

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>

Part II	Basic Plan Information—enter all requested information												
1a Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF NYCDCC WELFARE FUND 395 HUDSON STREET NEW YORK, NY 10014	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">501</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/1950</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 13-5615576</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 212-366-7300</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 236200</td> </tr> <tr> <td colspan="2" style="background-color: #cccccc;"> </td> </tr> </table>	1b Three-digit plan number (PN) ▶	501	1c Effective date of plan 07/01/1950		2b Employer Identification Number (EIN) 13-5615576		2c Plan Sponsor's telephone number 212-366-7300		2d Business code (see instructions) 236200			
1b Three-digit plan number (PN) ▶	501												
1c Effective date of plan 07/01/1950													
2b Employer Identification Number (EIN) 13-5615576													
2c Plan Sponsor's telephone number 212-366-7300													
2d Business code (see instructions) 236200													

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/01/2023	KRISTIN O'BRIEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/01/2023	ANNE MASSA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 20178
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 13594 6a(2) 12533 6b 6824 6c 6d 19357 6e 6f 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 1114

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
---	--

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
<div>A Name of plan</div> <div>NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND</div>	<div>B Three-digit plan number (PN)</div> <div>501</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>BOARD OF TRUSTEES OF NYCDCC WELFARE FUND</div>	<div>D Employer Identification Number (EIN)</div> <div>13-5615576</div>

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

1 Coverage Information:

(a) Name of insurance carrier
AMALGAMATED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5501223	60216	260D06	40023	08/01/2020	07/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ 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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	2749227
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
<div>A Name of plan</div> <div>NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND</div>	<div>B Three-digit plan number (PN)</div> <div>501</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>BOARD OF TRUSTEES OF NYCDCC WELFARE FUND</div>	<div>D Employer Identification Number (EIN)</div> <div>13-5615576</div>

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

1 Coverage Information:

(a) Name of insurance carrier
SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

(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	6926	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) ☐ 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:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NYCDCC WELFARE FUND	D Employer Identification Number (EIN) 13-5615576	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
COMPREHENSIVE PROFESSIONAL SYSTEMS
13-3025997

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GENERAL VISION SERVICES LLC
11-3580576

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HAMILTON LANE ADVISORS LLC
23-2962336

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GROSVENOR CAPITAL MANAGEMENT LP
36-3795985

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

PACIFIC INVESTMENT MANAGEMENT LLC

33-0629048

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

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

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

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

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

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

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

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

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

EMPIRE HEALTHCHOICE ASSURANCE INC.

23-7391136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 49 50 62	NONE	5251794	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

EXPRESS SCRIPTS INC

22-3461740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	2423315	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	1473488	Yes <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)

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	1239640	Yes <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	1108032	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ADMINISTRATIVE SERVICES ONLY INC

11-2995970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	522385	Yes <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)

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	408343	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INNOVATIVE SOFTWARE SOLUTIONS INC.

23-2182079

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	405231	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KAUFF MCGUIRE & MARGOLIS LLP

13-3573855

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	403033	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LESNIEWSKI ROBERT

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	334127	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

O'BRIEN FOWLKES KRISTIN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	300886	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LORD ABBETT & CO LLC

13-5620131

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	289857	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE SEGAL COMPANY (EASTERN STATES)

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	278468	Yes <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)

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	269926	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WESTERN ASSET MANAGEMENT COMPANY

52-1200960

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	269845	Yes <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)

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 72	NONE	212591	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)

PERFECT PRINTING SOLUTIONS INC

47-4140223

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	201404	Yes <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	200436	Yes <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)

BAHN PLLC

84-3431469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	196108	Yes <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)

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	183746	Yes <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)

LAZARD ASSET MANAGEMENT LLC

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	168765	Yes <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)

IANNIZZI THERESA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	161922	Yes <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	161789	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIRST CHOICE STAFFING NY INC

13-4130422

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	154572	Yes <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)

FIACCO GINO

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	152345	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OSHANANI EDMOND

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	146335	Yes <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	144766	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CORDERO LUIS

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	144017	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALISHAYEVA OLGA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	132224	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GROSSMAN MARLENE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	130939	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PADULA JILLIAN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	130196	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HERNSDORF BRYCE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	129202	Yes <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)

MCMAHON MATTHEW

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	123537	Yes <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)

KROLL ASSOCIATES INC

PO BOX 847509
DALLAS, TX 75284

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	122500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MOY TAMMY

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	118301	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MINETELLO GERARD F

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	118074	Yes <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)

GRAHAM VIRGINIA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	105354	Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	100290	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ARCHER, BYINGTON, GLENNON & LEVINE

26-0873462

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	98750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

OZARD CHRISTOPHER

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	97507	Yes <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	95996	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VELAJ SENADA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	95040	Yes <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)

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	92627	Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	91331	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DAVILA ALICIA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	90527	Yes <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)

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	87498	Yes <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)

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	84639	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SANCHEZ CIONGOLI KATHERINE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	84608	Yes <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)

KALISON JEFFREY

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	82280	Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	80571	Yes <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)

AKHTAR JAVED

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	79196	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JACKSON LISA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	79196	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GALLAGHER FIDUCIARY ADVISORS LLC

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	78140	Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	77236	Yes <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)

RICE DANIEL

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	76458	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ORTIZ (RAMOS) MONIQUE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	76215	Yes <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)

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	73329	Yes <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 VERONICA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	72880	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORAN REINA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	71830	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NETTNIN CORY MATTHEW

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	70871	Yes <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)

WILLIAMS SHARON

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	70484	Yes <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 ADVISORS TRUST

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	67121	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CABA TOMASINA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	66698	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

JAVED UMER

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	66514	Yes <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)

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	66199	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROSARIO ROBERT

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	65887	Yes <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)

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	64529	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHNEIDER JAMES

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	64022	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GARZA SONIA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	63684	Yes <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)

GETZ MELISSA M

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	62308	Yes <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)

ZAMBRANO KATTY S.

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	60449	Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	59370	Yes <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)

SCHILLING EILEEN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	58225	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TORRES KRYSTLE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	57706	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRINGLE STELLE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	57176	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CRESPO JOLENNY

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	56705	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORGAN SHANA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	55326	Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	54406	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MARTINEZ JOSEPH

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	53686	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CENDER KAREN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	53027	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JACKSON JENNIFER

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	52878	Yes <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)

BROOMES TIFFANY

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	52018	Yes <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	51812	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CURRA NICOLE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	51427	Yes <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)

ANTIGUA JOCIELY

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	51350	Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	50910	Yes <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)

BYNUM VANESSA L

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	50889	Yes <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)

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	50841	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VERAS HEATHER

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	50466	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GRIMES MICHELLE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	49685	Yes <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)

TORRES MARIA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	48648	Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	47838	Yes <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)

KHRIN MARIYA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	47813	Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	47144	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RODRIGUEZ EFRIM

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	46881	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JUSINO PRISCILLA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	46781	Yes <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)

PAREDES ANGEL

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	46759	Yes <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	NONE	45788	Yes <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)

CACIOPPO MARIA G

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	45114	Yes <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)

TORRES-ALICEA LEEANNE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	44873	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MELGAR ALEJANDRA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	43686	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

YLAGAN NICKO

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	43639	Yes <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)

ARCEO BRYAN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	43021	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CUEVAS MARIA R

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	42788	Yes <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)

WARD HEATHER

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	42669	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SANTANA ISMAEL

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	42645	Yes <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)

BEHRMAN ZACH L.

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	42295	Yes <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)

LOGDAT RICA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	42089	Yes <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)

DENSON MONIKA S.

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	40130	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMALGAMATED EMPLOYEE BENEFITS ADMIN

13-3432221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	39140	Yes <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 INGRID M.

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	38062	Yes <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)

VARGAS SHELA C

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	37593	Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	37574	Yes <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)

GRAY TYROME

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	34656	Yes <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)

FRAZIER KERRINE S

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	32729	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARTINEZ STEVEN R.

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	32603	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HEYMAN PARTNERS

42 PINECREST PARKWAY
HASTINGS-ON-HUDSON, NY 10706

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	31500	Yes <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)

RIVERA ANGELIQUE N

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	29656	Yes <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)

SAMEDI JESS

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	29454	Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" 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	28099	Yes <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)

J.J. PIERSON

37-1801501

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	25200	Yes <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 BENEFIT SERVICE INC

6300 S SYRACUSE WAY
CENTENNIAL, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	25195	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAYLOCITY CORPORATION

1400 AMERICAN LN
SCHAUMBURG, IL 60173

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	22369	Yes <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)

INTERNATIONAL SCHOLARSHIP & TUITION

62-1247492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	18628	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 52	NONE	18257	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)

RICHARD ADELMAN

11-2742347

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	16800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

THE 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	14638	Yes <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)

TPG ARCHITECTURE

132 W 31ST STREET
NEW YORK, NY 10001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	13131	Yes <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)

STEVEN C. KASARDA

75 SOUTH BROADWAY
WHITE PLAINS, NY 10601

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	12600	Yes <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)

C. HUNT WALKER COMPANY LLC

26-1435151

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	10800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STERLING TALENT SOLUTIONS

PO BOX 35626
NEWARK, NJ 07193

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9051	Yes <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)

JEFFREY G. STEIN

26 STERLING PLACE
BROOKLYN, NY 11238

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	8400	Yes <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)

PRYOR LEARNING INC

PO BOX 219468
KANSAS CITY, MO 64121

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	7200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	115592	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	27347
(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	57703
(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	7800
(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	24237

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EUCLID SPECIALITY MANAGERS LLC 45-3957469	INSURANCE BROKERAGE COMMISSIONS AND FEES

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SS U.S. TIPS INDEX NL CTF			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY			
c EIN-PN 02-6138231-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	61002463
a Name of MTIA, CCT, PSA, or 103-12 IE: SS MSCI ACWI EX USA INDEX NL CTF			
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY			
c EIN-PN 80-6103053-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	59286257
a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET TRU BOND, LLC			
b Name of sponsor of entity listed in (a): WESTERN ASSET MANAGEMENT COMPANY, LLC			
c EIN-PN 20-1226970-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	51645161
a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT CORE PLUS FULL DISCRETION TRST			
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC			
c EIN-PN 20-8080381-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	100341383
a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW BROAD MARKET 3000 INDEX FD			
b Name of sponsor of entity listed in (a): AMALGAMATED BANK			
c EIN-PN 46-2044954-020	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	104357840
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2021</div> This Form is Open to Public Inspection
--	--	---

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	B Three-digit plan number (PN) ►	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NYCDCC WELFARE FUND	D Employer Identification Number (EIN) 13-5615576	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	9164054	18285440
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	24620000	25492000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	23902262	28113780
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	321598	156956
(2) U.S. Government securities	1c(2)	90518669	89105518
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	52481330	59937147
(B) All other	1c(3)(B)	125035091	91372952
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	18599983	18105335
(5) Partnership/joint venture interests	1c(5)	51160978	56455526
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	11552548	11891580
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	351774438	324987943
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	58699752	51645161
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	102829801	56586969
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	16641480	11419206

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation.....	1e	2112693 1850107
f	Total assets (add all amounts in lines 1a through 1e).....	1f	939414677 845405620
Liabilities			
g	Benefit claims payable.....	1g	68100000 64200000
h	Operating payables.....	1h	1756367 1789266
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	61962306 56077698
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	131818673 122066964
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	807596004 723338656

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	380890162
	(B) Participants.....	2a(1)(B)	5094727
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	385984889
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities.....	2b(1)(B)	1640883
	(C) Corporate debt instruments.....	2b(1)(C)	5521456
	(D) Loans (other than to participants).....	2b(1)(D)	27467
	(E) Participant loans.....	2b(1)(E)	
	(F) Other.....	2b(1)(F)	2958243
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	10148049
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock.....	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3470693
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	3470693
(3)	Rents.....	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	695993728
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	707030205
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)	-11036477
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	
	(B) Other.....	2b(5)(B)	-12396733
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-12396733

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-22985023
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		-7054591
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-6985185
c Other income.....	2c		14712949
d Total income. Add all income amounts in column (b) and enter total.....	2d		353858571
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	421774229	
(2) To insurance carriers for the provision of benefits.....	2e(2)	2754867	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		424529096
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	2845461	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	1519903	
(4) Other.....	2i(4)	9221459	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		13586823
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		438115919
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-84257348
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SCHULTHEIS & PANETTIERI, LP

(2) EIN: 13-1577780

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		144528394
4g	X		144528394
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			



Schultheis & Panettieri LLP

Accountants and Consultants

Please Reply to:

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

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

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

www.snpcpa.com

PARTNERS

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

DIRECTORS

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

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

New York City District Council of Carpenters Welfare Fund

Opinion

We have audited the accompanying financial statements of the New York City District Council of Carpenters Welfare Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and plan benefit obligations as of June 30, 2022 and 2021, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended June 30, 2022 and 2021, and the related notes to the financial statements.

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, 2022 and 2021, and the changes in financial status for the years ended June 30, 2022 and 2021 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

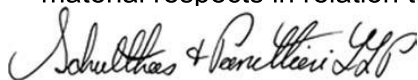
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 24 through 45 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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 46 through 50 is presented for purposes of additional analysis and is not a required part of the financial statements. 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 "Schulteis & Parutini LLP".

Hauppauge, New York
February 17, 2023

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information			
For calendar plan year 2021 or fiscal plan year beginning		07/01/2021	and ending
		06/30/2022	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____	
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> an amended return/report	<input type="checkbox"/> the final return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>		
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> special extension (enter description) _____	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>		

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

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 20,178
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 13,594 6a(2) 12,533 6b 6,824 6c 6d 19,357 6e 6f 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 1,114
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: <div style="text-align: center; margin-top: 10px;"> 4A 4B 4D 4E 4F 4K 4L 4Q 4U </div>	

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>2</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 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, 2022 AND 2021

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

YEARS ENDED JUNE 30, 2022 AND 2021

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1 - 3
Financial Statements	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Statements of Plan Benefit Obligations	6
Statements of Changes in Plan Benefit Obligations	7
Notes to Financial Statements	8 - 23
Supplemental Information	
Schedule of Interest Bearing Cash	24
Schedule of U.S. Government Securities	25 - 26
Schedule of Corporate Debt Instruments - Preferred	27 - 30
Schedule of Corporate Debt Instruments - Other	31 - 37
Schedule of Corporate Stock - Common	38
Schedule of Partnerships/Joint Venture Interests	39
Schedule of Non-Participant Loans	40
Schedule of Common/Collective Trust Funds	41
Schedule of 103-12 Investment Entities	42
Schedule of Registered Investment Companies	43
Schedule of Other Investments	44
Schedule of Reportable Transactions	45
Schedule Reconciling the Statement of Net Assets Available for Benefits to Form 5500	46
Schedules of Administrative Expenses	47
Directive 12 - Schedules of Administrative Expenses	48 - 49
Directive 12 - Schedule of Benefit Expenses	50



Schultheis & Panettieri LLP

Accountants and Consultants

Please Reply to:

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

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

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

www.snpcpa.com

PARTNERS

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

DIRECTORS

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

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

New York City District Council of Carpenters Welfare Fund

Opinion

We have audited the accompanying financial statements of the New York City District Council of Carpenters Welfare Fund (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and plan benefit obligations as of June 30, 2022 and 2021, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended June 30, 2022 and 2021, and the related notes to the financial statements.

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, 2022 and 2021, and the changes in financial status for the years ended June 30, 2022 and 2021 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

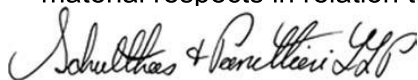
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 24 through 45 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. 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 generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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 46 through 50 is presented for purposes of additional analysis and is not a required part of the financial statements. 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 & Parullini LLP".

Hauppauge, New York
February 17, 2023

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Assets		
Investments at fair value		
U.S. government securities	\$ 89,105,518	\$ 90,518,669
Corporate debt instruments	151,310,099	177,516,421
Corporate stock	-	675,115
Partnership/joint venture interests	85,242,137	79,907,578
Loans (other than participant loans)	11,891,580	11,552,548
Common/collective trust funds	324,987,943	351,774,438
103-12 investment entities	51,645,161	58,699,752
Registered investment companies	56,586,969	100,771,734
Municipal bonds	<u>805,765</u>	<u>4,862,920</u>
Total investments	771,575,172	876,279,175
Receivables		
Employers' contributions	25,492,000	24,620,000
Accrued interest/dividends	1,593,048	2,147,249
Net trades pending settlement	4,037,547	-
Prescription subsidies and rebates	9,632,000	9,005,000
Cash	18,285,440	9,164,054
Collateral held under securities lending agreement	12,237,651	11,902,312
Other assets	<u>1,850,047</u>	<u>2,110,846</u>
Total assets	<u>844,702,905</u>	<u>935,228,636</u>
Liabilities		
Accounts payable	1,789,266	1,756,367
Related organizations	39,525,837	36,602,200
Net trades pending settlement	-	5,625,258
Contractor surety bonds	3,611,495	3,646,495
Payable under securities lending agreement	<u>12,237,651</u>	<u>11,902,312</u>
Total liabilities	<u>57,164,249</u>	<u>59,532,632</u>
Net assets available for benefits	<u><u>\$ 787,538,656</u></u>	<u><u>\$ 875,696,004</u></u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Additions to net assets attributed to:		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ (60,458,009)	\$ 73,748,758
Interest/dividends	<u>13,618,742</u>	<u>13,452,413</u>
Total investment income (loss)	(46,839,267)	87,201,171
Less investment expenses	<u>(1,519,903)</u>	<u>(1,222,390)</u>
Net investment income (loss)	(48,359,170)	85,978,781
Contributions		
Participants'	5,094,727	3,485,147
Employers'	255,920,824	261,900,408
Employers' - Vacation	124,969,338	122,720,696
Federal agencies - COBRA subsidy	1,331,641	-
Medicare drug subsidy	13,204,776	13,414,330
Other income	<u>176,532</u>	<u>98,239</u>
Total additions	<u>352,338,668</u>	<u>487,597,601</u>
Deductions from net assets attributed to:		
Benefits paid to or for participants		
Health care		
Active participants	215,281,810	213,531,563
Retired participants	86,103,390	76,730,207
Group health insurance premiums	2,754,867	3,410,698
Vacation	123,007,146	109,353,957
Disability	937,068	721,765
Scholarships	<u>344,815</u>	<u>336,000</u>
Total benefits paid	428,429,096	404,084,190
Administrative expenses	<u>12,066,920</u>	<u>11,790,918</u>
Total deductions	<u>440,496,016</u>	<u>415,875,108</u>
Net increase (decrease)	(88,157,348)	71,722,493
Net assets available for benefits		
Beginning of year	<u>875,696,004</u>	<u>803,973,511</u>
End of year	<u>\$ 787,538,656</u>	<u>\$ 875,696,004</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

STATEMENTS OF PLAN BENEFIT OBLIGATIONS

JUNE 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	\$ 31,400,000	\$ 37,200,000
Vacation benefits payable	<u>32,800,000</u>	<u>30,900,000</u>
	<u>64,200,000</u>	<u>68,100,000</u>
 Postemployment benefit obligations		
Accumulated eligibility credits	<u>152,200,000</u>	<u>159,900,000</u>
 Postretirement benefit obligations, net of amounts currently payable		
Retired participants	828,100,000	1,051,200,000
Other participants fully eligible for benefits	584,400,000	630,000,000
Participants not yet fully eligible for benefits	<u>656,300,000</u>	<u>970,500,000</u>
	<u>2,068,800,000</u>	<u>2,651,700,000</u>
 Plan's total benefit obligations	<u><u>\$ 2,285,200,000</u></u>	<u><u>\$ 2,879,700,000</u></u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS

YEARS ENDED JUNE 30, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Amounts currently payable		
Balance at beginning of year	\$ 68,100,000	\$ 44,600,000
Claims reported and approved for payment	424,529,096	427,584,190
Total benefits paid	<u>(428,429,096)</u>	<u>(404,084,190)</u>
Balance at end of year	<u>64,200,000</u>	<u>68,100,000</u>
Postemployment benefit obligations		
Balance at beginning of year	159,900,000	150,300,000
Net change during year:		
Accumulated eligibility credits	<u>(7,700,000)</u>	<u>9,600,000</u>
Balance at end of year	<u>152,200,000</u>	<u>159,900,000</u>
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	2,651,700,000	3,346,400,000
Increase (decrease) in postretirement benefits attributed to:		
Changes in actuarial assumptions	(657,600,000)	(746,300,000)
Interest	71,700,000	82,600,000
Expected benefits paid	(87,300,000)	(88,500,000)
Benefits earned	90,300,000	118,600,000
Actuarial loss (gain) experience	<u>-</u>	<u>(61,100,000)</u>
Balance at end of year	<u>2,068,800,000</u>	<u>2,651,700,000</u>
Plan's total benefit obligations at end of year	<u>\$ 2,285,200,000</u>	<u>\$ 2,879,700,000</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2022 AND 2021

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, 2022 AND 2021

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

Participants consist of the following classes (cont'd)

Active participants and dependents cont'd

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

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

Retired participants and dependents

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

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

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

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

Retirees and their dependents are required to pay a monthly premium to maintain coverage. Total retiree contributions received for the years ended June 30, 2022 and 2021, included in the participant contributions on the Statement of Changes in Net Assets Available for Benefits, were \$3,321,968 and \$2,321,236, respectively. The monthly rate ranges from \$14 to \$117.

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

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2022 AND 2021

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

Participants consist of the following classes (cont'd)

Inactive participants and surviving dependents

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

Disability participants

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

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

Municipal participants

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

Temporary extension of eligibility in response to COVID-19

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

Plan termination

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

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2022 AND 2021

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

Basis of accounting

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

Investment valuation and income recognition

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

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

Use of estimates

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

Administrative expense allocation

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

Reimbursements received from related organizations for the years ended June 30, 2022 and 2021 were \$12,222,802 and \$11,867,319, respectively.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2022 AND 2021

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

Postretirement benefits obligations

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

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

The 2022 valuation assumption changes decreased obligations by \$657,600,000, which was the net result of (1) a decrease in obligations due to revising the mortality rate assumptions, and (2) a decrease in obligations due to raising the discount rate.

