6 LTD 6 B 144A	1.88%	04/14/2037	500,000	500,000	468,170
PFP 2019-6 LTD 6 C 144A	2.28%	04/14/2037	332,000	332,000	312,080
VALERO ENERGY CORP	6.63%	06/15/2037	1,805,000	2,422,389	2,400,325
GENERAL ELECTRIC CO	6.15%	08/07/2037	160,000	212,527	186,477
BAT CAPITAL CORP	4.39%	08/15/2037	502,000	497,871	547,737
WELLS FARGO BANK NA	6.60%	01/15/2038	250,000	360,300	368,143
CVS HEALTH CORP	4.78%	03/25/2038	476,000	537,138	591,478
PRIMA CAPITAL CRE RK1 AG 144A	4.00%	04/15/2038	103,866	109,964	118,308
PRIMA CAPITAL CRE RK1 AT 144A	4.45%	04/15/2038	100,000	107,773	103,936
DOMINION ENERGY INC	7.00%	06/15/2038	57,000	80,984	81,164
GS MORTGAGE SECURI BOCA B 144A	1.67%	06/15/2038	100,000	100,063	92,990
TIME WARNER CABLE LLC	7.30%	07/01/2038	500,000	638,238	688,220
COX COMMUNICATIONS INC 144A	8.38%	03/01/2039	360,000	542,920	588,103
COMCAST CORP	6.55%	07/01/2039	500,000	742,610	755,005
EXELON GENERATION CO LLC	6.25%	10/01/2039	150,000	191,777	178,127
PROTECTIVE LIFE CORP	8.45%	10/15/2039	200,000	303,044	307,750
OGLETHORPE POWER CORP	5.95%	11/01/2039	205,000	266,034	270,664
ZIMMER BIOMET HOLDINGS INC	5.75%	11/30/2039	384,000	464,608	493,229
AT&T INC	6.00%	08/15/2040	725,000	907,497	983,506
MATTEL INC	5.45%	11/01/2041	163,000	139,842	135,238
GLENORE FINANCE CANADA L 144A	5.55%	10/25/2042	250,000	272,323	269,233
NATIONAL OILWELL VARCO INC	3.95%	12/01/2042	100,000	91,733	83,572
ASHLAND LLC	6.88%	05/15/2043	45,000	51,336	51,750
CF INDUSTRIES INC	4.95%	06/01/2043	221,000	232,730	238,194

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2020

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
NEUBERGER BERMAN GROUP LL 144A	4.88%	04/15/2045	240,000	245,129	253,214
MCDONALD'S CORP	4.88%	12/09/2045	1,475,000	1,789,957	1,887,528
KRAFT HEINZ FOODS CO	4.38%	06/01/2046	300,000	284,818	294,927
EMERA US FINANCE LP	4.75%	06/15/2046	257,000	308,375	304,722
DELL INTERNATIONAL LLC / 144A	8.35%	07/15/2046	365,000	482,009	486,833
HCA INC	5.50%	06/15/2047	365,000	447,541	444,493
OWENS CORNING	4.30%	07/15/2047	255,000	248,791	259,077
BAKER HUGHES A GE CO LLC / BAK	4.08%	12/15/2047	144,000	144,852	149,543
HARDEE'S FUNDING L 1A A23 144A	5.71%	06/20/2048	136,554	143,503	136,722
BERKSHIRE HATHAWAY ENERGY CO	3.80%	07/15/2048	153,000	171,562	177,905
ASTRAZENECA PLC	4.38%	08/17/2048	141,000	194,370	188,150
WINGSTOP FUNDING 201 1 A2 144A	4.97%	12/05/2048	99,000	101,494	103,198
ALTRIA GROUP INC	5.95%	02/14/2049	187,000	237,935	245,267
NEW RESIDENTIAL M NQM3 A1 144A	2.80%	07/25/2049	157,165	155,790	159,461
ME FUNDING LLC 2019- 1 A2 144A	6.45%	07/30/2049	348,250	339,453	286,561
PERTAMINA PERSERO PT 144A	4.70%	07/30/2049	220,000	230,340	237,085
COMM 2014-277P MOR 277P A 144A	3.61%	08/10/2049	500,000	531,211	536,125
ABBVIE INC 144A	4.25%	11/21/2049	270,000	301,131	327,286
PLANET FITNESS MAST 1A A2 144A	3.86%	12/05/2049	105,470	105,470	90,858
JPMORGAN CHASE & CO	4.60%	12/31/2049	151,000	129,681	134,768
CARRIER GLOBAL CORP 144A	3.58%	04/05/2050	46,000	45,998	45,278
SNAP-ON INC	3.10%	05/01/2050	73,000	72,169	75,117
KANSAS CITY SOUTHERN	3.50%	05/01/2050	163,000	161,709	174,174
PAYPAL HOLDINGS INC	3.25%	06/01/2050	72,000	71,725	77,968
COMM 2015-PC1 MORTGAGE T PC1 C	4.36%	07/10/2050	250,000	261,074	228,555
AT&T INC	3.65%	06/01/2051	327,000	325,735	342,376
BENCHMARK 2019-B1 B12 TCC 144A	3.44%	08/15/2052	500,000	484,707	471,941
READYCAP COMMERCIAL M 6 A 144A	2.83%	10/25/2052	539,457	539,457	534,182
NEW RESIDENTIAL MOR 2A A1 144A	4.25%	12/25/2057	1,048,147	1,039,678	1,119,442
NEW RESIDENTIAL MO 4A A1B 144A	3.50%	12/25/2058	1,344,744	1,385,764	1,422,600
NEW RESIDENTIAL M NQM1 A1 144A	2.46%	01/26/2060	94,156	94,156	95,750
STANLEY BLACK & DECKER INC	4.00%	03/15/2060	192,000	192,000	192,098
			<u>\$ 272,721,531</u>	<u>\$ 114,725,816</u>	<u>\$ 114,811,886</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, 2020**