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

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

The following were other significant assumptions used in the valuation as of June 30, 2022 and 2021:

Discount rate	2022: 4.40%
	2021: 2.75%

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2022 AND 2021

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

Postretirement benefits obligations (cont'd)

Mortality - healthy	2022: Non-annuitants: Headcount-Weighted RP-2014 Healthy Employee Mortality Table with generational projection using Scale MP-2017 from 2006
	2022: Annuitants: Headcount-Weighted RP-2014 Healthy Annuitant Mortality Table with generational projection using Scale MP-2017 from 2006
	2021: Non-annuitants - RP-2014 Healthy Employee Mortality Table with generational projection using Scale MP-2017 from 2006
	2021: Annuitants - RP-2014 Healthy Annuitant Mortality Table with generational projection using Scale MP-2017 from 2006
Mortality - disabled	2022: 85% of Headcount-Weighted RP-2014 Disabled Retiree Mortality Table with generational projection using Scale MP-2017 from 2006
	2021: 85% of RP-2014 Disabled Retiree Mortality Table with generational projection using Scale MP-2017 from 2006
Actives' retirement age	Graded from 30% at age 55 to a long term rate of 100%
Inactives' retirement age	Graded from 40% at age 55 to a long term rate of 100%

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2022 AND 2021

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

Postretirement benefits obligations (cont'd)

Health trend rates - hospital and medical	2022: Pre-65: 7.75% in 2023 graded to 4.5% over 13 years
	2022: Post-65: Claims are \$0 through 2024, then \$25 in 2025, then \$50 in 2026 with trends 5% graded to 4.5% over 2 years
	2021: Pre-65: 8.00% in 2022 graded to 4.50% over 14 years
	2021: Post-65: Claims are \$0 in 2022, and estimated to increase to \$25 in 2023, \$50 in 2024 then trended 5.00% graded to 4.50% over 14 years
Health trend rates - prescription drug	2022: 8.25% in 2023 graded to 4.5% over 15 years
	2021: 8.50% in 2022 graded to 4.50% over 16 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, 2022 and 2021 were \$38,200,000 and \$47,400,000, 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, 2022 and 2021 by \$308,900,000 and \$478,800,000, respectively.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2022 AND 2021

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

Other Plan benefits

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

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

Medicare Part D

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

The Plan's retiree prescription drug benefit, net of the Medicare subsidy and rebates, for the years ended June 30, 2022 and 2021, was \$21,935,525 and \$20,728,139, respectively. The total Medicare subsidy received during the years ended June 30, 2022 and 2021 was \$13,204,776 and \$13,414,330, 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.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2022 AND 2021

Note 2 - Fair value measurements (cont'd)

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

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

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

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

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

Registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

Loans (other than participant loans): Value based on the valuation methods of the underlying securities described above.

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.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2022 AND 2021

Note 2 - Fair value measurements (cont'd)

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, 2022, with fair value measurements on a recurring basis:

	<u>2022</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
U.S. government securities	\$ 89,105,518	\$ 57,459,844	\$ 31,645,674	\$ -
Corporate debt instruments	151,310,099	-	151,310,099	-
Loans (other than participant loans)	11,891,580	10,249,205	1,642,375	-
Registered investment companies	56,586,969	56,586,969	-	-
Municipal bonds	<u>805,765</u>	<u>-</u>	<u>805,765</u>	<u>-</u>
Total assets in the fair value hierarchy	309,699,931	<u>\$ 124,296,018</u>	<u>\$ 185,403,913</u>	<u>\$ -</u>
Investments measured at net asset value	<u>461,875,241</u>			
Investments at fair value	<u>\$ 771,575,172</u>			

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2022 AND 2021

Note 2 - Fair value measurements (cont'd)

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

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

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, 2022 AND 2021

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 for the years ended June 30, 2022 and 2021 was \$27,467 and \$7,632, respectively.

The fair value of securities loaned by the Plan was \$11,891,580 and \$11,552,548 as of June 30, 2022 and 2021, respectively. The fair value of the collateral held by the Plan was \$12,237,651 and \$11,902,312 as of June 30, 2022 and 2021, respectively. Securities loaned are presented as loans (other than participant loans) in the investments fair value portion of the balance sheet.

Note 5 - Partnerships

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. 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, 2022 and 2021 was \$42,485,690 and \$33,282,877, respectively.

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 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. The estimated fair value of the Plan's investment as of June 30, 2022 and 2021 was \$59,286,257 and \$53,252,864, respectively.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2022 AND 2021

Note 6 - Common/collective trusts funds (cont'd)

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 is determined each business day. Issuances and redemptions of 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. The estimated fair value of the Plan's investment as of June 30, 2022 and 2021 was \$61,002,463 and \$76,357,900, 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. The net asset value is determined at the close of each business day, which excludes admissions and withdrawals that were executed on that day and not settled until the next business day. Admissions and withdrawals may, at the option of Amalgamated, be made in cash or in-kind or partly in cash and partly in-kind. The estimated fair value of the Plan's investment as of June 30, 2022 and 2021 was \$104,357,840 and \$102,027,397, 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. 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, 2022 and 2021 was \$100,341,383 and \$120,136,277, respectively.

Note 7 - 103-12 Investment entities

Western Asset Total Return Unconstrained (TRU) Bond, L.L.C. ("Western Asset") was formed on July 1, 2004 and is a Delaware Limited Liability Company. Western Asset invests substantially all of its assets in the Western Asset Total Return Unconstrained (TRU) Bond Master Fund, Ltd. ("WA Master Fund"). The WA Master Fund is organized as an exempted company under the laws of the Cayman Islands. The net asset value 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 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 estimated fair value of the Plan's investment as of June 30, 2022 and 2021 was \$51,645,161 and \$58,699,752, respectively.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2022 AND 2021

Note 8 - Investment commitments

As of June 30, 2022, the Plan has total future capital commitments with various investment managers to invest a total of \$25,745,000.

Note 9 - 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 10 - Risks and uncertainties

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

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

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, 2022 and 2021 was \$1,147,624 and \$1,041,926, 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, 2022 and 2021, the Plan's share of total occupancy expenses was approximately 53% and 51%, respectively.

Note 12 - 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, 2022 AND 2021

Note 12 - 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 negatively impacting the Plan's employers' contributions income. Due to the uncertainty regarding the duration of these business disruptions, the financial impact cannot be reasonably estimated at this time.

Note 13 - Benefit obligations compared to net assets available for benefits

	<u>2022</u>	<u>2021</u>
Net assets available for benefits	\$ 787,538,656	\$ 875,696,004
Plan's total benefit obligations	<u>2,285,200,000</u>	<u>2,879,700,000</u>
Plan's total benefit obligations over net assets available for benefits	<u>\$ (1,497,661,344)</u>	<u>\$ (2,004,003,996)</u>

The Plan's benefit obligations over net assets available for benefits as of June 30, 2022 and 2021 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.

Note 14 - 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 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>2022</u>	<u>2021</u>
Net assets available for benefits per the financial statements	\$ 787,538,656	\$ 875,696,004
Less: claims payable and claims incurred but not reported	<u>64,200,000</u>	<u>68,100,000</u>
Net assets available for benefits as reported on Form 5500	<u>\$ 723,338,656</u>	<u>\$ 807,596,004</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.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2022 AND 2021

Note 14 - Reconciliation of financial statements to Form 5500 (cont'd)

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.

The following is a reconciliation of the reclassifications:

	Per Financial Statements	Reclassification	Per Form 5500
Investment (loss)	\$ (48,359,170)	\$ 1,519,903	\$ (46,839,267)
Contributions	385,984,889	-	385,984,889
COBRA subsidy	1,331,641	-	1,331,641
Medicare drug subsidy	13,204,776	-	13,204,776
Other income	<u>176,532</u>	<u>-</u>	<u>176,532</u>
Total additions	<u>352,338,668</u>	<u>1,519,903</u>	<u>353,858,571</u>
Benefits paid to or for participants	428,429,096	(3,900,000)	424,529,096
Administrative expenses	<u>12,066,920</u>	<u>1,519,903</u>	<u>13,586,823</u>
Total deductions	<u>440,496,016</u>	<u>(2,380,097)</u>	<u>438,115,919</u>
Net (decrease)	<u>\$ (88,157,348)</u>	<u>\$ 3,900,000</u>	<u>\$ (84,257,348)</u>

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

Note 15 - 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, 2022

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			\$ 151,960	\$ 151,960
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - INTEREST BEARING CASH			4,996	4,996
			<u>\$ 156,956</u>	<u>\$ 156,956</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, 2022

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 #0303823	3.54%	04/01/2024	\$ 145	\$ 151	\$ 145
U S TREASURY NOTE	2.50%	01/31/2025	135,000	145,013	133,349
FNMA POOL #0395122	2.78%	05/01/2025	358	373	357
FNMA POOL #0342042	2.08%	06/01/2025	44	45	44
FNMA POOL #0303824	3.27%	07/01/2025	64	66	64
U S TREASURY NOTE	0.38%	11/30/2025	3,490,000	3,377,152	3,191,291
GNMA II POOL #0008989	1.75%	10/20/2026	501	506	493
GNMA II POOL #0080012	1.75%	11/20/2026	591	601	589
GNMA II POOL #0080093	1.63%	07/20/2027	128	128	128
U S TREASURY NOTE	2.25%	08/15/2027	5,105,000	5,441,899	4,911,163
GNMA II POOL #0080120	1.75%	10/20/2027	1,525	1,521	1,504
U S TREASURY NOTE	2.25%	11/15/2027	2,380,000	2,454,848	2,285,538
FNMA GTD REMIC P/T 19-M1 A2	3.55%	09/25/2028	2,014,676	2,201,093	2,021,808
U S TREASURY NOTE	1.38%	10/31/2028	4,365,000	4,299,846	3,942,643
U S TREASURY NOTE	2.63%	02/15/2029	2,955,000	3,192,590	2,882,514
U S TREASURY NOTE	1.88%	02/15/2032	13,785,000	13,218,706	12,522,845
U S TREASURY NOTE	2.88%	05/15/2032	710,001	702,362	704,122
U S TREASURY BOND	3.38%	05/15/2044	3,105,000	3,925,683	3,082,551
FHLMC POOL #QA-7336	3.00%	02/01/2050	176,943	182,749	166,578
FHLMC POOL #RA-2314	3.50%	03/01/2050	298,876	320,848	290,298
FNMA POOL #0FM4334	3.00%	04/01/2050	443,842	468,807	416,903
FEDERAL HOME LN BK CONS BD	1.54%	09/16/2022	2,060,000	2,060,000	2,060,000
U S TREASURY NOTE	2.50%	04/30/2024	2,296,001	2,270,949	2,277,886
U S TREASURY NOTE	2.75%	04/30/2027	5,929,000	5,788,105	5,857,674
U S TREASURY NOTE	2.88%	05/15/2032	1,000,001	1,002,368	991,721
COMMIT TO PUR FNMA SF MTG	4.00%	08/01/2037	665,000	664,896	669,050
FREDDIE MAC STACR HQA3 M2 144A	3.61%	09/25/2041	370,000	369,688	323,387
FREDDIE MAC STACR DNA6 B1 144A	4.91%	10/25/2041	260,000	260,000	222,404
FANNIE MAE CONNEX R02 2B1 144A	4.81%	11/25/2041	130,000	130,000	111,186
FREDDIE MAC STACR DNA7 B1 144A	5.16%	11/25/2041	220,000	220,000	188,188
U S TREASURY BOND	2.38%	02/15/2042	1	1	1
FNMA POOL #0FM9416	3.50%	07/01/2045	259,736	253,933	254,385
FHLMC POOL #ZS-9627	3.50%	02/01/2046	227,404	220,840	224,393
FNMA POOL #0FS1456	3.00%	12/01/2048	347,645	336,863	329,439
US TREAS-CPI INFLAT	0.25%	02/15/2050	737,459	674,550	592,637
FNMA POOL #0FM8815	3.50%	09/01/2051	111,428	111,689	109,122
U S TREASURY BOND	2.25%	02/15/2052	705,001	598,686	585,151
FNMA POOL #0FS2232	3.50%	03/01/2052	469,909	450,855	457,033
FNMA POOL #0CB3610	4.00%	05/01/2052	256,043	258,093	257,210
FNMA POOL #0CB3611	4.00%	05/01/2052	189,852	190,786	190,424
COMMIT TO PUR FNMA SF MTG	3.50%	07/01/2052	1,515,000	1,453,573	1,459,187
COMMIT TO PUR GNMA II JUMBOS	3.50%	07/20/2052	425,000	419,648	413,563
COMMIT TO PUR GNMA II JUMBOS	4.50%	07/20/2052	1,282,000	1,302,891	1,302,038
COMMIT TO PUR FNMA SF MTG	3.00%	08/01/2052	844,000	773,941	786,026
COMMIT TO PUR FNMA SF MTG	3.50%	08/01/2052	1,746,000	1,657,336	1,679,495
COMMIT TO PUR FNMA SF MTG	4.00%	08/01/2052	1,800,000	1,758,539	1,773,774
COMMIT TO PUR FNMA SF MTG	4.50%	08/01/2052	1,752,000	1,743,420	1,756,853
COMMIT TO PUR FNMA SF MTG	5.00%	08/01/2052	2,352,000	2,375,520	2,395,042
COMMIT TO PUR FNMA SF MTG	5.50%	08/01/2052	550,000	567,357	569,700
COMMIT TO PUR GNMA II JUMBOS	4.00%	08/20/2052	850,000	837,029	845,249
COMMIT TO PUR GNMA II JUMBOS	4.50%	08/20/2052	468,000	472,918	473,448
COMMIT TO PUR GNMA II JUMBOS	5.00%	08/20/2052	1,333,000	1,356,689	1,361,540
U S TREASURY BILL	0.00%	07/05/2022	13,500,000 a	13,498,758	13,498,758
TENNESSEE VALLEY AUTH DISC	0.00%	07/06/2022	7,500,000 a	7,496,267	7,498,500
FHLMC MULTICLASS MTG KI04 A	2.15%	07/25/2024	118,330	117,221	118,270

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2022

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
FHLMC MULTICLASS MTG KI05 A	2.13%	07/25/2024	57,464	57,464	57,371
FHLMC MULTICLASS MTG Q015 A	1.72%	08/25/2024	108,544	108,544	108,709
FHLMC MULTICLASS MTG KI06 A	2.01%	03/25/2025	104,578	104,578	104,523
FHLMC MULTICLASS MTG KI07 A	1.26%	09/25/2026	400,000	400,000	398,164
GNMA II POOL #0008991	1.75%	10/20/2026	16,495	16,678	16,520
FHLMC MULTICLASS MTG KI08 A	1.29%	10/25/2026	233,728	233,726	232,570
			<u>\$ 92,158,313</u>	<u>\$ 92,549,386</u>	<u>\$ 89,105,518</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, 2022

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 - PREFERRED			(d) COST	(e) CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR		
			MATURITY VALUE - a		
HONEYWELL INTERNATIONAL INC	0.48%	08/19/2022	\$ 66,000	\$ 66,000	\$ 65,851
ADOBE INC	1.70%	02/01/2023	600,000	618,126	596,118
GM FINANCIAL AUTOMOBILE L 1 A1	0.57%	02/21/2023	62,075	62,075	62,000
TRUIST BANK	1.17%	03/09/2023	625,000	627,603	625,031
DUKE ENERGY CAROLINAS LLC	3.05%	03/15/2023	350,000	353,052	349,710
NISSAN AUTO RECEIVABLES 2 A A1	0.50%	03/15/2023	106,346	106,346	106,199
GM FINANCIAL CONSUMER AUT 2 A1	1.21%	04/17/2023	176,139	176,139	175,896
BANK OF NEW YORK MELLON CORP/T	3.50%	04/28/2023	250,000	252,715	251,085
FLORIDA POWER & LIGHT CO	0.44%	05/10/2023	225,000	225,000	223,178
ALLY AUTO RECEIVABLES TRU 1 A1	1.36%	05/15/2023	191,024	191,024	190,793
FORD CREDIT AUTO LEASE TR A A1	1.37%	05/15/2023	90,547	90,547	90,453
BMW VEHICLE OWNER TRUST 2 A A1	1.35%	05/25/2023	201,892	201,892	201,563
CONSUMERS ENERGY CO	0.35%	06/01/2023	70,000	69,976	68,074
CARVANA AUTO RECEIVABLES P2 A1	1.51%	06/12/2023	143,605	143,605	143,518
NVIDIA CORP	0.31%	06/15/2023	175,000	175,000	170,219
TOYOTA AUTO RECEIVABLES 2 A A2	0.16%	07/17/2023	36,098	36,098	36,065
GM FINANCIAL AUTOMOBILE L 2 A2	0.22%	07/20/2023	45,565	45,564	45,448
GM FINANCIAL AUTOMOBILE L 3 A3	0.45%	08/21/2023	139,290	139,143	138,860
VERIZON OWNER TRUST 2019 A A1A	2.93%	09/20/2023	2,627	2,662	2,629
PPL ELECTRIC UTILITIES CORP	2.48%	09/28/2023	90,000	90,000	88,994
FORD CREDIT AUTO LEASE TR B A4	0.69%	10/15/2023	350,000	349,645	348,723
BANK OF NEW YORK MELLON CORP/T	2.29%	10/30/2023	175,000	175,534	175,124
GM FINANCIAL AUTOMOBILE L 3 A2	0.24%	12/20/2023	226,041	226,037	224,434
VERIZON OWNER TRUST 2019 B A1A	2.33%	12/20/2023	55,852	56,618	55,865
CARMAX AUTO OWNER TRUST 2 4 A2	0.31%	01/16/2024	1,400	1,399	1,398
MERCEDES-BENZ AUTO LEASE A A3	0.25%	01/16/2024	90,586	89,917	89,697
KOMMUNINVEST I SVERIGE AB 144A	3.25%	01/16/2024	345,000	344,607	345,069
HYUNDAI AUTO RECEIVABLES A A2	0.23%	02/15/2024	33,331	33,327	33,191
CARMAX AUTO OWNER TRUST 1 A2A	0.22%	02/15/2024	52,424	52,424	52,382
WORLD OMNI AUTO RECEIVABL A A2	0.17%	02/15/2024	67,406	67,404	67,350
HONDA AUTO RECEIVABLES 20 3 A2	0.20%	02/20/2024	98,956	98,946	98,041
CHARLES SCHWAB CORP/THE	1.01%	03/18/2024	350,000	351,075	347,057
AVIS BUDGET RENTAL C 2A A 144A	2.97%	03/20/2024	1,600,000	1,647,000	1,594,912
EXETER AUTOMOBILE RECEIV 4A A2	0.40%	04/15/2024	49,079	49,077	49,035
VERIZON OWNER TRUST 2019 C A1A	1.94%	04/22/2024	151,833	154,324	151,654
PUBLIC STORAGE	1.41%	04/23/2024	85,000	85,000	83,818
HYUNDAI AUTO RECEIVABLES B A2	0.24%	05/15/2024	144,771	144,285	143,671
BMW VEHICLE LEASE TRUST 2 1 A2	0.67%	05/28/2024	91,004	91,004	90,114
CARMAX AUTO OWNER TRUST 2 A2A	0.27%	06/17/2024	48,891	48,887	48,720
EXETER AUTOMOBILE RECEIV 1A A2	1.15%	06/17/2024	301,905	301,893	300,800
AMERICREDIT AUTOMOBILE RE 1 A2	0.28%	06/18/2024	12,645	12,645	12,631
KOMMUNINVEST I SVERIGE AB 144A	2.88%	07/03/2024	229,000	228,505	227,356
SALESFORCE INC	0.63%	07/15/2024	40,000	39,980	37,884
WORLD OMNI AUTO RECEIVABL B A2	0.20%	07/15/2024	135,813	135,808	135,132
CPS AUTO RECEIVABLES D C 144A	2.54%	08/15/2024	16,426	16,425	16,422
FORD CREDIT AUTO OWNER TR A A2	0.73%	09/15/2024	198,049	198,034	195,714
FORD CREDIT FLOORPLAN MAS 3 A1	2.23%	09/15/2024	300,000	306,293	299,973
GM FINANCIAL CONSUMER AUT 1 A3	1.84%	09/16/2024	134,672	136,076	134,265
WORLD OMNI AUTO RECEIVABL C A2	0.22%	09/16/2024	215,148	215,146	213,644
DRIVE AUTO RECEIVABLES TRU 3 D	4.30%	09/16/2024	77,270	79,438	77,427
JOHN DEERE CAPITAL CORP	0.92%	10/11/2024	160,000	160,000	157,254
HONDA AUTO RECEIVABLES 20 1 A2	1.44%	10/15/2024	300,000	299,975	295,425
HYUNDAI AUTO RECEIVABLES C A2A	0.36%	10/15/2024	87,662	87,657	86,590
MERCEDES-BENZ AUTO RECEIV 1 A4	3.15%	10/15/2024	153,740	154,875	153,851
DISCOVER CARD EXECUTION N A3 A	1.89%	10/15/2024	697,000	696,850	696,101

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2022

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 - PREFERRED			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
WESTLAKE AUTOMOBILE 3A C 144A	2.49%	10/15/2024	88,968	88,951	88,957
GM FINANCIAL AUTOMOBILE L 2 A2	2.93%	10/21/2024	150,000	149,993	149,103
GM FINANCIAL AUTOMOBILE L 2 A2	2.93%	10/21/2024	610,000	609,971	606,352
TOYOTA AUTO RECEIVABLES 2 C A4	1.88%	11/15/2024	350,000	352,611	345,902
SPIRE MISSOURI INC	0.88%	12/02/2024	135,000	135,000	133,688
SANTANDER DRIVE AUTO RECE 1 A2	1.36%	12/16/2024	338,110	338,093	335,605
WORLD OMNI AUTO RECEIVABL D A2	0.35%	12/16/2024	194,585	194,569	192,304
CARVANA AUTO RECEIVABLES P3 A2	0.38%	01/10/2025	233,837	231,864	230,914
DRIVE AUTO RECEIVABLES TR 3 A2	0.52%	01/15/2025	100,075	100,070	99,398
TOYOTA AUTO RECEIVABLES B A2A	2.35%	01/15/2025	150,000	149,993	148,974
CARMAX AUTO OWNER TRUST 2 1 A2	0.91%	02/18/2025	150,000	149,991	147,725
GM FINANCIAL CONSUMER AUT 1 A2	0.76%	02/18/2025	146,147	146,144	144,534
TOYOTA AUTO RECEIVABLES 2 D A4	1.99%	02/18/2025	350,000	352,912	345,601
CAPITAL ONE PRIME AUTO RE 2 A4	1.96%	02/18/2025	404,000	404,284	399,964
SANTANDER DRIVE AUTO RECE 3 A2	2.76%	03/17/2025	250,000	249,998	248,528
CPPIB CAPITAL INC 144A	1.90%	04/04/2025	750,000	770,790	768,938
CARVANA AUTO RECEIVABLES P4 A2	0.82%	04/10/2025	291,200	289,524	287,781
INTER-AMERICAN INVESTMENT CORP	2.63%	04/22/2025	336,000	334,962	330,745
CAISSE D'AMORTISSEMENT DE 144A	3.00%	05/17/2025	654,000	653,908	649,873
CARVANA AUTO RECEIVABLES P1 A3	0.44%	06/09/2025	266,872	264,746	262,936
CAPITAL ONE PRIME AUTO RE 1 A2	2.71%	06/16/2025	1,100,000	1,099,896	1,088,131
FLAGSHIP CREDIT AUTO 1 A 144A	0.31%	06/16/2025	90,357	90,352	89,334
TOYOTA MOTOR CREDIT CORP	3.95%	06/30/2025	635,000	634,397	637,692
WORLD OMNI SELECT AUTO TR A A3	0.55%	07/15/2025	261,498	260,957	259,383
WORLD OMNI AUTO RECEIVAB B A2A	2.77%	10/15/2025	350,000	349,968	346,990
EXETER AUTOMOBILE RECEIV 2A A2	2.19%	11/17/2025	350,000	349,998	349,087
CPS AUTO RECEIVABLES B D 144A	4.75%	04/15/2026	130,000	138,887	129,975
SANTANDER CONSUMER A BA C 144A	1.29%	04/15/2026	705,000	704,711	675,171
SCF EQUIPMENT LEAS 2A A2 144A	2.47%	04/20/2026	432,764	432,676	427,186
DRIVE AUTO RECEIVABLES TRU 1 D	4.09%	06/15/2026	247,173	258,615	247,564
KOMMUNALBANKEN AS 144A	1.46%	06/17/2026	900,000	926,586	923,769
AVID AUTOMOBILE RECEI 1 C 144A	3.14%	07/15/2026	500,000	499,897	495,935
AVID AUTOMOBILE RECEI 1 B 144A	2.82%	07/15/2026	173,904	173,880	173,866
SCF EQUIPMENT LEASIN 2A B 144A	2.76%	08/20/2026	234,000	233,972	226,329
EXETER AUTOMOBILE RECEIVA 3A B	4.86%	12/15/2026	340,000	339,186	341,088
MICROSOFT CORP	3.30%	02/06/2027	275,000	298,114	273,620
ASIAN DEVELOPMENT BANK	1.67%	04/06/2027	445,000	461,011	458,541
JAPAN INTERNATIONAL COOPERATIO	3.25%	05/25/2027	292,000	290,998	288,198
HALCYON LOAN ADVISO 2A BR 144A	4.43%	07/25/2027	187,150	186,215	186,636
ONEMAIN DIRECT AUTO 1A A 144A	3.63%	09/14/2027	303,000	299,213	296,070
AMUR EQUIPMENT FINAN 1A D 144A	2.30%	11/22/2027	475,000	474,883	431,846
ALIBABA GROUP HOLDING LTD	3.40%	12/06/2027	246,000	241,971	235,407
HERTZ VEHICLE FINANC 2A A 144A	1.68%	12/27/2027	405,000	404,937	357,542
DRIVE AUTO RECEIVABLES TRU 2 D	3.05%	05/15/2028	425,000	445,071	419,717
SANTANDER CONSUMER A BA F 144A	7.03%	08/15/2028	850,000	943,500	856,052
DRYDEN 36 SENIOR 36A BR3 144A	3.96%	04/15/2029	360,000	347,436	348,809
CITIBANK CREDIT CARD ISS A6 A6	2.74%	05/14/2029	345,000	339,744	339,756
UNITEDHEALTH GROUP INC	4.00%	05/15/2029	160,000	159,422	158,792
APIDOS CLO XXVI 26A A2R 144A	4.24%	07/18/2029	250,000	245,675	241,255
APPLE INC	2.20%	09/11/2029	1,000,000	946,920	902,520
GRIPPEN PARK CLO LTD 1A B 144A	4.36%	01/20/2030	250,000	247,770	242,165
GOLDENTREE LOAN MAN 3A B1 144A	4.26%	04/20/2030	250,000	246,613	240,314
SCF EQUIPMENT LEASIN 1A D 144A	1.93%	09/20/2030	450,000	445,201	406,868
FORD CREDIT FLOORPLAN MAST 4 A	4.06%	11/15/2030	49,000	55,987	48,656
CARLYLE US CLO 20 1A A1AR 144A	3.79%	04/20/2031	260,000	257,192	254,866

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2022

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 - PREFERRED			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
BARINGS CLO LTD 201 3A BR 144A	4.31%	04/20/2031	250,000	250,000	237,934
TSMC GLOBAL LTD REGS	2.25%	04/23/2031	200,000	174,222	169,372
ROCKFORD TOWER CLO 2 1A A 144A	2.58%	05/20/2031	310,511	309,486	305,656
SALESFORCE INC	1.95%	07/15/2031	1,250,000	1,179,440	1,065,513
CARLYLE GLOBAL MA 5A A1RR 144A	3.65%	07/15/2031	564,611	563,764	555,484
VENTURE GLOBAL CALCASIEU 144A	4.13%	08/15/2031	122,000	128,405	104,591
AMMC CLO 23 LTD 23A CR 144A	4.74%	10/17/2031	200,000	200,000	189,160
VOYA CLO 2018-4 L 4A A1AR 144A	3.55%	01/15/2032	500,000	500,000	489,749
FACTSET RESEARCH SYSTEMS INC	3.45%	03/01/2032	176,000	175,307	154,634
FREEDPORT INDONESIA PT 144A	5.32%	04/14/2032	200,000	200,000	181,300
TORONTO-DOMINION BANK/THE	4.46%	06/08/2032	195,000	195,000	193,405
CARGILL INC 144A	4.00%	06/22/2032	287,000	285,103	281,607
OCF CLO 2019-17 LT 17A BR 144A	4.31%	07/20/2032	330,000	330,000	314,021
GS MORTGAGE SECURIT SMP B 144A	3.50%	08/15/2032	600,000	600,000	578,856
SCF EQUIPMENT LEASIN 1A E 144A	3.56%	08/20/2032	906,000	907,133	844,782
OAKTREE CLO 2019-4 4A CR 144A	4.96%	10/20/2032	250,000	250,000	238,667
OCTAGON INVESTMENT P 5A B 144A	4.06%	01/15/2033	340,000	333,778	322,806
JP MORGAN CHASE C WPT BFL 144A	3.30%	07/05/2033	308,853	308,853	306,450
CIFC FUNDING 2021-IV 4A A 144A	3.56%	07/15/2033	400,000	400,000	390,400
BRITISH AIRWAYS 2020-1 CL 144A	4.25%	05/15/2034	221,167	233,455	212,955
DBWF MORTGAGE TRUS LCM A2 144A	3.42%	06/10/2034	260,000	270,298	240,172
HUDSONS BAY SIMO HB10 A10 144A	4.15%	08/05/2034	127,261	132,734	114,646
ARBOR REALTY COMMER FL3 D 144A	4.20%	08/15/2034	380,000	380,000	351,251
TRTX 2019-FL3 ISSUE FL3 C 144A	4.17%	10/15/2034	256,500	256,500	254,689
CITIGROUP COMMERCIAL 375P C 144A	3.52%	05/10/2035	180,793	184,479	173,234
ATRIUM HOTEL PORTF ATRM A 144A	2.95%	06/15/2035	200,000	196,438	193,462
ONEMAIN FINANCIAL IS 2A A 144A	1.75%	09/14/2035	380,000	337,205	338,789
BUSINESS JET SECURIT 1A A 144A	2.98%	11/15/2035	689,708	689,698	632,738
COMM 2016-787S MOR 787S A 144A	3.55%	02/10/2036	550,000	605,801	522,478
BUSINESS JET SECURIT 1A A 144A	2.16%	04/15/2036	989,779	986,933	895,720
ARBOR REALTY COMMER FL2 D 144A	4.50%	05/15/2036	310,000	310,000	298,375
BX COMMERCIAL MORT VOLT A 144A	2.70%	09/15/2036	260,000	260,000	250,765
ONEMAIN FINANCIAL IS 2A A 144A	3.14%	10/14/2036	295,000	315,834	274,055
BX COMMERCIAL MORT XL XCP 144A	0.00%	10/15/2036	108,664,264	87,573	793
BX COMMERCIAL MORTGA XL B 144A	3.08%	10/15/2036	85,000	85,000	82,861
BX COMMERCIAL MORTGA XL E 144A	3.80%	10/15/2036	212,500	212,500	205,018
FONTAINEBLEAU MIAM FBLU A 144A	3.14%	12/10/2036	250,000	257,500	239,963
FONTAINEBLEAU MIAM FBLU B 144A	3.45%	12/10/2036	250,000	257,498	240,033
GREAT WOLF TRUST 2 WOLF A 144A	3.03%	12/15/2036	290,000	289,275	281,976
HOME DEPOT INC/THE	5.88%	12/16/2036	1,150,000	1,622,141	1,326,928
LOANCORE 2022-CRE7 CRE7 A 144A	2.97%	01/17/2037	260,000	260,000	253,663
READY CAPITAL MORTG FL8 A 144A	3.17%	01/25/2037	420,000	420,000	406,350
PROGRESS RESIDENTI SFR4 A 144A	1.56%	05/17/2038	850,000	849,987	772,098
CISCO SYSTEMS INC	5.90%	02/15/2039	1,100,000	1,587,465	1,254,792
MANHATTAN WEST 2020 1MW A 144A	2.13%	09/10/2039	1,375,000	1,416,173	1,211,073
CLI FUNDING VI LLC 3A A 144A	2.07%	10/18/2045	601,875	601,751	543,367
CLI FUNDING VIII LLC 1A A 144A	2.72%	01/18/2047	934,180	933,711	836,932
COMM 2014-UBS4 MOR UBS4 D 144A	4.71%	08/10/2047	525,000	484,157	426,841
CSAIL 2016-C7 COMMER C7 D 144A	4.38%	11/15/2049	300,000	265,324	215,760
JPMBDB COMMERCIAL MORTGAG C4 A3	3.14%	12/15/2049	1,600,000	1,662,875	1,522,960
WELLS FARGO COMMERCIAL C41 AS	3.79%	11/15/2050	290,463	309,051	273,012
TRP 2021 LLC 1 A 144A	2.07%	06/19/2051	1,008,207	1,007,998	888,916
TRP - TRIP RAIL MASTE 2 A 144A	2.15%	06/19/2051	675,241	674,964	605,475
TSMC ARIZONA CORP	3.25%	10/25/2051	8,028	7,920	6,490
FLAGSTAR MORTGAGE 11IN A6 144A	2.50%	11/25/2051	611,743	623,787	558,791

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2022

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)
	<u>CORPORATE DEBT INSTRUMENTS - PREFERRED</u>				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
BENCHMARK 2019-B11 MORT B11 A5	3.54%	05/15/2052	3,025,000	3,288,388	2,887,756
TRIBUTE RAIL LLC 1 A 144A	4.76%	05/17/2052	1,350,000	1,349,728	1,345,343
READYCAP COMMERCIAL M 6 A 144A	2.83%	10/25/2052	248,406	248,406	238,848
CSAIL 2019-C18 COMMERCIAL C18 AS	3.32%	12/15/2052	122,455	126,128	111,361
ANGEL OAK MORTGAGE T 1 A1 144A	2.47%	12/25/2059	15,908	15,908	15,414
VERUS SECURITIZATION 1 A1 144A	2.42%	01/25/2060	27,651	27,444	27,132
CF HIPPOLYTA ISSUER 1A A1 144A	1.53%	03/15/2061	626,928	626,809	553,296
NEW ECONOMY ASSETS P 1 A1 144A	1.91%	10/20/2061	600,000	589,122	523,974
VISTA POINT SECURITI 2 A1 144A	1.48%	04/25/2065	69,303	69,388	66,186
VERUS SECURITIZATION 5 A1 144A	1.22%	05/25/2065	125,389	125,387	118,895
DEEPHAVEN RESIDENTIA 3 A1 144A	1.19%	08/25/2066	249,670	249,668	227,774
			<u>\$ 170,810,146</u>	<u>\$ 63,691,794</u>	<u>\$ 59,937,147</u>

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2022

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
KINDER MORGAN INC	3.79%	01/15/2023	\$ 115,000	\$ 115,000	\$ 115,084
AIR LEASE CORP	2.25%	01/15/2023	175,000	179,242	173,233
BOEING CO/THE	1.17%	02/04/2023	240,000	240,000	237,290
DISCOVERY COMMUNICATIONS LLC	2.95%	03/20/2023	100,000	103,022	99,322
ERP OPERATING LP	3.00%	04/15/2023	350,000	351,960	349,356
PIONEER NATURAL RESOURCES CO	0.55%	05/15/2023	85,000	85,003	82,855
OKLAHOMA GAS AND ELECTRIC CO	0.55%	05/26/2023	65,000	65,000	63,168
OGE ENERGY CORP	0.70%	05/26/2023	45,000	45,000	43,850
MICROCHIP TECHNOLOGY INC	4.33%	06/01/2023	260,000	280,264	260,172
RYDER SYSTEM INC	3.75%	06/09/2023	100,000	104,662	99,760
TENET HEALTHCARE CORP	6.75%	06/15/2023	110,000	117,973	113,251
CROWN CASTLE INC	3.15%	07/15/2023	275,000	287,289	272,049
MARTIN MARIETTA MATERIALS INC	0.65%	07/15/2023	100,000	100,072	96,651
HUMANA INC	0.65%	08/03/2023	165,000	164,952	159,704
NATIONAL RURAL UTILITIES COOPE	0.58%	08/07/2023	300,000	300,000	299,115
WORLD OMNI AUTOMOBILE LEA B A2	0.32%	09/15/2023	8,022	8,022	8,017
ALLY FINANCIAL INC	1.45%	10/02/2023	100,000	101,085	96,738
AIB GROUP PLC 144A	4.75%	10/12/2023	375,000	406,796	374,996
THERMO FISHER SCIENTIFIC INC	0.80%	10/18/2023	110,000	110,000	106,632
JPMORGAN CHASE & CO	4.01%	10/24/2023	310,000	315,478	309,944
GOLDMAN SACHS GROUP INC/THE	0.63%	11/17/2023	461,000	454,094	455,851
JOHN DEERE OWNER TRUST 20 A A2	0.20%	12/15/2023	59,058	59,052	58,819
BANK OF AMERICA CORP	3.00%	12/20/2023	186,000	185,859	185,429
KEYBANK NA/CLEVELAND OH	0.42%	01/03/2024	250,000	248,193	246,230
KEYBANK NA/CLEVELAND OH	1.87%	01/03/2024	250,000	250,000	247,108
SANTANDER UK GROUP HOLDINGS PL	3.37%	01/05/2024	355,000	354,965	353,424
SIMON PROPERTY GROUP LP	1.22%	01/11/2024	35,000	35,000	34,512
DANSKE BANK A/S 144A	5.38%	01/12/2024	500,000	554,854	504,750
PARK AEROSPACE HOLDINGS L 144A	5.50%	02/15/2024	250,000	273,245	248,138
GOLDMAN SACHS GROUP INC/THE	4.00%	03/03/2024	1,950,000	2,073,474	1,957,488
CONOCOPHILLIPS CO	2.13%	03/08/2024	175,000	174,946	171,679
GOLDMAN SACHS GROUP INC/THE	1.00%	03/08/2024	100,000	100,000	98,370
MORGAN STANLEY	0.73%	04/05/2024	190,000	190,000	185,286
CENTERPOINT ENERGY INC	0.88%	05/13/2024	75,000	75,000	73,151
PERIMETER MASTER NOT 2A A 144A	4.23%	05/15/2024	117,000	116,981	116,671
AVOLON HOLDINGS FUNDING L 144A	5.25%	05/15/2024	225,000	243,970	221,227
UBS AG REGS	5.13%	05/15/2024	900,000	975,417	897,750
BANK OF AMERICA CORP	1.94%	05/28/2024	225,000	225,000	221,436
AT&T INC	2.90%	06/12/2024	100,000	102,314	100,310
SOUTHERN CO/THE	4.48%	08/01/2024	467,000	469,534	469,190
ANALOG DEVICES INC	0.93%	10/01/2024	15,000	15,000	14,638
GENERAL MOTORS FINANCIAL CO IN	1.49%	10/15/2024	65,000	65,000	62,659
BANK OF AMERICA CORP	1.77%	10/24/2024	300,000	300,000	297,108
CITIGROUP INC	0.78%	10/30/2024	295,000	295,000	281,386
AVIATION CAPITAL GROUP LL 144A	5.50%	12/15/2024	332,000	373,078	330,204
LAREDO PETROLEUM INC	9.50%	01/15/2025	104,000	102,260	103,115
AERCAP IRELAND CAPITAL DAC / A	3.50%	01/15/2025	300,000	308,859	286,740
MORGAN STANLEY	0.79%	01/22/2025	150,000	149,277	141,887
KNOWLEDGE UNIVERSE/KINDER CARE	0.00%	02/21/2025	116,926 a	112,591	108,532
AMERICAN AIRLINES GROUP I 144A	3.75%	03/01/2025	1	1	1
DANSKE BANK A/S 144A	3.77%	03/28/2025	408,000	408,000	401,496
GOLDMAN SACHS GROUP INC/THE	3.50%	04/01/2025	891,000	897,807	874,160
GA GLOBAL FUNDING TRUST 144A	3.85%	04/11/2025	443,000	437,486	434,951
BANK OF AMERICA CORP	1.68%	04/22/2025	225,000	225,000	219,371
CITIGROUP INC	3.30%	04/27/2025	2,325,000	2,437,064	2,281,988

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2022

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
DELTA AIR LINES INC 144A	7.00%	05/01/2025	239,000	239,000	242,119
CAPITAL ONE FINANCIAL CORP	4.17%	05/09/2025	89,000	89,000	87,766
PBF HOLDING CO LLC / PBF 144A	9.25%	05/15/2025	1	1	1
GOLDMAN SACHS GROUP INC/THE CITIGROUP INC	3.75%	05/22/2025	450,000	487,692	445,005
JPMORGAN CHASE & CO	4.14%	05/24/2025	116,000	116,000	115,618
ROYAL CARIBBEAN CRUISES L 144A	0.89%	06/01/2025	150,000	150,000	146,465
NAVIENT CORP	11.50%	06/01/2025	51,000	52,852	52,403
AMERICAN AIRLINES INC 144A	6.75%	06/25/2025	116,000	120,690	105,917
MORGAN STANLEY	11.75%	07/15/2025	114,000	122,408	118,452
FORD CREDIT FLOORPLAN MAS 1 A2	4.00%	07/23/2025	297,000	304,446	297,042
GENERAL MOTORS CO	2.50%	09/15/2025	430,000	430,000	429,385
DELTA AIR LINES INC / SKY 144A	6.13%	10/01/2025	850,000	1,020,684	879,334
BAYER US FINANCE II LLC 144A	4.50%	10/20/2025	108,000	108,000	105,003
LIFE TIME INC 144A	4.25%	12/15/2025	521,000	596,175	514,738
NATIONAL FUEL GAS CO	5.75%	01/15/2026	125,000	129,063	112,055
AVIATION CAPITAL GROUP LL 144A	5.50%	01/15/2026	209,000	207,993	209,980
MOHEGAN GAMING & ENTERTAI 144A	1.95%	01/30/2026	144,000	141,809	125,391
CALIFORNIA RESOURCES CORP 144A	8.00%	02/01/2026	138,000	138,805	115,797
PARTY CITY HOLDINGS INC 144A	7.13%	02/01/2026	125,000	125,775	122,229
COLGATE ENERGY PARTNERS I 144A	8.75%	02/15/2026	127,000	130,467	85,408
AETHON UNITED BR LP / AET 144A	7.75%	02/15/2026	122,000	132,675	115,979
AVOLON HOLDINGS FUNDING L 144A	8.25%	02/15/2026	112,000	113,680	108,920
OCCIDENTAL PETROLEUM CORP	2.13%	02/21/2026	227,000	224,837	196,518
JPMORGAN CHASE & CO	5.55%	03/15/2026	516,000	554,700	512,403
BANK OF AMERICA CORP	3.30%	04/01/2026	2,075,000	2,183,398	2,017,149
MHP LUX SA 144A	3.38%	04/02/2026	154,000	154,000	149,400
UNITED AIRLINES INC 144A	6.95%	04/03/2026	200,000	207,392	102,000
AVOLON HOLDINGS FUNDING L 144A	4.38%	04/15/2026	126,000	118,440	112,455
JD.COM INC	4.25%	04/15/2026	39,000	38,990	36,167
EBAY INC	3.88%	04/29/2026	240,000	240,653	235,318
GULFPORT ENERGY CORP 144A	1.40%	05/10/2026	1,775,000	1,644,481	1,591,749
WESTLAKE AUTOMOBILE 3A E 144A	8.00%	05/17/2026	168,507	181,986	165,765
TRANSDIGM INC	3.34%	06/15/2026	300,000	309,844	291,339
CLAROS MORTGAGE 11/21 TLB	6.38%	06/15/2026	1	1	1
SM ENERGY CO	0.00%	08/09/2026	183,513 a	182,091	174,796
CIVITAS RESOURCES INC 144A	6.75%	09/15/2026	76,000	71,440	71,695
WELLS FARGO & CO	5.00%	10/15/2026	120,000	119,148	107,700
STEEL DYNAMICS INC	3.00%	10/23/2026	1,400,000	1,449,700	1,323,644
BLACKSTONE MORTGAGE TRUST 144A	5.00%	12/15/2026	92,000	98,325	91,280
PROSUS NV 144A	3.75%	01/15/2027	128,000	128,000	104,000
AMENTUM/AECOM MAVERICK 1/20 TL	3.26%	01/19/2027	200,000	200,000	174,052
TENET HEALTHCARE CORP 144A	0.00%	01/29/2027	198,985 a	198,218	188,912
QUIKRETE 11/16 COV-LITE TLB	6.25%	02/01/2027	119,000	122,665	109,530
LAMAR MEDIA 2/20 COV-LITE TLB	0.00%	02/01/2027	194,005 a	193,469	181,298
CCO HOLDINGS LLC / CCO HO 144A	0.00%	02/05/2027	449,125 a	448,490	431,721
WYNN LAS VEGAS LLC / WYNN 144A	5.13%	05/01/2027	450,000	471,938	424,688
CPS AUTO RECEIVABLES B E 144A	5.25%	05/15/2027	117,000	122,850	99,158
AVIS BUDGET CAR RENTAL LL 144A	7.38%	06/15/2027	500,000	550,313	510,485
TK ELEVATOR US NEWCO INC 144A	5.75%	07/15/2027	450,000	471,375	402,975
FIRSTENERGY CORP	5.25%	07/15/2027	200,000	200,000	178,314
NGPL PIPECO LLC 144A	4.40%	07/15/2027	246,000	264,141	229,233
FORD MOTOR CREDIT CO LLC	4.88%	08/15/2027	250,000	272,626	247,740
ANGLO AMERICAN CAPITAL PL 144A	4.13%	08/17/2027	475,000	470,250	418,238
INTERCONTINENTAL EXCHANGE INC	4.00%	09/11/2027	400,000	431,024	381,100
	4.00%	09/15/2027	639,000	637,307	629,414