**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	684,000	\$ 653,028	\$ 534,259
E*TRADE FINANCIAL CORP	190,000	211,393	197,125
WELLS FARGO & CO	125,000	154,973	150,430
GROSVENOR INSTITUTIONAL PARTNERS LP - COMMON STOCK	-	<u>22,439,228</u>	<u>23,841,870</u>
		<u>\$ 23,458,622</u>	<u>\$ 24,723,684</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, 2020**

**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>
GROSVENOR INSTITUTIONAL PARTNERS LP - PARTNERSHIPS		\$ 2,039,950	\$ 2,160,079
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - PARTNERSHIPS		5,585,468	5,383,914
US REAL ESTATE INVESTMENT FUND - PARTNERSHIPS		<u>30,346,838</u>	<u>30,826,494</u>
		\$ <u>37,972,256</u>	\$ <u>38,370,487</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 COMMON/COLLECTIVE TRUST FUNDS**

**JUNE 30, 2020**

**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	303,265	\$ 64,962,989	\$ 70,832,466
NHIT CORE PLUS FULL DISCRETION TRUST	8,296,264	98,595,943	113,078,078
STATE STREET MSCI ACWI EX USA INDEX NON-LENDING COMMON TRUST FUND	2,114,231	32,244,019	39,288,746
STATE STREET U.S. TREASURY INFLATION PROTECTED SECURITIES INDEX NON-LENDING COMMON TRUST FUND	4,348,237	<u>58,189,032</u>	<u>71,750,261</u>
		<u>\$ 253,991,983</u>	<u>\$ 294,949,551</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

JUNE 30, 2020

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>55,032,258</u>
		\$ <u>50,000,000</u>	\$ <u>55,032,258</u>

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF REGISTERED INVESTMENT COMPANIES**

**JUNE 30, 2020**

**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	59,898,044	\$ 59,898,044	\$ 59,898,044
	PIMCO ALL ASSET FUND	2,818,869	33,559,693	31,261,253
	GROSVENOR INSTITUTIONAL PARTNERS LP - REGISTERED INVESTMENT COMPANY	-	<u>943,476</u>	<u>999,036</u>
			<u>\$ 94,401,213</u>	<u>\$ 92,158,333</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 MUNICIPAL BONDS**

**JUNE 30, 2020**

**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 MUNICIPAL BONDS			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
SENTARA HEALTHCARE VIR TAXABE	1.20%	07/01/2020	\$ 750,000	\$ 750,000	\$ 750,000
ST OF CA G/O SR B-2 TAXABLE	1.50%	07/07/2020	960,000	960,000	960,000
IDAHO HSG & FIN ASSN TAXABLE	0.55%	08/05/2020	750,000	750,000	750,000
LOS ANGELES COUNT MET TAXABLE	0.38%	08/11/2020	750,000	750,000	750,000
DISTRICT OF COLUMBIA TAXABLE	3.05%	09/01/2020	750,000	749,556	749,556
SAN JOSE FIN AUTH TAXABLE	0.28%	09/24/2020	750,000	750,000	750,000
MICHIGAN ST FIN AUTH REVENUE	2.03%	12/01/2020	130,000	130,000	130,000
NEW JERSEY ST EDUCTNL FACS AUT	3.64%	09/01/2029	102,000	106,623	112,971
CALIFORNIA ST HLTH FACS FING A	3.03%	06/01/2034	65,000	65,324	67,240
MICHIGAN ST FIN AUTH REVENUE	3.08%	12/01/2034	170,000	171,132	183,221
CALIFORNIA ST	7.55%	04/01/2039	1,975,000	3,296,200	3,516,863
CALIFORNIA ST	7.30%	10/01/2039	40,000	61,402	66,874
MET TRANSPRTN AUTH NY REVENUE	6.67%	11/15/2039	1,775,000	2,264,226	2,305,175
CALIFORNIA ST	7.63%	03/01/2040	65,000	104,943	114,737
SAN ANTONIO TX ARPT SYS REVENU	3.53%	07/01/2040	140,000	141,345	141,005
ALABAMA ST PORT AUTH DOCKS FAC	6.00%	10/01/2040	790,000	803,556	801,179
NEW YORK CITY NY MUNI WTR FIN	6.28%	06/15/2042	2,225,000	2,266,719	2,275,552
COLORADO ST HSG & FIN AUTH	0.18%	05/01/2044	400,000	400,000	400,000
ALASKA ST HSG FIN CORP	0.24%	12/01/2044	900,000	900,000	900,000
CALIFORNIA ST	0.94%	04/01/2047	395,000	397,370	394,261
TEXAS ST A & M UNIV PERM UNIV	3.66%	07/01/2047	125,000	128,229	135,559
FOOTHILL ESTRN TRANSPRTN CORRI	4.09%	01/15/2049	117,000	118,286	120,134
			\$ <u>14,124,000</u>	\$ <u>16,064,911</u>	\$ <u>16,374,327</u>