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2022

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		
FMG RESOURCES AUGUST 2006 144A	4.50%	09/15/2027	87,000	91,265	77,648
NATIONAL FUEL GAS CO	3.95%	09/15/2027	281,000	305,534	262,654
PACKAGING COORDINATORS/PCI PHA	0.00%	09/25/2027	179,459	179,202	169,215
PROGRESS RESIDENTI SFR3 A 144A	1.29%	10/17/2027	523,497	523,487	480,680
AVOLON 7/21 B5 TLB	0.00%	12/01/2027	251,583	250,954	238,534
CENTENE CORP	4.25%	12/15/2027	239,000	248,891	222,425
CITIGROUP INC	3.89%	01/10/2028	729,000	809,134	701,881
LIVE NATION ENTERTAINMENT 144A	3.75%	01/15/2028	126,000	115,815	108,990
CONTIMORTGAGE HOME EQUITY 4 A8	7.22%	01/15/2028	3,636	3,752	3,359
JANE STREET 1/21 TL	0.00%	01/26/2028	116,200	115,764	111,465
AIRCASLE LTD 144A	2.85%	01/26/2028	332,000	334,890	274,906
RADIOLOGY PARTNERS INC 144A	9.25%	02/01/2028	118,000	122,518	88,135
LAMAR MEDIA CORP	3.75%	02/15/2028	425,000	426,063	373,193
HECLA MINING CO	7.25%	02/15/2028	78,000	78,000	73,940
TOLL BROTHERS FINANCE CORP	4.35%	02/15/2028	100,000	103,750	90,382
BAYER CORP 144A	6.65%	02/15/2028	83,000	101,148	88,624
BOMBARDIER INC 144A	6.00%	02/15/2028	128,000	129,772	95,923
PLAYTIKA 3/21 COV-LITE TLB	0.00%	03/13/2028	177,949	177,059	167,384
CALPINE CORP 144A	5.13%	03/15/2028	1	2	1
HUDSON RIVER 3/21 TL	0.00%	03/20/2028	213,272	212,643	198,930
NATIONAL CINEMEDIA LLC 144A	5.88%	04/15/2028	1	1	1
NVENT FINANCE SARL	4.55%	04/15/2028	445,000	464,977	430,707
EPR PROPERTIES	4.95%	04/15/2028	330,000	362,336	303,956
AMR/AADVANTAGE 3/21 TL	0.00%	04/20/2028	173,455	178,875	165,153
ORGANON & CO / ORGANON FO 144A	4.13%	04/30/2028	200,000	194,000	176,162
FRONTIER COMMUNICATIONS H 144A	5.00%	05/01/2028	143,000	143,000	121,908
FORTRESS TRANSPORTATION A 144A	5.50%	05/01/2028	130,000	129,337	107,370
JAZZ PHARMACEUTICALS 5/21 USD	0.00%	05/05/2028	114,710	111,843	109,208
DANSKE BANK A/S 144A	4.38%	06/12/2028	200,000	227,194	189,500
CVR PARTNERS LP / CVR NIT 144A	6.13%	06/15/2028	123,000	129,370	108,814
EMPLOYBRIDGE 7/21 COV-LITE TLB	0.00%	07/14/2028	168	168	153
CENTENE CORP	2.45%	07/15/2028	98,000	98,000	81,792
BANK OF AMERICA CORP	3.59%	07/21/2028	933,000	1,024,799	881,237
CALLON PETROLEUM CO 144A	8.00%	08/01/2028	180,000	186,300	172,908
AUSGRID FINANCE PTY LTD 144A	4.35%	08/01/2028	331,000	370,017	322,586
DISCOVER BANK	4.68%	08/09/2028	300,000	314,644	291,780
BOOZ ALLEN HAMILTON INC 144A	3.88%	09/01/2028	129,000	114,165	114,165
FLUOR CORP	4.25%	09/15/2028	42,000	42,701	36,698
PHOSAGRO OAO VIA PHOSAGRO 144A	2.60%	09/16/2028	390,000	388,830	122,850
COINBASE GLOBAL INC 144A	3.38%	10/01/2028	133,000	129,804	82,701
LIFTOFF MOBILE/VUNGLE 9/21 COV	0.00%	10/02/2028	79,163	79,097	69,168
DELTA AIR LINES INC / SKY 144A	4.75%	10/20/2028	110,000	110,000	104,052
EMPRESA GENERADORA DE ELE 144A	5.63%	11/08/2028	200,000	203,750	169,100
ENCINA EQUIPMENT FI 1A A2 144A	4.88%	11/15/2028	447,000	446,956	445,798
SPRINT CAPITAL CORP	6.88%	11/15/2028	104,000	121,651	109,358
INVITATION HOMES OPERATING PAR	2.30%	11/15/2028	128,000	127,835	107,862
TRANSUNION 11/21 B6 COV-LITE T	0.00%	12/01/2028	117,432	117,210	111,732
AUTHENTIC BRANDS 12/21 TLB1	0.00%	12/21/2028	23,263	23,321	21,692
LEVEL 3 FINANCING INC 144A	3.63%	01/15/2029	475,000	476,781	366,235
PRECISION DRILLING CORP 144A	6.88%	01/15/2029	170,000	172,761	152,150
RANGE RESOURCES CORP	8.25%	01/15/2029	158,000	175,323	161,271
CHARTER COMMUNICATIONS OPERATI	2.25%	01/15/2029	414,000	413,317	340,834
LBM ACQUISITION LLC 144A	6.25%	01/15/2029	127,000	126,351	81,764
SBA COMMUNICATIONS CORP	3.13%	02/01/2029	475,000	455,406	388,788
MERCER INTERNATIONAL INC	5.13%	02/01/2029	126,000	128,274	108,360

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2022

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
MEG ENERGY CORP 144A	5.88%	02/01/2029	68,000	68,000	62,109
HILCORP ENERGY I LP / HIL 144A	5.75%	02/01/2029	127,000	129,296	111,524
PARK RIVER HOLDINGS INC 144A	5.63%	02/01/2029	131,000	123,140	81,641
HOLOGIC INC 144A	3.25%	02/15/2029	450,000	438,750	384,615
VICI PROPERTIES LP / VICI 144A	3.88%	02/15/2029	375,000	345,679	323,640
JACOBS ENTERTAINMENT INC 144A	6.75%	02/15/2029	118,000	119,080	99,784
COMSTOCK RESOURCES INC 144A	6.75%	03/01/2029	171,000	183,097	153,119
UNITED STATES STEEL CORP	6.88%	03/01/2029	117,000	121,847	101,205
GO DADDY OPERATING CO LLC 144A	3.50%	03/01/2029	132,000	119,460	111,058
AVIS BUDGET CAR RENTAL LL 144A	5.38%	03/01/2029	29,000	30,595	24,137
GLENCORE FUNDING LLC 144A	4.88%	03/12/2029	577,000	679,770	561,571
ALBERTSONS COS INC / SAFE 144A	3.50%	03/15/2029	475,000	455,406	384,422
ALBERTSONS COS INC / SAFE 144A	3.50%	03/15/2029	136,000	113,530	110,066
VISTA OUTDOOR INC 144A	4.50%	03/15/2029	39,000	36,456	29,842
PRESTIGE AUTO RECEIV 1A E 144A	3.47%	03/15/2029	520,000	519,888	475,504
SS&C TECHNOLOGIES 3/22 B6 TLB	0.00%	03/22/2029	75,127	73,952	71,409
MACQUARIE GROUP LTD 144A	4.65%	03/27/2029	200,000	223,890	195,358
ALCOA NEDERLAND HOLDING B 144A	4.13%	03/31/2029	200,000	209,250	179,000
MEDLINE BORROWER LP 144A	3.88%	04/01/2029	123,000	112,853	104,882
SCIENTIFIC GAMES 2/22 (USD) CO	0.00%	04/04/2029	111,111	110,833	102,639
SCIENTIFIC GAMES/LIGHT & WONDE	0.00%	04/07/2029	226,470	224,771	214,580
ELEMENT MATERIALS 4/22 (USD)	0.00%	04/12/2029	99,174	98,956	94,959
ELEMENT MATERIALS 4/22 (USD)	0.00%	04/12/2029	45,773	45,648	43,827
ACADIA HEALTHCARE CO INC 144A	5.00%	04/15/2029	124,000	129,425	112,339
SIGNAL PEAK CLO 2 1A DR2 144A	5.56%	04/20/2029	250,000	241,250	233,611
ENTEGRI INC 144A	3.63%	05/01/2029	114,000	114,720	95,330
REFRESCO/PEGASUS 5/22 (USD) TL	0.00%	05/05/2029	163,076	161,445	154,311
NETFLIX INC	6.38%	05/15/2029	308,000	352,279	309,571
BANK OF AMERICA CORP	2.09%	06/14/2029	280,000	280,000	240,094
NRG ENERGY INC 144A	4.45%	06/15/2029	386,000	414,304	346,207
SUNCOKE ENERGY INC 144A	4.88%	06/30/2029	127,000	128,003	100,338
MADISON IAQ LLC 144A	5.88%	06/30/2029	145,000	144,047	109,475
PENN NATIONAL GAMING INC 144A	4.13%	07/01/2029	136,000	127,160	103,197
ELASTIC NV 144A	4.13%	07/15/2029	130,000	117,000	108,521
IEA ENERGY SERVICES LLC 144A	6.63%	08/15/2029	129,000	127,065	105,458
CENTURY COMMUNITIES INC 144A	3.88%	08/15/2029	129,000	111,263	100,904
EPR PROPERTIES	3.75%	08/15/2029	244,000	249,761	203,513
TEGNA INC	5.00%	09/15/2029	450,000	457,740	422,861
IRON MOUNTAIN INC 144A	4.88%	09/15/2029	450,000	461,250	385,565
MURPHY OIL USA INC	4.75%	09/15/2029	123,000	124,343	110,861
ASP UNIFRAX HOLDINGS INC 144A	7.50%	09/30/2029	1	1	1
MODIVCARE ESCROW ISSUER I 144A	5.00%	10/01/2029	129,000	119,486	103,680
180 MEDICAL INC 144A	3.88%	10/15/2029	256,000	256,320	221,440
MOUNTAIN VIEW CLO 2 1A AR 144A	3.83%	10/16/2029	242,684	242,684	239,650
OPTION CARE HEALTH INC 144A	4.38%	10/31/2029	129,000	121,260	110,618
TOLL BROTHERS FINANCE CORP	3.80%	11/01/2029	1	1	1
NOV INC	3.60%	12/01/2029	1	1	1
TERRAFORM POWER OPERATING 144A	4.75%	01/15/2030	130,000	135,200	109,654
ZIPRECRUITER INC 144A	5.00%	01/15/2030	121,000	116,974	101,640
COMMERCIAL METALS CO	4.13%	01/15/2030	127,000	116,811	106,934
MORGAN STANLEY	4.43%	01/23/2030	401,000	459,595	390,213
LAMB WESTON HOLDINGS INC 144A	4.13%	01/31/2030	475,000	475,000	411,141
LAMB WESTON HOLDINGS INC 144A	4.13%	01/31/2030	128,000	114,560	110,792
EQT CORP	8.25%	02/01/2030	366,000	428,390	390,694
WESTPAC BANKING CORP	2.89%	02/04/2030	169,000	175,704	160,251

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2022

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
CENTENE CORP	3.38%	02/15/2030	450,000	452,250	381,456
VALVOLINE INC 144A	4.25%	02/15/2030	128,000	116,431	106,880
CONDOR MERGER SUB INC 144A	7.38%	02/15/2030	129,000	129,000	105,378
ASSURANT INC	3.70%	02/22/2030	100,000	100,780	89,106
CCO HOLDINGS LLC / CCO HO 144A	4.75%	03/01/2030	121,000	126,051	103,586
FIRSTENERGY CORP	2.65%	03/01/2030	132,000	119,460	108,900
CITIGROUP INC	3.98%	03/20/2030	218,000	247,116	204,815
OWENS & MINOR INC 144A	6.63%	04/01/2030	119,000	118,069	108,436
CHS/COMMUNITY HEALTH SYST 144A	6.13%	04/01/2030	88,000	85,003	53,680
CNX MIDSTREAM PARTNERS LP 144A	4.75%	04/15/2030	123,000	120,878	103,320
T-MOBILE USA INC	3.88%	04/15/2030	297,000	301,464	277,933
WEATHERFORD INTERNATIONAL 144A	8.63%	04/30/2030	125,000	129,559	103,724
IPALCO ENTERPRISES INC	4.25%	05/01/2030	253,000	280,521	235,062
MACQUARIE BANK LTD 144A	3.62%	06/03/2030	305,000	316,059	266,597
BANKUNITED INC	5.13%	06/11/2030	207,000	235,305	200,608
CROWN CASTLE INC	3.30%	07/01/2030	293,000	268,036	259,091
STANDARD INDUSTRIES INC/N 144A	4.38%	07/15/2030	138,000	117,990	108,848
CBAM 2017-1 LTD 1A D 144A	6.46%	07/20/2030	370,000	370,444	351,290
MINEJESA CAPITAL BV 144A	4.63%	08/10/2030	250,000	231,125	223,975
BALL CORP	2.88%	08/15/2030	132,000	132,000	106,248
TENGIZCHEVROIL FINANCE CO 144A	3.25%	08/15/2030	200,000	197,878	152,112
HCA INC	3.50%	09/01/2030	450,000	450,000	382,901
OCCIDENTAL PETROLEUM CORP	6.63%	09/01/2030	265,000	307,205	272,950
ROMARK CLO LTD 1A A2R 144A	4.43%	10/23/2030	380,000	380,000	363,831
MOLINA HEALTHCARE INC 144A	3.88%	11/15/2030	138,000	114,195	117,960
DBWF 2018-GLKS MOR GLKS A 144A	3.15%	12/19/2030	200,000	198,875	193,970
OCCIDENTAL PETROLEUM CORP	6.13%	01/01/2031	68,000	78,527	68,913
STANDARD INDUSTRIES INC/N 144A	3.38%	01/15/2031	400,000	395,500	295,436
CONTINENTAL RESOURCES INC 144A	5.75%	01/15/2031	572,000	641,779	551,231
DAVITA INC 144A	3.75%	02/15/2031	400,000	390,500	282,960
CHS/COMMUNITY HEALTH SYST 144A	4.75%	02/15/2031	127,000	129,350	92,982
HILLENBRAND INC	3.75%	03/01/2031	129,000	125,940	104,168
LEVI STRAUSS & CO 144A	3.50%	03/01/2031	1	1	1
TWILIO INC	3.88%	03/15/2031	1	1	1
ORACLE CORP	2.88%	03/25/2031	1,023,000	1,048,905	845,080
FMG RESOURCES AUGUST 2006 144A	4.38%	04/01/2031	121,000	125,840	98,136
T-MOBILE USA INC	3.50%	04/15/2031	450,000	454,500	391,275
LENDING FUNDING TRUS 2A D 144A	6.77%	04/21/2031	315,000	354,867	305,411
VITERRA FINANCE BV 144A	3.20%	04/21/2031	240,000	239,227	194,822
GLENORE FUNDING LLC 144A	2.85%	04/27/2031	347,000	336,177	287,250
SERVICE CORP INTERNATIONAL/US	4.00%	05/15/2031	575,000	576,438	490,906
ATKORE INC 144A	4.25%	06/01/2031	124,000	127,606	102,920
WESTERN ALLIANCE BANCORP	3.00%	06/15/2031	57,000	57,000	51,776
UPSTART SECURITIZATIO 2 B 144A	1.75%	06/20/2031	244,000	243,974	229,541
OCP SA 144A	3.75%	06/23/2031	200,000	198,730	151,000
NGPL PIPECO LLC 144A	3.25%	07/15/2031	150,000	150,834	125,307
NOVELIS CORP 144A	3.88%	08/15/2031	131,000	129,199	100,444
INVITATION HOMES OPERATING PAR	2.00%	08/15/2031	323,000	316,176	249,175
FIRST AMERICAN FINANCIAL CORP	2.40%	08/15/2031	167,000	166,437	129,121
MSCI INC 144A	3.63%	11/01/2031	126,000	130,883	103,779
PHYSICIANS REALTY LP	2.63%	11/01/2031	160,000	159,662	129,147
ALLY FINANCIAL INC	8.00%	11/01/2031	397,000	551,582	442,369
CSC HOLDINGS LLC 144A	4.50%	11/15/2031	475,000	471,438	365,133
GRAY ESCROW II INC 144A	5.38%	11/15/2031	127,000	112,268	101,759
WESTPAC BANKING CORP	4.32%	11/23/2031	335,000	380,034	322,545

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2022

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		
ASSURANT INC	2.65%	01/15/2032	129,000	128,796	101,119
CHENIERE ENERGY PARTNERS 144A	3.25%	01/31/2032	136,000	123,158	107,100
FORD MOTOR CO	3.25%	02/12/2032	357,000	358,318	264,726
HILTON DOMESTIC OPERATING 144A	3.63%	02/15/2032	400,000	401,500	318,000
PETROLEOS MEXICANOS	6.70%	02/16/2032	217,000	214,873	165,463
GSK CONSUMER HEALTHCARE C 144A	3.63%	03/24/2032	250,000	249,625	231,693
ANGOLAN GOVERNMENT INTERN 144A	8.75%	04/14/2032	200,000	200,000	159,330
BROADCOM INC 144A	4.15%	04/15/2032	593,000	568,192	537,412
BANK OF AMERICA CORP	2.69%	04/22/2032	462,000	474,886	388,898
GOLDMAN SACHS GROUP INC/THE	2.62%	04/22/2032	189,000	173,158	157,335
ADVANCED MICRO DEVICES INC	3.92%	06/01/2032	229,000	229,000	225,382
MACQUARIE GROUP LTD 144A	2.69%	06/23/2032	128,000	128,000	103,244
CENTERPOINT ENERGY RESOURCES C	4.40%	07/01/2032	271,000	270,746	267,678
NEXTERA ENERGY CAPITAL HOLDING	5.00%	07/15/2032	135,000	134,899	138,683
MORGAN STANLEY	2.24%	07/21/2032	258,000	258,000	209,754
GOLDMAN SACHS GROUP INC/THE	2.38%	07/21/2032	486,000	488,970	394,238
JPMORGAN CHASE & CO	2.96%	01/25/2033	267,000	267,000	229,834
BNP PARIBAS SA 144A	4.38%	03/01/2033	298,000	325,869	276,872
WELLS FARGO & CO	3.35%	03/02/2033	263,000	263,000	234,065
PULTEGROUP INC	6.38%	05/15/2033	173,000	227,839	178,531
WESTPAC BANKING CORP	4.11%	07/24/2034	175,000	183,300	160,288
NATIONAL AUSTRALIA BANK L 144A	3.93%	08/02/2034	250,000	258,660	227,118
BFLD 2019-DPLO DPLO F 144A	4.54%	10/15/2034	150,000	147,469	138,698
TRTX 2019-FL3 ISSUE FL3 A 144A	3.22%	10/15/2034	244,264	244,264	242,737
BBCMS 2019-BWAY MO BWAY A 144A	2.96%	11/15/2034	140,000	138,697	134,764
BBCMS 2019-BWAY MO BWAY B 144A	3.31%	11/15/2034	150,000	149,024	144,461
BBCMS 2019-BWAY MO BWAY C 144A	3.61%	11/15/2034	200,000	198,709	191,160
WIND RIVER 2021-4 CL 4A B 144A	4.36%	01/20/2035	250,000	250,000	234,095
BHMS 2018-ATLS ATLS A 144A	3.25%	07/15/2035	200,000	200,188	192,284
MARINER FINANCE ISSU AA E 144A	5.40%	03/20/2036	400,000	430,000	361,172
CIM RETAIL PORTFOL RETL E 144A	5.75%	08/15/2036	247,500	247,500	229,663
EIG PEARL HOLDINGS SARL 144A	3.55%	08/31/2036	270,000	270,000	230,175
VMC FINANCE 2019-FL FL3 A 144A	3.10%	09/15/2036	267,013	267,096	267,342
MORGAN STANLEY	2.48%	09/16/2036	198,000	198,000	152,670
HGI CRE CLO 2021-FL FL2 B 144A	3.66%	09/17/2036	370,000	370,000	359,888
GS MORTGAGE SECUR 70P XCP 144A	0.00%	10/15/2036	54,761,000	384,784	1,024
BX COMMERCIAL MORTGA XL C 144A	3.25%	10/15/2036	85,000	85,000	82,434
BX COMMERCIAL MORTGA XL D 144A	3.45%	10/15/2036	170,000	170,000	164,441
HONO 2021-LULU MOR LULU B 144A	3.45%	10/15/2036	100,000	100,000	96,377
HONO 2021-LULU MOR LULU C 144A	3.85%	10/15/2036	100,000	100,000	95,425
BX TRUST 2021-ARIA ARIA E 144A	4.24%	10/15/2036	460,000	457,700	428,817
GS MORTGAGE SECURI ARDN B 144A	3.65%	11/15/2036	390,000	390,000	376,806
JP MORGAN CHASE CO MKST E 144A	4.25%	12/15/2036	400,000	390,750	366,408
ABN AMRO BANK NV 144A	3.32%	03/13/2037	200,000	200,000	160,860
PFP 2019-6 LTD 6 B 144A	3.70%	04/14/2037	500,000	500,000	492,680
PFP 2019-6 LTD 6 C 144A	4.10%	04/14/2037	332,000	332,000	332,199
AMSR 2020-SFR1 TRU SFR1 A 144A	1.82%	04/17/2037	799,233	799,204	759,024
VALERO ENERGY CORP	6.63%	06/15/2037	1,855,000	2,489,807	2,022,284
AMSR 2020-SFR4 TRU SFR4 A 144A	1.36%	11/17/2037	1,375,000	1,374,958	1,270,679
OVINTIV INC	6.50%	02/01/2038	101,000	125,493	104,522
PRIMA CAPITAL CRE RK1 AG 144A	4.00%	04/15/2038	103,866	109,964	94,068
PRIMA CAPITAL CRE RK1 AT 144A	4.45%	04/15/2038	100,000	107,773	83,374
TIME WARNER CABLE LLC	7.30%	07/01/2038	264,000	336,990	276,643
EXTENDED STAY AMERI ESH C 144A	3.70%	07/15/2038	218,654	218,654	211,515
TRICON RESIDENTIAL SFR1 A 144A	1.94%	07/17/2038	499,464	499,452	454,068

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2022

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		
KIND TRUST 2021-KI KIND D 144A	4.30%	08/15/2038	210,000	210,000	196,298
CSMC 2021-BHAR BHAR C 144A	4.00%	11/15/2038	620,000	620,000	565,000
BX TRUST 2022-LBA6 LBA6 C 144A	3.56%	01/15/2039	410,000	410,000	391,694
TRICON RESIDENTIAL SFR1 A 144A	3.86%	04/17/2039	500,000	499,998	482,300
COMCAST CORP	6.55%	07/01/2039	375,000	565,463	449,565
CONSTELLATION ENERGY GENERATIO	6.25%	10/01/2039	274,000	336,200	281,225
PROTECTIVE LIFE CORP	8.45%	10/15/2039	200,000	303,044	249,584
OGLETHORPE POWER CORP	5.95%	11/01/2039	125,000	162,216	132,506
GALAXY PIPELINE ASSETS BI 144A	3.25%	09/30/2040	268,000	268,000	211,527
CELLNEX FINANCE CO SA 144A	3.88%	07/07/2041	200,000	197,448	137,648
CONNECTICUT AVENU R01 1B1 144A	4.61%	10/25/2041	130,000	130,000	111,352
DELL INTERNATIONAL LLC / 144A	3.38%	12/15/2041	198,000	197,204	142,235
CF INDUSTRIES INC	5.38%	03/15/2044	208,000	235,100	194,813
MARATHON PETROLEUM CORP	4.75%	09/15/2044	475,000	529,614	420,475
PHILLIPS 66	4.88%	11/15/2044	250,000	285,748	243,685
NEUBERGER BERMAN GROUP LL 144A	4.88%	04/15/2045	240,000	245,129	218,566
CHARTER COMMUNICATIONS OPERATI	6.48%	10/23/2045	165,000	181,201	160,796
MCDONALD'S CORP	4.88%	12/09/2045	1,425,000	1,738,933	1,407,330
WELLS FARGO COMMERCIAL LC12 B	4.30%	07/15/2046	10,000	10,325	9,378
DELL INTERNATIONAL LLC / EMC C	8.35%	07/15/2046	157,000	227,235	196,453
AQUA FINANCE TRUST 20 A A 144A	1.54%	07/17/2046	319,991	306,854	295,822
MARATHON PETROLEUM CORP	4.50%	04/01/2048	500,000	519,222	423,275
ME FUNDING LLC 2019- 1 A2 144A	6.45%	07/30/2049	365,625	358,056	363,461
COMM 2014-277P MOR 277P A 144A	3.61%	08/10/2049	500,000	531,211	485,900
COMM 2015-PC1 MORTGAGE T PC1 C	4.30%	07/10/2050	250,000	261,074	234,878
FLAGSTAR MORTGAGE 3INV A5 144A	2.50%	06/25/2051	574,825	590,992	525,068
FLAGSTAR MORTGAGE 5INV A5 144A	2.50%	07/25/2051	413,381	422,229	380,587
ALFA DESARROLLO SPA 144A	4.55%	09/27/2051	199,461	199,461	143,113
SEB FUNDING LLC 1A A2 144A	4.97%	01/30/2052	299,250	299,175	272,967
ADVANCED MICRO DEVICES INC	4.39%	06/01/2052	199,000	199,000	194,980
AEP TRANSMISSION CO LLC	4.50%	06/15/2052	118,000	117,248	113,751
SUNRUN DEMETER ISSUE 2A A 144A	2.27%	01/30/2057	490,190	483,943	411,564
NEW RESIDENTIAL MOR 2A A1 144A	4.25%	12/25/2057	538,087	543,825	530,688
NEW RESIDENTIAL MO 4A A1B 144A	3.50%	12/25/2058	718,052	739,953	699,090
NEW RESIDENTIAL M NQM1 A1 144A	2.46%	01/26/2060	25,023	25,023	24,048
CREDIT SUISSE MOR SPT1 A1 144A	1.62%	04/25/2065	40,799	40,859	40,145
ELLINGTON FINANCIAL 2 A1 144A	1.18%	10/25/2065	30,223	30,216	29,095
			<u>\$ 153,400,254</u>	<u>\$ 102,865,207</u>	<u>\$ 91,372,952</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, 2022

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
GROSVENOR INSTITUTIONAL PARTNERS LP - COMMON STOCK	-	\$ 14,996,266	\$ 18,105,335
		\$ 14,996,266	\$ 18,105,335

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, 2022

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
<u>ISSUER</u>		<u>COST</u>	<u>CURRENT VALUE</u>
US REAL ESTATE INVESTMENT FUND		\$ 32,091,138	\$ 42,485,690
GROSVENOR INSTITUTIONAL PARTNERS LP - PARTNERSHIPS		3,007,258	3,624,477
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - PARTNERSHIPS		<u>9,277,608</u>	<u>10,345,359</u>
		<u>\$ 44,376,004</u>	<u>\$ 56,455,526</u>

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

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF NON-PARTICIPANT LOANS

JUNE 30, 2022

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
NON-PARTICIPANT LOANS

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY / NO. OF SHARES	COST	CURRENT VALUE
AMERICAN AIRLINES GROUP I 144A	3.75%	03/01/2025	143,999	\$ 127,079	\$ 121,319
PBF HOLDING CO LLC / PBF 144A	9.25%	05/15/2025	128,999	125,452	134,965
TRANSDIGM INC	6.38%	06/15/2026	118,999	121,917	111,264
CALPINE CORP 144A	5.13%	03/15/2028	113,999	114,711	101,166
NATIONAL CINEMEDIA LLC 144A	5.88%	04/15/2028	136,999	128,437	96,746
FLUOR CORP	4.25%	09/15/2028	268,000	272,475	234,165
AVIS BUDGET CAR RENTAL LL 144A	5.38%	03/01/2029	95,000	100,225	79,069
ASP UNIFRAX HOLDINGS INC 144A	7.50%	09/30/2029	128,999	129,805	89,533
TOLL BROTHERS FINANCE CORP	3.80%	11/01/2029	118,999	129,629	101,134
NOV INC	3.60%	12/01/2029	239,999	240,341	216,078
LEVI STRAUSS & CO 144A	3.50%	03/01/2031	123,999	127,409	101,369
TWILIO INC	3.88%	03/15/2031	121,999	125,354	100,377
TSMC ARIZONA CORP	3.25%	10/25/2051	191,972	189,396	155,190
U S TREASURY NOTE	2.50%	04/30/2024	553,999	547,954	549,628
U S TREASURY NOTE	2.88%	05/15/2032	574,999	568,812	570,238
U S TREASURY NOTE	2.88%	05/15/2032	4,856,999	4,868,495	4,816,783
U S TREASURY BOND	2.38%	02/15/2042	2,814,999	2,654,383	2,400,237
U S TREASURY BOND	2.25%	02/15/2052	2,303,999	<u>1,956,551</u>	<u>1,912,319</u>
				<u>\$ 12,528,425</u>	<u>\$ 11,891,580</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

JUNE 30, 2022

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/ COLLECTIVE TRUST FUNDS	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
LONGVIEW BROAD MARKET 3000 INDEX FUND	303,184	\$ 64,945,716	\$ 104,357,840
NHIT CORE PLUS FULL DISCRETION TRUST	7,688,995	91,378,927	100,341,383
STATE STREET MSCI ACWI EX USA INDEX NON-LENDING COMMON TRUST FUND	2,917,344	48,804,096	59,286,257
STATE STREET U.S. TREASURY INFLATION PROTECTED SECURITIES INDEX NON-LENDING COMMON TRUST FUND	3,660,514	<u>48,985,773</u>	<u>61,002,463</u>
		\$ <u>254,114,512</u>	\$ <u>324,987,943</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

JUNE 30, 2022

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>51,645,161</u>
		\$ <u>50,000,000</u>	\$ <u>51,645,161</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

JUNE 30, 2022

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)
	<u>ISSUER</u>	<u>NO. OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
*	DREYFUS INSTITUTIONAL PREFERRED GOVERNMENT MONEY MARKET FUND	56,586,969	\$ <u>56,586,969</u>	\$ <u>56,586,969</u>
			\$ <u>56,586,969</u>	\$ <u>56,586,969</u>

* PARTY-IN-INTEREST

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF OTHER INVESTMENTS

JUNE 30, 2022

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION OTHER INVESTMENTS			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
HAWAII ST	0.25%	8/1/2022	\$ 90,000	\$ 90,000	\$ 89,893
SANTA ANA CA PENSN OBLIGS	0.25%	8/1/2022	150,000	150,000	149,768
GOLDEN ST TOBACCO SECURITIZATI	0.67%	6/1/2023	70,000	70,000	68,300
FOOTHILL ESTRN TRANSPRTN CORRI	4.09%	1/15/2049	120,000	121,480	104,872
ILLINOIS ST	5.10%	6/1/2033	295,000	318,955	296,797
MIAMI-DADE CNTY FL SPL OBLIG	2.79%	10/1/2037	120,000	120,550	96,135
GROSVENOR INSTITUTIONAL PARTNERS LP - OTHER INVESTMENTS			-	<u>8,806,058</u>	<u>10,613,441</u>
			<u>\$ 845,000</u>	<u>\$ 9,677,043</u>	<u>\$ 11,419,206</u>

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

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2022

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 MONEY 6546	\$ 909,292,846	\$ -	\$ -	\$ -	\$ -	\$ 909,292,846	\$ -
*	DREYFUS INS RSRV PR MONEY 6546	-	912,978,624	-	-	912,978,624	912,978,624	-

* 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, 2022

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Assets			
Investments			
Interest bearing cash	\$ -	\$ 156,956	\$ 156,956
U.S. government securities	89,105,518	-	89,105,518
Corporate debt instruments	151,310,099	-	151,310,099
Corporate stock	-	18,105,335	18,105,335
Partnership/joint venture interests	85,242,137	(28,786,611)	56,455,526
Loans (other than participant loans)	11,891,580	-	11,891,580
Common/collective trust funds	324,987,943	-	324,987,943
103-12 investment entities	51,645,161	-	51,645,161
Registered investment companies	56,586,969	-	56,586,969
Municipal bonds	805,765	(805,765)	-
Other investments	-	11,419,206	11,419,206
Receivables	40,754,595	12,851,185	53,605,780
Cash	18,285,440	-	18,285,440
Collateral held under securities lending agreement	12,237,651	(12,237,651)	-
Other assets	<u>1,850,047</u>	<u>60</u>	<u>1,850,107</u>
Total assets	<u>844,702,905</u>	<u>702,715</u>	<u>845,405,620</u>
Liabilities			
Operating payables	41,315,103	(39,525,837)	1,789,266
Other liabilities	<u>15,849,146</u>	<u>40,228,552</u>	<u>56,077,698</u>
Total liabilities	<u>57,164,249</u>	<u>702,715</u>	<u>57,866,964</u>
Net assets available for benefits	<u>\$ 787,538,656</u>	<u>\$ -</u>	787,538,656
Less benefit obligations currently payable			<u>64,200,000</u>
Net assets available to benefits Form 5500			<u>\$ 723,338,656</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, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Payroll	\$ 3,603,170	\$ 3,320,975
Payroll taxes	269,877	245,272
Employee benefits	2,182,577	2,076,119
Occupancy	1,147,624	1,041,926
Telephone	68,677	63,421
Office	230,700	189,862
Printing and postage	302,102	178,963
Legal and collection	946,332	1,210,308
Accounting	108,770	123,690
Payroll audits	1,307,196	1,568,973
Consulting	957,137	945,382
Outside services	211,019	122,648
Insurance	238,536	228,091
Conferences and meetings	28,080	4,599
Repairs and maintenance	165,366	175,424
Scholarship administrative expenses	25,767	19,398
Depreciation	228,203	211,797
Reimbursements to related organizations	134,346	156,288
Reimbursements from related organizations	<u>(88,559)</u>	<u>(92,218)</u>
Total administrative expenses	\$ <u>12,066,920</u>	\$ <u>11,790,918</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

DIRECTIVE 12 - SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2022 AND 2021

	<u>2022</u>		<u>2021</u>
Salaries	\$ 3,873,047		\$ 3,566,247
% of total Administrative Expense	18 %		17 %
Fringe benefits	2,182,577		2,076,119
Legal	946,332 (1)		1,210,308
Accounting	1,415,966 (2)		1,692,663
Other fees and commissions	957,137		945,382
Rent	1,147,624		1,041,926
Travel and conference	28,080 (3)		4,599
Telephone	68,677		63,421
Depreciation	228,203		211,797
Printing and postage	302,102 (4)		178,963
Insurance	238,536		228,091
Repairs and maintenance	165,366		175,424
Office	230,700 (5)		189,862
Temporary services	74,787 (6)		26,023
Scholarship administrative expenses	25,767 (7)		19,398
Security expense	136,232 (8)		96,625
Reimbursements to related organizations	134,346		156,288
Reimbursements from related organizations	<u>(88,559)</u>		<u>(92,218)</u>
Subtotal	12,066,920		11,790,918
Medical fees	8,337,729		8,178,656
Investment and custodial services	<u>1,519,903</u> (9)		<u>1,222,390</u>
Total administrative expenses	<u>\$ 21,924,552</u>		<u>\$ 21,191,964</u>
Total administrative expenses	21,924,552		21,191,964
Total benefit fund revenue	353,858,571		488,819,991
% Administrative expenses / revenue	6.20 %		4.34 %

Variances

- (1) Legal expense varies based on legal counsels' billable hours.
- (2) Accounting expense varies based on billable hours for payroll audits performed each year.
- (3) Travel and conference expense increased due to increase in travel subsequent to the pandemic.
- (4) Printing and postage increased due to the printing and mailing of the Plan's new Summary Plan Description.
- (5) Office expenses fluctuate based on the needs of the Plan.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

DIRECTIVE 12 - SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2022 AND 2021

- (6) Temporary services fluctuate based on the staffing needs of the Plan.
- (7) Scholarship administrative expenses increased because there was a scholarship luncheon during the current year, but no luncheon in the prior year.
- (8) Security expense increased due to an increase in rates and services as there were government mandated closings in the prior year.
- (9) Investment and custodial services expenses increased due to increase in certain retainer fees and the timing of the payments.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

DIRECTIVE 12 - SCHEDULE OF BENEFIT EXPENSES

YEAR ENDED JUNE 30, 2022

<u>Benefit Description</u>	<u>Insured / Self Insured</u>	<u>Cost of Benefit</u>	<u>Benefit Coverage</u>
Dental	Self Insured	\$ 6,490,822	1, 2, 3
Disability	Self Insured	937,067	1
Hearing	Self Insured	63,170	1, 2, 3
Medical/Hospitalization	Self Insured	228,258,857	1, 2, 3
Paid Family Leave	Self Insured	977,446	1
Prescription Drugs	Self Insured	50,812,293	1, 2, 3
Scholarship Awards	Self Insured	344,815	3
Vacation Benefits	Self Insured	124,907,146	1
Vision	Self Insured	738,283	1, 2, 3
Medicare Supplemental	Insured	(93,399)	1, 2
Life Insurance & AD&D	Insured	<u>2,754,867</u>	1, 2, 3
Total		<u>\$ 416,191,367</u>	

1 = Member

2 = Spouse

3 = Children

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF INTEREST BEARING CASH

JUNE 30, 2022

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION		(d)	(e)
	INTEREST BEARING CASH			
ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
GROSVENOR INSTITUTIONAL PARTNERS LP - INTEREST BEARING CASH			\$ 151,960	\$ 151,960
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - INTEREST BEARING CASH			4,996	4,996
			\$ 156,956	\$ 156,956

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, 2022

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	COST	CURRENT VALUE
			VALUE - a		
FNMA POOL #0303823	3.54%	04/01/2024	\$ 145	\$ 151	\$ 145
U S TREASURY NOTE	2.50%	01/31/2025	135,000	145,013	133,349
FNMA POOL #0395122	2.78%	05/01/2025	358	373	357
FNMA POOL #0342042	2.08%	06/01/2025	44	45	44
FNMA POOL #0303824	3.27%	07/01/2025	64	66	64
U S TREASURY NOTE	0.38%	11/30/2025	3,490,000	3,377,152	3,191,291
GNMA II POOL #0008989	1.75%	10/20/2026	501	506	493
GNMA II POOL #0080012	1.75%	11/20/2026	591	601	589
GNMA II POOL #0080093	1.63%	07/20/2027	128	128	128
U S TREASURY NOTE	2.25%	08/15/2027	5,105,000	5,441,899	4,911,163
GNMA II POOL #0080120	1.75%	10/20/2027	1,525	1,521	1,504
U S TREASURY NOTE	2.25%	11/15/2027	2,380,000	2,454,848	2,285,538
FNMA GTD REMIC P/T 19-M1 A2	3.55%	09/25/2028	2,014,676	2,201,093	2,021,808
U S TREASURY NOTE	1.38%	10/31/2028	4,365,000	4,299,846	3,942,643
U S TREASURY NOTE	2.63%	02/15/2029	2,955,000	3,192,590	2,882,514
U S TREASURY NOTE	1.88%	02/15/2032	13,785,000	13,218,706	12,522,845
U S TREASURY NOTE	2.88%	05/15/2032	710,001	702,362	704,122
U S TREASURY BOND	3.38%	05/15/2044	3,105,000	3,925,683	3,082,551
FHLMC POOL #QA-7336	3.00%	02/01/2050	176,943	182,749	166,578
FHLMC POOL #RA-2314	3.50%	03/01/2050	298,876	320,848	290,298
FNMA POOL #0FM4334	3.00%	04/01/2050	443,842	468,807	416,903
FEDERAL HOME LN BK CONS BD	1.54%	09/16/2022	2,060,000	2,060,000	2,060,000
U S TREASURY NOTE	2.50%	04/30/2024	2,296,001	2,270,949	2,277,886
U S TREASURY NOTE	2.75%	04/30/2027	5,929,000	5,788,105	5,857,674
U S TREASURY NOTE	2.88%	05/15/2032	1,000,001	1,002,368	991,721
COMMIT TO PUR FNMA SF MTG	4.00%	08/01/2037	665,000	664,896	669,050
FREDDIE MAC STACR HQA3 M2 144A	3.61%	09/25/2041	370,000	369,688	323,387
FREDDIE MAC STACR DNA6 B1 144A	4.91%	10/25/2041	260,000	260,000	222,404
FANNIE MAE CONNEX R02 2B1 144A	4.81%	11/25/2041	130,000	130,000	111,186
FREDDIE MAC STACR DNA7 B1 144A	5.16%	11/25/2041	220,000	220,000	188,188
U S TREASURY BOND	2.38%	02/15/2042	1	1	1
FNMA POOL #0FM9416	3.50%	07/01/2045	259,736	253,933	254,385
FHLMC POOL #ZS-9627	3.50%	02/01/2046	227,404	220,840	224,393
FNMA POOL #0FS1456	3.00%	12/01/2048	347,645	336,863	329,439
US TREAS-CPI INFLAT	0.25%	02/15/2050	737,459	674,550	592,637
FNMA POOL #0FM8815	3.50%	09/01/2051	111,428	111,689	109,122
U S TREASURY BOND	2.25%	02/15/2052	705,001	598,686	585,151
FNMA POOL #0FS2232	3.50%	03/01/2052	469,909	450,855	457,033
FNMA POOL #0CB3610	4.00%	05/01/2052	256,043	258,093	257,210
FNMA POOL #0CB3611	4.00%	05/01/2052	189,852	190,786	190,424
COMMIT TO PUR FNMA SF MTG	3.50%	07/01/2052	1,515,000	1,453,573	1,459,187
COMMIT TO PUR GNMA II JUMBOS	3.50%	07/20/2052	425,000	419,648	413,563
COMMIT TO PUR GNMA II JUMBOS	4.50%	07/20/2052	1,282,000	1,302,891	1,302,038
COMMIT TO PUR FNMA SF MTG	3.00%	08/01/2052	844,000	773,941	786,026
COMMIT TO PUR FNMA SF MTG	3.50%	08/01/2052	1,746,000	1,657,336	1,679,495
COMMIT TO PUR FNMA SF MTG	4.00%	08/01/2052	1,800,000	1,758,539	1,773,774
COMMIT TO PUR FNMA SF MTG	4.50%	08/01/2052	1,752,000	1,743,420	1,756,853
COMMIT TO PUR FNMA SF MTG	5.00%	08/01/2052	2,352,000	2,375,520	2,395,042
COMMIT TO PUR FNMA SF MTG	5.50%	08/01/2052	550,000	567,357	569,700
COMMIT TO PUR GNMA II JUMBOS	4.00%	08/20/2052	850,000	837,029	845,249
COMMIT TO PUR GNMA II JUMBOS	4.50%	08/20/2052	468,000	472,918	473,448
COMMIT TO PUR GNMA II JUMBOS	5.00%	08/20/2052	1,333,000	1,356,689	1,361,540
U S TREASURY BILL	0.00%	07/05/2022	13,500,000 a	13,498,758	13,498,758
TENNESSEE VALLEY AUTH DISC	0.00%	07/06/2022	7,500,000 a	7,496,267	7,498,500
FHLMC MULTICLASS MTG KI04 A	2.15%	07/25/2024	118,330	117,221	118,270