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2020**

**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)
*	DREYFUS INS RSRV PR MONEY6546	\$ 982,013,087	\$ -	\$ -	\$ -	\$ -	\$ 982,013,087	\$ -
*	DREYFUS INS RSRV PR MONEY6546	-	987,734,115	-	-	987,734,115	987,734,115	-
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 01/01/2051 DD 01/01/2021	35,534,183	-	-	-	-	35,534,183	-
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 01/01/2051 DD 01/01/2021	-	35,611,650	-	-	35,534,183	35,611,650	77,467
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 02/01/2051 DD 02/01/2021	37,333,936	-	-	-	-	37,333,936	-
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 02/01/2051 DD 02/01/2021	-	37,358,886	-	-	37,333,936	37,358,886	24,950
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 04/01/2051 DD 04/01/2021	21,935,110	-	-	-	-	21,935,110	-
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 04/01/2051 DD 04/01/2021	-	21,972,392	-	-	21,935,110	21,972,392	37,282
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 11/01/2050 DD 11/01/2020	24,627,715	-	-	-	-	24,627,715	-
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 11/01/2050 DD 11/01/2020	-	24,616,984	-	-	24,627,715	24,616,984	(10,731)
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 12/01/2050 DD 12/01/2020	23,181,855	-	-	-	-	23,181,855	-
N/A	COMMIT TO PUR FNMA SF MTG 3.500% 12/01/2050 DD 12/01/2020	-	23,251,125	-	-	23,181,855	23,251,125	69,270
N/A	FEDERAL AGRIC MTG CORP 0.000% 09/11/19 DD 09/11/18	29,998,350	-	-	-	-	29,998,350	-

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2020**

**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)
N/A	FEDERAL AGRIC MTG CORP 0.000% 09/11/19 DD 09/11/18	-	29,998,350	-	-	29,998,350	29,998,350	-
N/A	FEDERAL HOME LN BK CONS DISC 10/11/19	44,997,875	-	-	-	-	44,997,875	-
N/A	FEDERAL HOME LN BK CONS DISC 10/15/19	44,991,500	-	-	-	-	44,991,500	-
N/A	FEDERAL HOME LN BK CONS DISC 10/16/19	44,997,775	-	-	-	-	44,997,775	-
N/A	NHIT CORE PLUS FULL DISCRETION TRUST	21,800,000	-	-	-	-	21,800,000	-
N/A	NHIT CORE PLUS FULL DISCRETION TRUST	-	30,308,999	-	-	28,337,344	30,308,999	1,971,655
N/A	US TREASURY NOTE 1.125% 08/31/21 DD 08/31/16	28,371,056	-	-	-	-	28,371,056	-
N/A	US TREASURY NOTE 1.125% 08/31/21 DD 08/31/16	-	28,379,970	-	-	28,371,056	28,379,970	8,914
N/A	US TREASURY NOTE 1.375% 01/31/21 DD 01/31/16	46,360,217	-	-	-	-	46,360,217	-
N/A	US TREASURY NOTE 1.375% 01/31/21 DD 01/31/16	-	35,862,415	-	-	35,769,788	35,862,415	92,627
N/A	US TREASURY NOTE 1.375% 05/31/21 DD 05/31/16	25,409,715	-	-	-	-	25,409,715	-
N/A	US TREASURY NOTE 1.375% 05/31/21 DD 05/31/16	-	20,780,747	-	-	20,742,123	20,780,747	38,624
N/A	US TREASURY BILL 0.000% 11/07/19 DD 11/08/18	19,998,411	-	-	-	-	19,998,411	-

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2020**

**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)
N/A	US TREASURY BILL 0.000% 11/07/19 DD 11/08/18	-	29,878,790	-	-	29,878,594	29,878,790	196
N/A	US TREASURY BILL 0.000% 11/05/19 DD 09/10/19	24,966,818	-	-	-	-	24,966,818	-
N/A	US TREASURY BILL 0.000% 11/05/19 DD 09/10/19	-	24,968,751	-	-	24,966,818	24,968,751	1,933

\* PARTY-IN-INTEREST