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2022

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
FHLMC MULTICLASS MTG KI05 A	2.13%	07/25/2024	57,464	57,464	57,371
FHLMC MULTICLASS MTG Q015 A	1.72%	08/25/2024	108,544	108,544	108,709
FHLMC MULTICLASS MTG KI06 A	2.01%	03/25/2025	104,578	104,578	104,523
FHLMC MULTICLASS MTG KI07 A	1.26%	09/25/2026	400,000	400,000	398,164
GNMA II POOL #0008991	1.75%	10/20/2026	16,495	16,678	16,520
FHLMC MULTICLASS MTG KI08 A	1.29%	10/25/2026	<u>233,728</u>	<u>233,726</u>	<u>232,570</u>
			\$ <u>92,158,313</u>	\$ <u>92,549,386</u>	\$ <u>89,105,518</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, 2022

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 - PREFERRED			(d) COST	(e) CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR		
			MATURITY VALUE - a		
HONEYWELL INTERNATIONAL INC	0.48%	08/19/2022	\$ 66,000	\$ 66,000	\$ 65,851
ADOBE INC	1.70%	02/01/2023	600,000	618,126	596,118
GM FINANCIAL AUTOMOBILE L 1 A1	0.57%	02/21/2023	62,075	62,075	62,000
TRUIST BANK	1.17%	03/09/2023	625,000	627,603	625,031
DUKE ENERGY CAROLINAS LLC	3.05%	03/15/2023	350,000	353,052	349,710
NISSAN AUTO RECEIVABLES 2 A A1	0.50%	03/15/2023	106,346	106,346	106,199
GM FINANCIAL CONSUMER AUT 2 A1	1.21%	04/17/2023	176,139	176,139	175,896
BANK OF NEW YORK MELLON CORP/T	3.50%	04/28/2023	250,000	252,715	251,085
FLORIDA POWER & LIGHT CO	0.44%	05/10/2023	225,000	225,000	223,178
ALLY AUTO RECEIVABLES TRU 1 A1	1.36%	05/15/2023	191,024	191,024	190,793
FORD CREDIT AUTO LEASE TR A A1	1.37%	05/15/2023	90,547	90,547	90,453
BMW VEHICLE OWNER TRUST 2 A A1	1.35%	05/25/2023	201,892	201,892	201,563
CONSUMERS ENERGY CO	0.35%	06/01/2023	70,000	69,976	68,074
CARVANA AUTO RECEIVABLES P2 A1	1.51%	06/12/2023	143,605	143,605	143,518
NVIDIA CORP	0.31%	06/15/2023	175,000	175,000	170,219
TOYOTA AUTO RECEIVABLES 2 A A2	0.16%	07/17/2023	36,098	36,098	36,065
GM FINANCIAL AUTOMOBILE L 2 A2	0.22%	07/20/2023	45,565	45,564	45,448
GM FINANCIAL AUTOMOBILE L 3 A3	0.45%	08/21/2023	139,290	139,143	138,860
VERIZON OWNER TRUST 2019 A A1A	2.93%	09/20/2023	2,627	2,662	2,629
PPL ELECTRIC UTILITIES CORP	2.48%	09/28/2023	90,000	90,000	88,994
FORD CREDIT AUTO LEASE TR B A4	0.69%	10/15/2023	350,000	349,645	348,723
BANK OF NEW YORK MELLON CORP/T	2.29%	10/30/2023	175,000	175,534	175,124
GM FINANCIAL AUTOMOBILE L 3 A2	0.24%	12/20/2023	226,041	226,037	224,434
VERIZON OWNER TRUST 2019 B A1A	2.33%	12/20/2023	55,852	56,618	55,865
CARMAX AUTO OWNER TRUST 2 4 A2	0.31%	01/16/2024	1,400	1,399	1,398
MERCEDES-BENZ AUTO LEASE A A3	0.25%	01/16/2024	90,586	89,917	89,697
KOMMUNINVEST I SVERIGE AB 144A	3.25%	01/16/2024	345,000	344,607	345,069
HYUNDAI AUTO RECEIVABLES A A2	0.23%	02/15/2024	33,331	33,327	33,191
CARMAX AUTO OWNER TRUST 1 A2A	0.22%	02/15/2024	52,424	52,424	52,382
WORLD OMNI AUTO RECEIVABL A A2	0.17%	02/15/2024	67,406	67,404	67,350
HONDA AUTO RECEIVABLES 20 3 A2	0.20%	02/20/2024	98,956	98,946	98,041
CHARLES SCHWAB CORP/THE	1.01%	03/18/2024	350,000	351,075	347,057
AVIS BUDGET RENTAL C 2A A 144A	2.97%	03/20/2024	1,600,000	1,647,000	1,594,912
EXETER AUTOMOBILE RECEIV 4A A2	0.40%	04/15/2024	49,079	49,077	49,035
VERIZON OWNER TRUST 2019 C A1A	1.94%	04/22/2024	151,833	154,324	151,654
PUBLIC STORAGE	1.41%	04/23/2024	85,000	85,000	83,818
HYUNDAI AUTO RECEIVABLES B A2	0.24%	05/15/2024	144,771	144,285	143,671
BMW VEHICLE LEASE TRUST 2 1 A2	0.67%	05/28/2024	91,004	91,004	90,114
CARMAX AUTO OWNER TRUST 2 A2A	0.27%	06/17/2024	48,891	48,887	48,720
EXETER AUTOMOBILE RECEIV 1A A2	1.15%	06/17/2024	301,905	301,893	300,800
AMERICREDIT AUTOMOBILE RE 1 A2	0.28%	06/18/2024	12,645	12,645	12,631
KOMMUNINVEST I SVERIGE AB 144A	2.88%	07/03/2024	229,000	228,505	227,356
SALESFORCE INC	0.63%	07/15/2024	40,000	39,980	37,884
WORLD OMNI AUTO RECEIVABL B A2	0.20%	07/15/2024	135,813	135,808	135,132
CPS AUTO RECEIVABLES D C 144A	2.54%	08/15/2024	16,426	16,425	16,422
FORD CREDIT AUTO OWNER TR A A2	0.73%	09/15/2024	198,049	198,034	195,714
FORD CREDIT FLOORPLAN MAS 3 A1	2.23%	09/15/2024	300,000	306,293	299,973
GM FINANCIAL CONSUMER AUT 1 A3	1.84%	09/16/2024	134,672	136,076	134,265
WORLD OMNI AUTO RECEIVABL C A2	0.22%	09/16/2024	215,148	215,146	213,644
DRIVE AUTO RECEIVABLES TRU 3 D	4.30%	09/16/2024	77,270	79,438	77,427
JOHN DEERE CAPITAL CORP	0.92%	10/11/2024	160,000	160,000	157,254
HONDA AUTO RECEIVABLES 20 1 A2	1.44%	10/15/2024	300,000	299,975	295,425
HYUNDAI AUTO RECEIVABLES C A2A	0.36%	10/15/2024	87,662	87,657	86,590
MERCEDES-BENZ AUTO RECEIV 1 A4	3.15%	10/15/2024	153,740	154,875	153,851
DISCOVER CARD EXECUTION N A3 A	1.89%	10/15/2024	697,000	696,850	696,101

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2022

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 - PREFERRED			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
WESTLAKE AUTOMOBILE 3A C 144A	2.49%	10/15/2024	88,968	88,951	88,957
GM FINANCIAL AUTOMOBILE L 2 A2	2.93%	10/21/2024	150,000	149,993	149,103
GM FINANCIAL AUTOMOBILE L 2 A2	2.93%	10/21/2024	610,000	609,971	606,352
TOYOTA AUTO RECEIVABLES 2 C A4	1.88%	11/15/2024	350,000	352,611	345,902
SPIRE MISSOURI INC	0.88%	12/02/2024	135,000	135,000	133,688
SANTANDER DRIVE AUTO RECE 1 A2	1.36%	12/16/2024	338,110	338,093	335,605
WORLD OMNI AUTO RECEIVABL D A2	0.35%	12/16/2024	194,585	194,569	192,304
CARVANA AUTO RECEIVABLES P3 A2	0.38%	01/10/2025	233,837	231,864	230,914
DRIVE AUTO RECEIVABLES TR 3 A2	0.52%	01/15/2025	100,075	100,070	99,398
TOYOTA AUTO RECEIVABLES B A2A	2.35%	01/15/2025	150,000	149,993	148,974
CARMAX AUTO OWNER TRUST 2 1 A2	0.91%	02/18/2025	150,000	149,991	147,725
GM FINANCIAL CONSUMER AUT 1 A2	0.76%	02/18/2025	146,147	146,144	144,534
TOYOTA AUTO RECEIVABLES 2 D A4	1.99%	02/18/2025	350,000	352,912	345,601
CAPITAL ONE PRIME AUTO RE 2 A4	1.96%	02/18/2025	404,000	404,284	399,964
SANTANDER DRIVE AUTO RECE 3 A2	2.76%	03/17/2025	250,000	249,998	248,528
CPPIB CAPITAL INC 144A	1.90%	04/04/2025	750,000	770,790	768,938
CARVANA AUTO RECEIVABLES P4 A2	0.82%	04/10/2025	291,200	289,524	287,781
INTER-AMERICAN INVESTMENT CORP	2.63%	04/22/2025	336,000	334,962	330,745
CAISSE D'AMORTISSEMENT DE 144A	3.00%	05/17/2025	654,000	653,908	649,873
CARVANA AUTO RECEIVABLES P1 A3	0.44%	06/09/2025	266,872	264,746	262,936
CAPITAL ONE PRIME AUTO RE 1 A2	2.71%	06/16/2025	1,100,000	1,099,896	1,088,131
FLAGSHIP CREDIT AUTO 1 A 144A	0.31%	06/16/2025	90,357	90,352	89,334
TOYOTA MOTOR CREDIT CORP	3.95%	06/30/2025	635,000	634,397	637,692
WORLD OMNI SELECT AUTO TR A A3	0.55%	07/15/2025	261,498	260,957	259,383
WORLD OMNI AUTO RECEIVAB B A2A	2.77%	10/15/2025	350,000	349,968	346,990
EXETER AUTOMOBILE RECEIV 2A A2	2.19%	11/17/2025	350,000	349,998	349,087
CPS AUTO RECEIVABLES B D 144A	4.75%	04/15/2026	130,000	138,887	129,975
SANTANDER CONSUMER A BA C 144A	1.29%	04/15/2026	705,000	704,711	675,171
SCF EQUIPMENT LEAS 2A A2 144A	2.47%	04/20/2026	432,764	432,676	427,186
DRIVE AUTO RECEIVABLES TRU 1 D	4.09%	06/15/2026	247,173	258,615	247,564
KOMMUNALBANKEN AS 144A	1.46%	06/17/2026	900,000	926,586	923,769
AVID AUTOMOBILE RECEI 1 C 144A	3.14%	07/15/2026	500,000	499,897	495,935
AVID AUTOMOBILE RECEI 1 B 144A	2.82%	07/15/2026	173,904	173,880	173,866
SCF EQUIPMENT LEASIN 2A B 144A	2.76%	08/20/2026	234,000	233,972	226,329
EXETER AUTOMOBILE RECEIVA 3A B	4.86%	12/15/2026	340,000	339,186	341,088
MICROSOFT CORP	3.30%	02/06/2027	275,000	298,114	273,620
ASIAN DEVELOPMENT BANK	1.67%	04/06/2027	445,000	461,011	458,541
JAPAN INTERNATIONAL COOPERATIO	3.25%	05/25/2027	292,000	290,998	288,198
HALCYON LOAN ADVISO 2A BR 144A	4.43%	07/25/2027	187,150	186,215	186,636
ONEMAIN DIRECT AUTO 1A A 144A	3.63%	09/14/2027	303,000	299,213	296,070
AMUR EQUIPMENT FINAN 1A D 144A	2.30%	11/22/2027	475,000	474,883	431,846
ALIBABA GROUP HOLDING LTD	3.40%	12/06/2027	246,000	241,971	235,407
HERTZ VEHICLE FINANC 2A A 144A	1.68%	12/27/2027	405,000	404,937	357,542
DRIVE AUTO RECEIVABLES TRU 2 D	3.05%	05/15/2028	425,000	445,071	419,717
SANTANDER CONSUMER A BA F 144A	7.03%	08/15/2028	850,000	943,500	856,052
DRYDEN 36 SENIOR 36A BR3 144A	3.96%	04/15/2029	360,000	347,436	348,809
CITIBANK CREDIT CARD ISS A6 A6	2.74%	05/14/2029	345,000	339,744	339,756
UNITEDHEALTH GROUP INC	4.00%	05/15/2029	160,000	159,422	158,792
APIDOS CLO XXVI 26A A2R 144A	4.24%	07/18/2029	250,000	245,675	241,255
APPLE INC	2.20%	09/11/2029	1,000,000	946,920	902,520
GRIPPEN PARK CLO LTD 1A B 144A	4.36%	01/20/2030	250,000	247,770	242,165
GOLDENTREE LOAN MAN 3A B1 144A	4.26%	04/20/2030	250,000	246,613	240,314
SCF EQUIPMENT LEASIN 1A D 144A	1.93%	09/20/2030	450,000	445,201	406,868
FORD CREDIT FLOORPLAN MAST 4 A	4.06%	11/15/2030	49,000	55,987	48,656
CARLYLE US CLO 20 1A A1AR 144A	3.79%	04/20/2031	260,000	257,192	254,866

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2022

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 - PREFERRED			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
BARINGS CLO LTD 201 3A BR 144A	4.31%	04/20/2031	250,000	250,000	237,934
TSMC GLOBAL LTD REGS	2.25%	04/23/2031	200,000	174,222	169,372
ROCKFORD TOWER CLO 2 1A A 144A	2.58%	05/20/2031	310,511	309,486	305,656
SALESFORCE INC	1.95%	07/15/2031	1,250,000	1,179,440	1,065,513
CARLYLE GLOBAL MA 5A A1RR 144A	3.65%	07/15/2031	564,611	563,764	555,484
VENTURE GLOBAL CALCASIEU 144A	4.13%	08/15/2031	122,000	128,405	104,591
AMMC CLO 23 LTD 23A CR 144A	4.74%	10/17/2031	200,000	200,000	189,160
VOYA CLO 2018-4 L 4A A1AR 144A	3.55%	01/15/2032	500,000	500,000	489,749
FACTSET RESEARCH SYSTEMS INC	3.45%	03/01/2032	176,000	175,307	154,634
FREEPORT INDONESIA PT 144A	5.32%	04/14/2032	200,000	200,000	181,300
TORONTO-DOMINION BANK/THE	4.46%	06/08/2032	195,000	195,000	193,405
CARGILL INC 144A	4.00%	06/22/2032	287,000	285,103	281,607
OCF CLO 2019-17 LT 17A BR 144A	4.31%	07/20/2032	330,000	330,000	314,021
GS MORTGAGE SECURIT SMP B 144A	3.50%	08/15/2032	600,000	600,000	578,856
SCF EQUIPMENT LEASIN 1A E 144A	3.56%	08/20/2032	906,000	907,133	844,782
OAKTREE CLO 2019-4 4A CR 144A	4.96%	10/20/2032	250,000	250,000	238,667
OCTAGON INVESTMENT P 5A B 144A	4.06%	01/15/2033	340,000	333,778	322,806
JP MORGAN CHASE C WPT BFL 144A	3.30%	07/05/2033	308,853	308,853	306,450
CIFC FUNDING 2021-IV 4A A 144A	3.56%	07/15/2033	400,000	400,000	390,400
BRITISH AIRWAYS 2020-1 CL 144A	4.25%	05/15/2034	221,167	233,455	212,955
DBWF MORTGAGE TRUS LCM A2 144A	3.42%	06/10/2034	260,000	270,298	240,172
HUDSONS BAY SIMO HB10 A10 144A	4.15%	08/05/2034	127,261	132,734	114,646
ARBOR REALTY COMMER FL3 D 144A	4.20%	08/15/2034	380,000	380,000	351,251
TRTX 2019-FL3 ISSUE FL3 C 144A	4.17%	10/15/2034	256,500	256,500	254,689
CITIGROUP COMMERC 375P C 144A	3.52%	05/10/2035	180,793	184,479	173,234
ATRIUM HOTEL PORTF ATRM A 144A	2.95%	06/15/2035	200,000	196,438	193,462
ONEMAIN FINANCIAL IS 2A A 144A	1.75%	09/14/2035	380,000	337,205	338,789
BUSINESS JET SECURIT 1A A 144A	2.98%	11/15/2035	689,708	689,698	632,738
COMM 2016-787S MOR 787S A 144A	3.55%	02/10/2036	550,000	605,801	522,478
BUSINESS JET SECURIT 1A A 144A	2.16%	04/15/2036	989,779	986,933	895,720
ARBOR REALTY COMMER FL2 D 144A	4.50%	05/15/2036	310,000	310,000	298,375
BX COMMERCIAL MORT VOLT A 144A	2.70%	09/15/2036	260,000	260,000	250,765
ONEMAIN FINANCIAL IS 2A A 144A	3.14%	10/14/2036	295,000	315,834	274,055
BX COMMERCIAL MORT XL XCP 144A	0.00%	10/15/2036	108,664,264	87,573	793
BX COMMERCIAL MORTGA XL B 144A	3.08%	10/15/2036	85,000	85,000	82,861
BX COMMERCIAL MORTGA XL E 144A	3.80%	10/15/2036	212,500	212,500	205,018
FONTAINEBLEAU MIAM FBLU A 144A	3.14%	12/10/2036	250,000	257,500	239,963
FONTAINEBLEAU MIAM FBLU B 144A	3.45%	12/10/2036	250,000	257,498	240,033
GREAT WOLF TRUST 2 WOLF A 144A	3.03%	12/15/2036	290,000	289,275	281,976
HOME DEPOT INC/THE	5.88%	12/16/2036	1,150,000	1,622,141	1,326,928
LOANCORE 2022-CRE7 CRE7 A 144A	2.97%	01/17/2037	260,000	260,000	253,663
READY CAPITAL MORTG FL8 A 144A	3.17%	01/25/2037	420,000	420,000	406,350
PROGRESS RESIDENTI SFR4 A 144A	1.56%	05/17/2038	850,000	849,987	772,098
CISCO SYSTEMS INC	5.90%	02/15/2039	1,100,000	1,587,465	1,254,792
MANHATTAN WEST 2020 1MW A 144A	2.13%	09/10/2039	1,375,000	1,416,173	1,211,073
CLI FUNDING VI LLC 3A A 144A	2.07%	10/18/2045	601,875	601,751	543,367
CLI FUNDING VIII LLC 1A A 144A	2.72%	01/18/2047	934,180	933,711	836,932
COMM 2014-UBS4 MOR UBS4 D 144A	4.71%	08/10/2047	525,000	484,157	426,841
CSAIL 2016-C7 COMMER C7 D 144A	4.38%	11/15/2049	300,000	265,324	215,760
JPMBDB COMMERCIAL MORTGAG C4 A3	3.14%	12/15/2049	1,600,000	1,662,875	1,522,960
WELLS FARGO COMMERCIAL C41 AS	3.79%	11/15/2050	290,463	309,051	273,012
TRP 2021 LLC 1 A 144A	2.07%	06/19/2051	1,008,207	1,007,998	888,916
TRP - TRIP RAIL MASTE 2 A 144A	2.15%	06/19/2051	675,241	674,964	605,475
TSMC ARIZONA CORP	3.25%	10/25/2051	8,028	7,920	6,490
FLAGSTAR MORTGAGE 11IN A6 144A	2.50%	11/25/2051	611,743	623,787	558,791

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2022

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)
	<u>CORPORATE DEBT INSTRUMENTS - PREFERRED</u>				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
BENCHMARK 2019-B11 MORT B11 A5	3.54%	05/15/2052	3,025,000	3,288,388	2,887,756
TRIBUTE RAIL LLC 1 A 144A	4.76%	05/17/2052	1,350,000	1,349,728	1,345,343
READYCAP COMMERCIAL M 6 A 144A	2.83%	10/25/2052	248,406	248,406	238,848
CSAIL 2019-C18 COMMERCIAL C18 AS	3.32%	12/15/2052	122,455	126,128	111,361
ANGEL OAK MORTGAGE T 1 A1 144A	2.47%	12/25/2059	15,908	15,908	15,414
VERUS SECURITIZATION 1 A1 144A	2.42%	01/25/2060	27,651	27,444	27,132
CF HIPPOLYTA ISSUER 1A A1 144A	1.53%	03/15/2061	626,928	626,809	553,296
NEW ECONOMY ASSETS P 1 A1 144A	1.91%	10/20/2061	600,000	589,122	523,974
VISTA POINT SECURITI 2 A1 144A	1.48%	04/25/2065	69,303	69,388	66,186
VERUS SECURITIZATION 5 A1 144A	1.22%	05/25/2065	125,389	125,387	118,895
DEEPHAVEN RESIDENTIA 3 A1 144A	1.19%	08/25/2066	249,670	249,668	227,774
			<u>\$ 170,810,146</u>	<u>\$ 63,691,794</u>	<u>\$ 59,937,147</u>

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2022

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
KINDER MORGAN INC	3.79%	01/15/2023	\$ 115,000	\$ 115,000	\$ 115,084
AIR LEASE CORP	2.25%	01/15/2023	175,000	179,242	173,233
BOEING CO/THE	1.17%	02/04/2023	240,000	240,000	237,290
DISCOVERY COMMUNICATIONS LLC	2.95%	03/20/2023	100,000	103,022	99,322
ERP OPERATING LP	3.00%	04/15/2023	350,000	351,960	349,356
PIONEER NATURAL RESOURCES CO	0.55%	05/15/2023	85,000	85,003	82,855
OKLAHOMA GAS AND ELECTRIC CO	0.55%	05/26/2023	65,000	65,000	63,168
OGE ENERGY CORP	0.70%	05/26/2023	45,000	45,000	43,850
MICROCHIP TECHNOLOGY INC	4.33%	06/01/2023	260,000	280,264	260,172
RYDER SYSTEM INC	3.75%	06/09/2023	100,000	104,662	99,760
TENET HEALTHCARE CORP	6.75%	06/15/2023	110,000	117,973	113,251
CROWN CASTLE INC	3.15%	07/15/2023	275,000	287,289	272,049
MARTIN MARIETTA MATERIALS INC	0.65%	07/15/2023	100,000	100,072	96,651
HUMANA INC	0.65%	08/03/2023	165,000	164,952	159,704
NATIONAL RURAL UTILITIES COOPE	0.58%	08/07/2023	300,000	300,000	299,115
WORLD OMNI AUTOMOBILE LEA B A2	0.32%	09/15/2023	8,022	8,022	8,017
ALLY FINANCIAL INC	1.45%	10/02/2023	100,000	101,085	96,738
AIB GROUP PLC 144A	4.75%	10/12/2023	375,000	406,796	374,996
THERMO FISHER SCIENTIFIC INC	0.80%	10/18/2023	110,000	110,000	106,632
JPMORGAN CHASE & CO	4.01%	10/24/2023	310,000	315,478	309,944
GOLDMAN SACHS GROUP INC/THE	0.63%	11/17/2023	461,000	454,094	455,851
JOHN DEERE OWNER TRUST 20 A A2	0.20%	12/15/2023	59,058	59,052	58,819
BANK OF AMERICA CORP	3.00%	12/20/2023	186,000	185,859	185,429
KEYBANK NA/CLEVELAND OH	0.42%	01/03/2024	250,000	248,193	246,230
KEYBANK NA/CLEVELAND OH	1.87%	01/03/2024	250,000	250,000	247,108
SANTANDER UK GROUP HOLDINGS PL	3.37%	01/05/2024	355,000	354,965	353,424
SIMON PROPERTY GROUP LP	1.22%	01/11/2024	35,000	35,000	34,512
DANSKE BANK A/S 144A	5.38%	01/12/2024	500,000	554,854	504,750
PARK AEROSPACE HOLDINGS L 144A	5.50%	02/15/2024	250,000	273,245	248,138
GOLDMAN SACHS GROUP INC/THE	4.00%	03/03/2024	1,950,000	2,073,474	1,957,488
CONOCOPHILLIPS CO	2.13%	03/08/2024	175,000	174,946	171,679
GOLDMAN SACHS GROUP INC/THE	1.00%	03/08/2024	100,000	100,000	98,370
MORGAN STANLEY	0.73%	04/05/2024	190,000	190,000	185,286
CENTERPOINT ENERGY INC	0.88%	05/13/2024	75,000	75,000	73,151
PERIMETER MASTER NOT 2A A 144A	4.23%	05/15/2024	117,000	116,981	116,671
AVOLON HOLDINGS FUNDING L 144A	5.25%	05/15/2024	225,000	243,970	221,227
UBS AG REGS	5.13%	05/15/2024	900,000	975,417	897,750
BANK OF AMERICA CORP	1.94%	05/28/2024	225,000	225,000	221,436
AT&T INC	2.90%	06/12/2024	100,000	102,314	100,310
SOUTHERN CO/THE	4.48%	08/01/2024	467,000	469,534	469,190
ANALOG DEVICES INC	0.93%	10/01/2024	15,000	15,000	14,638
GENERAL MOTORS FINANCIAL CO IN	1.49%	10/15/2024	65,000	65,000	62,659
BANK OF AMERICA CORP	1.77%	10/24/2024	300,000	300,000	297,108
CITIGROUP INC	0.78%	10/30/2024	295,000	295,000	281,386
AVIATION CAPITAL GROUP LL 144A	5.50%	12/15/2024	332,000	373,078	330,204
LAREDO PETROLEUM INC	9.50%	01/15/2025	104,000	102,260	103,115
AERCAP IRELAND CAPITAL DAC / A	3.50%	01/15/2025	300,000	308,859	286,740
MORGAN STANLEY	0.79%	01/22/2025	150,000	149,277	141,887
KNOWLEDGE UNIVERSE/KINDER CARE	0.00%	02/21/2025	116,926 a	112,591	108,532
AMERICAN AIRLINES GROUP I 144A	3.75%	03/01/2025	1	1	1
DANSKE BANK A/S 144A	3.77%	03/28/2025	408,000	408,000	401,496
GOLDMAN SACHS GROUP INC/THE	3.50%	04/01/2025	891,000	897,807	874,160
GA GLOBAL FUNDING TRUST 144A	3.85%	04/11/2025	443,000	437,486	434,951
BANK OF AMERICA CORP	1.68%	04/22/2025	225,000	225,000	219,371
CITIGROUP INC	3.30%	04/27/2025	2,325,000	2,437,064	2,281,988

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2022

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
DELTA AIR LINES INC 144A	7.00%	05/01/2025	239,000	239,000	242,119
CAPITAL ONE FINANCIAL CORP	4.17%	05/09/2025	89,000	89,000	87,766
PBF HOLDING CO LLC / PBF 144A	9.25%	05/15/2025	1	1	1
GOLDMAN SACHS GROUP INC/THE CITIGROUP INC	3.75%	05/22/2025	450,000	487,692	445,005
JPMORGAN CHASE & CO	4.14%	05/24/2025	116,000	116,000	115,618
ROYAL CARIBBEAN CRUISES L 144A	0.89%	06/01/2025	150,000	150,000	146,465
NAVIENT CORP	11.50%	06/01/2025	51,000	52,852	52,403
AMERICAN AIRLINES INC 144A	6.75%	06/25/2025	116,000	120,690	105,917
MORGAN STANLEY	11.75%	07/15/2025	114,000	122,408	118,452
FORD CREDIT FLOORPLAN MAS 1 A2	4.00%	07/23/2025	297,000	304,446	297,042
GENERAL MOTORS CO	2.50%	09/15/2025	430,000	430,000	429,385
DELTA AIR LINES INC / SKY 144A	6.13%	10/01/2025	850,000	1,020,684	879,334
BAYER US FINANCE II LLC 144A	4.50%	10/20/2025	108,000	108,000	105,003
LIFE TIME INC 144A	4.25%	12/15/2025	521,000	596,175	514,738
NATIONAL FUEL GAS CO	5.75%	01/15/2026	125,000	129,063	112,055
AVIATION CAPITAL GROUP LL 144A	5.50%	01/15/2026	209,000	207,993	209,980
MOHEGAN GAMING & ENTERTAI 144A	1.95%	01/30/2026	144,000	141,809	125,391
CALIFORNIA RESOURCES CORP 144A	8.00%	02/01/2026	138,000	138,805	115,797
PARTY CITY HOLDINGS INC 144A	7.13%	02/01/2026	125,000	125,775	122,229
COLGATE ENERGY PARTNERS I 144A	8.75%	02/15/2026	127,000	130,467	85,408
AETHON UNITED BR LP / AET 144A	7.75%	02/15/2026	122,000	132,675	115,979
AVOLON HOLDINGS FUNDING L 144A	8.25%	02/15/2026	112,000	113,680	108,920
OCCIDENTAL PETROLEUM CORP	2.13%	02/21/2026	227,000	224,837	196,518
JPMORGAN CHASE & CO	5.55%	03/15/2026	516,000	554,700	512,403
BANK OF AMERICA CORP	3.30%	04/01/2026	2,075,000	2,183,398	2,017,149
MHP LUX SA 144A	3.38%	04/02/2026	154,000	154,000	149,400
UNITED AIRLINES INC 144A	6.95%	04/03/2026	200,000	207,392	102,000
AVOLON HOLDINGS FUNDING L 144A	4.38%	04/15/2026	126,000	118,440	112,455
JD.COM INC	4.25%	04/15/2026	39,000	38,990	36,167
EBAY INC	3.88%	04/29/2026	240,000	240,653	235,318
GULFPORT ENERGY CORP 144A	1.40%	05/10/2026	1,775,000	1,644,481	1,591,749
WESTLAKE AUTOMOBILE 3A E 144A	8.00%	05/17/2026	168,507	181,986	165,765
TRANSDIGM INC	3.34%	06/15/2026	300,000	309,844	291,339
CLAROS MORTGAGE 11/21 TLB	6.38%	06/15/2026	1	1	1
SM ENERGY CO	0.00%	08/09/2026	183,513 a	182,091	174,796
CIVITAS RESOURCES INC 144A	6.75%	09/15/2026	76,000	71,440	71,695
WELLS FARGO & CO	5.00%	10/15/2026	120,000	119,148	107,700
STEEL DYNAMICS INC	3.00%	10/23/2026	1,400,000	1,449,700	1,323,644
BLACKSTONE MORTGAGE TRUST 144A	5.00%	12/15/2026	92,000	98,325	91,280
PROSUS NV 144A	3.75%	01/15/2027	128,000	128,000	104,000
AMENTUM/AECOM MAVERICK 1/20 TL	3.26%	01/19/2027	200,000	200,000	174,052
TENET HEALTHCARE CORP 144A	0.00%	01/29/2027	198,985 a	198,218	188,912
QUIKRETE 11/16 COV-LITE TLB	6.25%	02/01/2027	119,000	122,665	109,530
LAMAR MEDIA 2/20 COV-LITE TLB	0.00%	02/01/2027	194,005 a	193,469	181,298
CCO HOLDINGS LLC / CCO HO 144A	0.00%	02/05/2027	449,125 a	448,490	431,721
WYNN LAS VEGAS LLC / WYNN 144A	5.13%	05/01/2027	450,000	471,938	424,688
CPS AUTO RECEIVABLES B E 144A	5.25%	05/15/2027	117,000	122,850	99,158
AVIS BUDGET CAR RENTAL LL 144A	7.38%	06/15/2027	500,000	550,313	510,485
TK ELEVATOR US NEWCO INC 144A	5.75%	07/15/2027	450,000	471,375	402,975
FIRSTENERGY CORP	5.25%	07/15/2027	200,000	200,000	178,314
NGPL PIPECO LLC 144A	4.40%	07/15/2027	246,000	264,141	229,233
FORD MOTOR CREDIT CO LLC	4.88%	08/15/2027	250,000	272,626	247,740
ANGLO AMERICAN CAPITAL PL 144A	4.13%	08/17/2027	475,000	470,250	418,238
INTERCONTINENTAL EXCHANGE INC	4.00%	09/11/2027	400,000	431,024	381,100
	4.00%	09/15/2027	639,000	637,307	629,414

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2022

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		
FMG RESOURCES AUGUST 2006 144A	4.50%	09/15/2027	87,000	91,265	77,648
NATIONAL FUEL GAS CO	3.95%	09/15/2027	281,000	305,534	262,654
PACKAGING COORDINATORS/PCI PHA	0.00%	09/25/2027	179,459	179,202	169,215
PROGRESS RESIDENTI SFR3 A 144A	1.29%	10/17/2027	523,497	523,487	480,680
AVOLON 7/21 B5 TLB	0.00%	12/01/2027	251,583	250,954	238,534
CENTENE CORP	4.25%	12/15/2027	239,000	248,891	222,425
CITIGROUP INC	3.89%	01/10/2028	729,000	809,134	701,881
LIVE NATION ENTERTAINMENT 144A	3.75%	01/15/2028	126,000	115,815	108,990
CONTIMORTGAGE HOME EQUITY 4 A8	7.22%	01/15/2028	3,636	3,752	3,359
JANE STREET 1/21 TL	0.00%	01/26/2028	116,200	115,764	111,465
AIRCASLE LTD 144A	2.85%	01/26/2028	332,000	334,890	274,906
RADIOLOGY PARTNERS INC 144A	9.25%	02/01/2028	118,000	122,518	88,135
LAMAR MEDIA CORP	3.75%	02/15/2028	425,000	426,063	373,193
HECLA MINING CO	7.25%	02/15/2028	78,000	78,000	73,940
TOLL BROTHERS FINANCE CORP	4.35%	02/15/2028	100,000	103,750	90,382
BAYER CORP 144A	6.65%	02/15/2028	83,000	101,148	88,624
BOMBARDIER INC 144A	6.00%	02/15/2028	128,000	129,772	95,923
PLAYTIKA 3/21 COV-LITE TLB	0.00%	03/13/2028	177,949	177,059	167,384
CALPINE CORP 144A	5.13%	03/15/2028	1	2	1
HUDSON RIVER 3/21 TL	0.00%	03/20/2028	213,272	212,643	198,930
NATIONAL CINEMEDIA LLC 144A	5.88%	04/15/2028	1	1	1
NVENT FINANCE SARL	4.55%	04/15/2028	445,000	464,977	430,707
EPR PROPERTIES	4.95%	04/15/2028	330,000	362,336	303,956
AMR/AADVANTAGE 3/21 TL	0.00%	04/20/2028	173,455	178,875	165,153
ORGANON & CO / ORGANON FO 144A	4.13%	04/30/2028	200,000	194,000	176,162
FRONTIER COMMUNICATIONS H 144A	5.00%	05/01/2028	143,000	143,000	121,908
FORTRESS TRANSPORTATION A 144A	5.50%	05/01/2028	130,000	129,337	107,370
JAZZ PHARMACEUTICALS 5/21 USD	0.00%	05/05/2028	114,710	111,843	109,208
DANSKE BANK A/S 144A	4.38%	06/12/2028	200,000	227,194	189,500
CVR PARTNERS LP / CVR NIT 144A	6.13%	06/15/2028	123,000	129,370	108,814
EMPLOYBRIDGE 7/21 COV-LITE TLB	0.00%	07/14/2028	168	168	153
CENTENE CORP	2.45%	07/15/2028	98,000	98,000	81,792
BANK OF AMERICA CORP	3.59%	07/21/2028	933,000	1,024,799	881,237
CALLON PETROLEUM CO 144A	8.00%	08/01/2028	180,000	186,300	172,908
AUSGRID FINANCE PTY LTD 144A	4.35%	08/01/2028	331,000	370,017	322,586
DISCOVER BANK	4.68%	08/09/2028	300,000	314,644	291,780
BOOZ ALLEN HAMILTON INC 144A	3.88%	09/01/2028	129,000	114,165	114,165
FLUOR CORP	4.25%	09/15/2028	42,000	42,701	36,698
PHOSAGRO OAO VIA PHOSAGRO 144A	2.60%	09/16/2028	390,000	388,830	122,850
COINBASE GLOBAL INC 144A	3.38%	10/01/2028	133,000	129,804	82,701
LIFTOFF MOBILE/VUNGLE 9/21 COV	0.00%	10/02/2028	79,163	79,097	69,168
DELTA AIR LINES INC / SKY 144A	4.75%	10/20/2028	110,000	110,000	104,052
EMPRESA GENERADORA DE ELE 144A	5.63%	11/08/2028	200,000	203,750	169,100
ENCINA EQUIPMENT FI 1A A2 144A	4.88%	11/15/2028	447,000	446,956	445,798
SPRINT CAPITAL CORP	6.88%	11/15/2028	104,000	121,651	109,358
INVITATION HOMES OPERATING PAR	2.30%	11/15/2028	128,000	127,835	107,862
TRANSUNION 11/21 B6 COV-LITE T	0.00%	12/01/2028	117,432	117,210	111,732
AUTHENTIC BRANDS 12/21 TLB1	0.00%	12/21/2028	23,263	23,321	21,692
LEVEL 3 FINANCING INC 144A	3.63%	01/15/2029	475,000	476,781	366,235
PRECISION DRILLING CORP 144A	6.88%	01/15/2029	170,000	172,761	152,150
RANGE RESOURCES CORP	8.25%	01/15/2029	158,000	175,323	161,271
CHARTER COMMUNICATIONS OPERATI	2.25%	01/15/2029	414,000	413,317	340,834
LBM ACQUISITION LLC 144A	6.25%	01/15/2029	127,000	126,351	81,764
SBA COMMUNICATIONS CORP	3.13%	02/01/2029	475,000	455,406	388,788
MERCER INTERNATIONAL INC	5.13%	02/01/2029	126,000	128,274	108,360

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2022

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		
MEG ENERGY CORP 144A	5.88%	02/01/2029	68,000	68,000	62,109
HILCORP ENERGY I LP / HIL 144A	5.75%	02/01/2029	127,000	129,296	111,524
PARK RIVER HOLDINGS INC 144A	5.63%	02/01/2029	131,000	123,140	81,641
HOLOGIC INC 144A	3.25%	02/15/2029	450,000	438,750	384,615
VICI PROPERTIES LP / VICI 144A	3.88%	02/15/2029	375,000	345,679	323,640
JACOBS ENTERTAINMENT INC 144A	6.75%	02/15/2029	118,000	119,080	99,784
COMSTOCK RESOURCES INC 144A	6.75%	03/01/2029	171,000	183,097	153,119
UNITED STATES STEEL CORP	6.88%	03/01/2029	117,000	121,847	101,205
GO DADDY OPERATING CO LLC 144A	3.50%	03/01/2029	132,000	119,460	111,058
AVIS BUDGET CAR RENTAL LL 144A	5.38%	03/01/2029	29,000	30,595	24,137
GLENCORE FUNDING LLC 144A	4.88%	03/12/2029	577,000	679,770	561,571
ALBERTSONS COS INC / SAFE 144A	3.50%	03/15/2029	475,000	455,406	384,422
ALBERTSONS COS INC / SAFE 144A	3.50%	03/15/2029	136,000	113,530	110,066
VISTA OUTDOOR INC 144A	4.50%	03/15/2029	39,000	36,456	29,842
PRESTIGE AUTO RECEIV 1A E 144A	3.47%	03/15/2029	520,000	519,888	475,504
SS&C TECHNOLOGIES 3/22 B6 TLB	0.00%	03/22/2029	75,127	a 73,952	71,409
MACQUARIE GROUP LTD 144A	4.65%	03/27/2029	200,000	223,890	195,358
ALCOA NEDERLAND HOLDING B 144A	4.13%	03/31/2029	200,000	209,250	179,000
MEDLINE BORROWER LP 144A	3.88%	04/01/2029	123,000	112,853	104,882
SCIENTIFIC GAMES 2/22 (USD) CO	0.00%	04/04/2029	111,111	a 110,833	102,639
SCIENTIFIC GAMES/LIGHT & WONDE	0.00%	04/07/2029	226,470	a 224,771	214,580
ELEMENT MATERIALS 4/22 (USD)	0.00%	04/12/2029	99,174	a 98,956	94,959
ELEMENT MATERIALS 4/22 (USD)	0.00%	04/12/2029	45,773	a 45,648	43,827
ACADIA HEALTHCARE CO INC 144A	5.00%	04/15/2029	124,000	129,425	112,339
SIGNAL PEAK CLO 2 1A DR2 144A	5.56%	04/20/2029	250,000	241,250	233,611
ENTEGRI INC 144A	3.63%	05/01/2029	114,000	114,720	95,330
REFRESCO/PEGASUS 5/22 (USD) TL	0.00%	05/05/2029	163,076	a 161,445	154,311
NETFLIX INC	6.38%	05/15/2029	308,000	352,279	309,571
BANK OF AMERICA CORP	2.09%	06/14/2029	280,000	280,000	240,094
NRG ENERGY INC 144A	4.45%	06/15/2029	386,000	414,304	346,207
SUNCOKE ENERGY INC 144A	4.88%	06/30/2029	127,000	128,003	100,338
MADISON IAQ LLC 144A	5.88%	06/30/2029	145,000	144,047	109,475
PENN NATIONAL GAMING INC 144A	4.13%	07/01/2029	136,000	127,160	103,197
ELASTIC NV 144A	4.13%	07/15/2029	130,000	117,000	108,521
IEA ENERGY SERVICES LLC 144A	6.63%	08/15/2029	129,000	127,065	105,458
CENTURY COMMUNITIES INC 144A	3.88%	08/15/2029	129,000	111,263	100,904
EPR PROPERTIES	3.75%	08/15/2029	244,000	249,761	203,513
TEGNA INC	5.00%	09/15/2029	450,000	457,740	422,861
IRON MOUNTAIN INC 144A	4.88%	09/15/2029	450,000	461,250	385,565
MURPHY OIL USA INC	4.75%	09/15/2029	123,000	124,343	110,861
ASP UNIFRAX HOLDINGS INC 144A	7.50%	09/30/2029	1	1	1
MODIVCARE ESCROW ISSUER I 144A	5.00%	10/01/2029	129,000	119,486	103,680
180 MEDICAL INC 144A	3.88%	10/15/2029	256,000	256,320	221,440
MOUNTAIN VIEW CLO 2 1A AR 144A	3.83%	10/16/2029	242,684	242,684	239,650
OPTION CARE HEALTH INC 144A	4.38%	10/31/2029	129,000	121,260	110,618
TOLL BROTHERS FINANCE CORP	3.80%	11/01/2029	1	1	1
NOV INC	3.60%	12/01/2029	1	1	1
TERRAFORM POWER OPERATING 144A	4.75%	01/15/2030	130,000	135,200	109,654
ZIPRECRUITER INC 144A	5.00%	01/15/2030	121,000	116,974	101,640
COMMERCIAL METALS CO	4.13%	01/15/2030	127,000	116,811	106,934
MORGAN STANLEY	4.43%	01/23/2030	401,000	459,595	390,213
LAMB WESTON HOLDINGS INC 144A	4.13%	01/31/2030	475,000	475,000	411,141
LAMB WESTON HOLDINGS INC 144A	4.13%	01/31/2030	128,000	114,560	110,792
EQT CORP	8.25%	02/01/2030	366,000	428,390	390,694
WESTPAC BANKING CORP	2.89%	02/04/2030	169,000	175,704	160,251

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2022

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
CENTENE CORP	3.38%	02/15/2030	450,000	452,250	381,456
VALVOLINE INC 144A	4.25%	02/15/2030	128,000	116,431	106,880
CONDOR MERGER SUB INC 144A	7.38%	02/15/2030	129,000	129,000	105,378
ASSURANT INC	3.70%	02/22/2030	100,000	100,780	89,106
CCO HOLDINGS LLC / CCO HO 144A	4.75%	03/01/2030	121,000	126,051	103,586
FIRSTENERGY CORP	2.65%	03/01/2030	132,000	119,460	108,900
CITIGROUP INC	3.98%	03/20/2030	218,000	247,116	204,815
OWENS & MINOR INC 144A	6.63%	04/01/2030	119,000	118,069	108,436
CHS/COMMUNITY HEALTH SYST 144A	6.13%	04/01/2030	88,000	85,003	53,680
CNX MIDSTREAM PARTNERS LP 144A	4.75%	04/15/2030	123,000	120,878	103,320
T-MOBILE USA INC	3.88%	04/15/2030	297,000	301,464	277,933
WEATHERFORD INTERNATIONAL 144A	8.63%	04/30/2030	125,000	129,559	103,724
IPALCO ENTERPRISES INC	4.25%	05/01/2030	253,000	280,521	235,062
MACQUARIE BANK LTD 144A	3.62%	06/03/2030	305,000	316,059	266,597
BANKUNITED INC	5.13%	06/11/2030	207,000	235,305	200,608
CROWN CASTLE INC	3.30%	07/01/2030	293,000	268,036	259,091
STANDARD INDUSTRIES INC/N 144A	4.38%	07/15/2030	138,000	117,990	108,848
CBAM 2017-1 LTD 1A D 144A	6.46%	07/20/2030	370,000	370,444	351,290
MINEJESA CAPITAL BV 144A	4.63%	08/10/2030	250,000	231,125	223,975
BALL CORP	2.88%	08/15/2030	132,000	132,000	106,248
TENGIZCHEVROIL FINANCE CO 144A	3.25%	08/15/2030	200,000	197,878	152,112
HCA INC	3.50%	09/01/2030	450,000	450,000	382,901
OCCIDENTAL PETROLEUM CORP	6.63%	09/01/2030	265,000	307,205	272,950
ROMARK CLO LTD 1A A2R 144A	4.43%	10/23/2030	380,000	380,000	363,831
MOLINA HEALTHCARE INC 144A	3.88%	11/15/2030	138,000	114,195	117,960
DBWF 2018-GLKS MOR GLKS A 144A	3.15%	12/19/2030	200,000	198,875	193,970
OCCIDENTAL PETROLEUM CORP	6.13%	01/01/2031	68,000	78,527	68,913
STANDARD INDUSTRIES INC/N 144A	3.38%	01/15/2031	400,000	395,500	295,436
CONTINENTAL RESOURCES INC 144A	5.75%	01/15/2031	572,000	641,779	551,231
DAVITA INC 144A	3.75%	02/15/2031	400,000	390,500	282,960
CHS/COMMUNITY HEALTH SYST 144A	4.75%	02/15/2031	127,000	129,350	92,982
HILLENBRAND INC	3.75%	03/01/2031	129,000	125,940	104,168
LEVI STRAUSS & CO 144A	3.50%	03/01/2031	1	1	1
TWILIO INC	3.88%	03/15/2031	1	1	1
ORACLE CORP	2.88%	03/25/2031	1,023,000	1,048,905	845,080
FMG RESOURCES AUGUST 2006 144A	4.38%	04/01/2031	121,000	125,840	98,136
T-MOBILE USA INC	3.50%	04/15/2031	450,000	454,500	391,275
LENDING FUNDING TRUS 2A D 144A	6.77%	04/21/2031	315,000	354,867	305,411
VITERRA FINANCE BV 144A	3.20%	04/21/2031	240,000	239,227	194,822
GLENORE FUNDING LLC 144A	2.85%	04/27/2031	347,000	336,177	287,250
SERVICE CORP INTERNATIONAL/US	4.00%	05/15/2031	575,000	576,438	490,906
ATKORE INC 144A	4.25%	06/01/2031	124,000	127,606	102,920
WESTERN ALLIANCE BANCORP	3.00%	06/15/2031	57,000	57,000	51,776
UPSTART SECURITIZATIO 2 B 144A	1.75%	06/20/2031	244,000	243,974	229,541
OCP SA 144A	3.75%	06/23/2031	200,000	198,730	151,000
NGPL PIPECO LLC 144A	3.25%	07/15/2031	150,000	150,834	125,307
NOVELIS CORP 144A	3.88%	08/15/2031	131,000	129,199	100,444
INVITATION HOMES OPERATING PAR	2.00%	08/15/2031	323,000	316,176	249,175
FIRST AMERICAN FINANCIAL CORP	2.40%	08/15/2031	167,000	166,437	129,121
MSCI INC 144A	3.63%	11/01/2031	126,000	130,883	103,779
PHYSICIANS REALTY LP	2.63%	11/01/2031	160,000	159,662	129,147
ALLY FINANCIAL INC	8.00%	11/01/2031	397,000	551,582	442,369
CSC HOLDINGS LLC 144A	4.50%	11/15/2031	475,000	471,438	365,133
GRAY ESCROW II INC 144A	5.38%	11/15/2031	127,000	112,268	101,759
WESTPAC BANKING CORP	4.32%	11/23/2031	335,000	380,034	322,545

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2022

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
ASSURANT INC	2.65%	01/15/2032	129,000	128,796	101,119
CHENIERE ENERGY PARTNERS 144A	3.25%	01/31/2032	136,000	123,158	107,100
FORD MOTOR CO	3.25%	02/12/2032	357,000	358,318	264,726
HILTON DOMESTIC OPERATING 144A	3.63%	02/15/2032	400,000	401,500	318,000
PETROLEOS MEXICANOS	6.70%	02/16/2032	217,000	214,873	165,463
GSK CONSUMER HEALTHCARE C 144A	3.63%	03/24/2032	250,000	249,625	231,693
ANGOLAN GOVERNMENT INTERN 144A	8.75%	04/14/2032	200,000	200,000	159,330
BROADCOM INC 144A	4.15%	04/15/2032	593,000	568,192	537,412
BANK OF AMERICA CORP	2.69%	04/22/2032	462,000	474,886	388,898
GOLDMAN SACHS GROUP INC/THE	2.62%	04/22/2032	189,000	173,158	157,335
ADVANCED MICRO DEVICES INC	3.92%	06/01/2032	229,000	229,000	225,382
MACQUARIE GROUP LTD 144A	2.69%	06/23/2032	128,000	128,000	103,244
CENTERPOINT ENERGY RESOURCES C	4.40%	07/01/2032	271,000	270,746	267,678
NEXTERA ENERGY CAPITAL HOLDING	5.00%	07/15/2032	135,000	134,899	138,683
MORGAN STANLEY	2.24%	07/21/2032	258,000	258,000	209,754
GOLDMAN SACHS GROUP INC/THE	2.38%	07/21/2032	486,000	488,970	394,238
JPMORGAN CHASE & CO	2.96%	01/25/2033	267,000	267,000	229,834
BNP PARIBAS SA 144A	4.38%	03/01/2033	298,000	325,869	276,872
WELLS FARGO & CO	3.35%	03/02/2033	263,000	263,000	234,065
PULTEGROUP INC	6.38%	05/15/2033	173,000	227,839	178,531
WESTPAC BANKING CORP	4.11%	07/24/2034	175,000	183,300	160,288
NATIONAL AUSTRALIA BANK L 144A	3.93%	08/02/2034	250,000	258,660	227,118
BFLD 2019-DPLO DPLO F 144A	4.54%	10/15/2034	150,000	147,469	138,698
TRTX 2019-FL3 ISSUE FL3 A 144A	3.22%	10/15/2034	244,264	244,264	242,737
BBCMS 2019-BWAY MO BWAY A 144A	2.96%	11/15/2034	140,000	138,697	134,764
BBCMS 2019-BWAY MO BWAY B 144A	3.31%	11/15/2034	150,000	149,024	144,461
BBCMS 2019-BWAY MO BWAY C 144A	3.61%	11/15/2034	200,000	198,709	191,160
WIND RIVER 2021-4 CL 4A B 144A	4.36%	01/20/2035	250,000	250,000	234,095
BHMS 2018-ATLS ATLS A 144A	3.25%	07/15/2035	200,000	200,188	192,284
MARINER FINANCE ISSU AA E 144A	5.40%	03/20/2036	400,000	430,000	361,172
CIM RETAIL PORTFOL RETL E 144A	5.75%	08/15/2036	247,500	247,500	229,663
EIG PEARL HOLDINGS SARL 144A	3.55%	08/31/2036	270,000	270,000	230,175
VMC FINANCE 2019-FL FL3 A 144A	3.10%	09/15/2036	267,013	267,096	267,342
MORGAN STANLEY	2.48%	09/16/2036	198,000	198,000	152,670
HGI CRE CLO 2021-FL FL2 B 144A	3.66%	09/17/2036	370,000	370,000	359,888
GS MORTGAGE SECUR 70P XCP 144A	0.00%	10/15/2036	54,761,000	384,784	1,024
BX COMMERCIAL MORTGA XL C 144A	3.25%	10/15/2036	85,000	85,000	82,434
BX COMMERCIAL MORTGA XL D 144A	3.45%	10/15/2036	170,000	170,000	164,441
HONO 2021-LULU MOR LULU B 144A	3.45%	10/15/2036	100,000	100,000	96,377
HONO 2021-LULU MOR LULU C 144A	3.85%	10/15/2036	100,000	100,000	95,425
BX TRUST 2021-ARIA ARIA E 144A	4.24%	10/15/2036	460,000	457,700	428,817
GS MORTGAGE SECURI ARDN B 144A	3.65%	11/15/2036	390,000	390,000	376,806
JP MORGAN CHASE CO MKST E 144A	4.25%	12/15/2036	400,000	390,750	366,408
ABN AMRO BANK NV 144A	3.32%	03/13/2037	200,000	200,000	160,860
PFP 2019-6 LTD 6 B 144A	3.70%	04/14/2037	500,000	500,000	492,680
PFP 2019-6 LTD 6 C 144A	4.10%	04/14/2037	332,000	332,000	332,199
AMSR 2020-SFR1 TRU SFR1 A 144A	1.82%	04/17/2037	799,233	799,204	759,024
VALERO ENERGY CORP	6.63%	06/15/2037	1,855,000	2,489,807	2,022,284
AMSR 2020-SFR4 TRU SFR4 A 144A	1.36%	11/17/2037	1,375,000	1,374,958	1,270,679
OVINTIV INC	6.50%	02/01/2038	101,000	125,493	104,522
PRIMA CAPITAL CRE RK1 AG 144A	4.00%	04/15/2038	103,866	109,964	94,068
PRIMA CAPITAL CRE RK1 AT 144A	4.45%	04/15/2038	100,000	107,773	83,374
TIME WARNER CABLE LLC	7.30%	07/01/2038	264,000	336,990	276,643
EXTENDED STAY AMERI ESH C 144A	3.70%	07/15/2038	218,654	218,654	211,515
TRICON RESIDENTIAL SFR1 A 144A	1.94%	07/17/2038	499,464	499,452	454,068

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2022

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		
KIND TRUST 2021-KI KIND D 144A	4.30%	08/15/2038	210,000	210,000	196,298
CSMC 2021-BHAR BHAR C 144A	4.00%	11/15/2038	620,000	620,000	565,000
BX TRUST 2022-LBA6 LBA6 C 144A	3.56%	01/15/2039	410,000	410,000	391,694
TRICON RESIDENTIAL SFR1 A 144A	3.86%	04/17/2039	500,000	499,998	482,300
COMCAST CORP	6.55%	07/01/2039	375,000	565,463	449,565
CONSTELLATION ENERGY GENERATIO	6.25%	10/01/2039	274,000	336,200	281,225
PROTECTIVE LIFE CORP	8.45%	10/15/2039	200,000	303,044	249,584
OGLETHORPE POWER CORP	5.95%	11/01/2039	125,000	162,216	132,506
GALAXY PIPELINE ASSETS BI 144A	3.25%	09/30/2040	268,000	268,000	211,527
CELLNEX FINANCE CO SA 144A	3.88%	07/07/2041	200,000	197,448	137,648
CONNECTICUT AVENU R01 1B1 144A	4.61%	10/25/2041	130,000	130,000	111,352
DELL INTERNATIONAL LLC / 144A	3.38%	12/15/2041	198,000	197,204	142,235
CF INDUSTRIES INC	5.38%	03/15/2044	208,000	235,100	194,813
MARATHON PETROLEUM CORP	4.75%	09/15/2044	475,000	529,614	420,475
PHILLIPS 66	4.88%	11/15/2044	250,000	285,748	243,685
NEUBERGER BERMAN GROUP LL 144A	4.88%	04/15/2045	240,000	245,129	218,566
CHARTER COMMUNICATIONS OPERATI	6.48%	10/23/2045	165,000	181,201	160,796
MCDONALD'S CORP	4.88%	12/09/2045	1,425,000	1,738,933	1,407,330
WELLS FARGO COMMERCIAL LC12 B	4.30%	07/15/2046	10,000	10,325	9,378
DELL INTERNATIONAL LLC / EMC C	8.35%	07/15/2046	157,000	227,235	196,453
AQUA FINANCE TRUST 20 A A 144A	1.54%	07/17/2046	319,991	306,854	295,822
MARATHON PETROLEUM CORP	4.50%	04/01/2048	500,000	519,222	423,275
ME FUNDING LLC 2019- 1 A2 144A	6.45%	07/30/2049	365,625	358,056	363,461
COMM 2014-277P MOR 277P A 144A	3.61%	08/10/2049	500,000	531,211	485,900
COMM 2015-PC1 MORTGAGE T PC1 C	4.30%	07/10/2050	250,000	261,074	234,878
FLAGSTAR MORTGAGE 3INV A5 144A	2.50%	06/25/2051	574,825	590,992	525,068
FLAGSTAR MORTGAGE 5INV A5 144A	2.50%	07/25/2051	413,381	422,229	380,587
ALFA DESARROLLO SPA 144A	4.55%	09/27/2051	199,461	199,461	143,113
SEB FUNDING LLC 1A A2 144A	4.97%	01/30/2052	299,250	299,175	272,967
ADVANCED MICRO DEVICES INC	4.39%	06/01/2052	199,000	199,000	194,980
AEP TRANSMISSION CO LLC	4.50%	06/15/2052	118,000	117,248	113,751
SUNRUN DEMETER ISSUE 2A A 144A	2.27%	01/30/2057	490,190	483,943	411,564
NEW RESIDENTIAL MOR 2A A1 144A	4.25%	12/25/2057	538,087	543,825	530,688
NEW RESIDENTIAL MO 4A A1B 144A	3.50%	12/25/2058	718,052	739,953	699,090
NEW RESIDENTIAL M NQM1 A1 144A	2.46%	01/26/2060	25,023	25,023	24,048
CREDIT SUISSE MOR SPT1 A1 144A	1.62%	04/25/2065	40,799	40,859	40,145
ELLINGTON FINANCIAL 2 A1 144A	1.18%	10/25/2065	30,223	30,216	29,095
			<u>\$ 153,400,254</u>	<u>\$ 102,865,207</u>	<u>\$ 91,372,952</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, 2022

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
GROSVENOR INSTITUTIONAL PARTNERS LP - COMMON STOCK	-	\$ 14,996,266	\$ 18,105,335
		\$ 14,996,266	\$ 18,105,335

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, 2022

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
<u>ISSUER</u>		<u>COST</u>	<u>CURRENT VALUE</u>
US REAL ESTATE INVESTMENT FUND		\$ 32,091,138	\$ 42,485,690
GROSVENOR INSTITUTIONAL PARTNERS LP - PARTNERSHIPS		3,007,258	3,624,477
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - PARTNERSHIPS		<u>9,277,608</u>	<u>10,345,359</u>
		<u>\$ 44,376,004</u>	<u>\$ 56,455,526</u>

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

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF NON-PARTICIPANT LOANS

JUNE 30, 2022

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
NON-PARTICIPANT LOANS

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY / NO. OF SHARES	COST	CURRENT VALUE
AMERICAN AIRLINES GROUP I 144A	3.75%	03/01/2025	143,999	\$ 127,079	\$ 121,319
PBF HOLDING CO LLC / PBF 144A	9.25%	05/15/2025	128,999	125,452	134,965
TRANSDIGM INC	6.38%	06/15/2026	118,999	121,917	111,264
CALPINE CORP 144A	5.13%	03/15/2028	113,999	114,711	101,166
NATIONAL CINEMEDIA LLC 144A	5.88%	04/15/2028	136,999	128,437	96,746
FLUOR CORP	4.25%	09/15/2028	268,000	272,475	234,165
AVIS BUDGET CAR RENTAL LL 144A	5.38%	03/01/2029	95,000	100,225	79,069
ASP UNIFRAX HOLDINGS INC 144A	7.50%	09/30/2029	128,999	129,805	89,533
TOLL BROTHERS FINANCE CORP	3.80%	11/01/2029	118,999	129,629	101,134
NOV INC	3.60%	12/01/2029	239,999	240,341	216,078
LEVI STRAUSS & CO 144A	3.50%	03/01/2031	123,999	127,409	101,369
TWILIO INC	3.88%	03/15/2031	121,999	125,354	100,377
TSMC ARIZONA CORP	3.25%	10/25/2051	191,972	189,396	155,190
U S TREASURY NOTE	2.50%	04/30/2024	553,999	547,954	549,628
U S TREASURY NOTE	2.88%	05/15/2032	574,999	568,812	570,238
U S TREASURY NOTE	2.88%	05/15/2032	4,856,999	4,868,495	4,816,783
U S TREASURY BOND	2.38%	02/15/2042	2,814,999	2,654,383	2,400,237
U S TREASURY BOND	2.25%	02/15/2052	2,303,999	<u>1,956,551</u>	<u>1,912,319</u>
				<u>\$ 12,528,425</u>	<u>\$ 11,891,580</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

JUNE 30, 2022

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/ COLLECTIVE TRUST FUNDS	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
LONGVIEW BROAD MARKET 3000 INDEX FUND	303,184	\$ 64,945,716	\$ 104,357,840
NHIT CORE PLUS FULL DISCRETION TRUST	7,688,995	91,378,927	100,341,383
STATE STREET MSCI ACWI EX USA INDEX NON-LENDING COMMON TRUST FUND	2,917,344	48,804,096	59,286,257
STATE STREET U.S. TREASURY INFLATION PROTECTED SECURITIES INDEX NON-LENDING COMMON TRUST FUND	3,660,514	<u>48,985,773</u>	<u>61,002,463</u>
		\$ <u>254,114,512</u>	\$ <u>324,987,943</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

JUNE 30, 2022

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>51,645,161</u>
		\$ <u>50,000,000</u>	\$ <u>51,645,161</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

JUNE 30, 2022

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)
	<u>ISSUER</u>	<u>NO. OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
*	DREYFUS INSTITUTIONAL PREFERRED GOVERNMENT MONEY MARKET FUND	56,586,969	\$ <u>56,586,969</u>	\$ <u>56,586,969</u>
			\$ <u>56,586,969</u>	\$ <u>56,586,969</u>

* PARTY-IN-INTEREST

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF OTHER INVESTMENTS

JUNE 30, 2022

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION OTHER INVESTMENTS			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
HAWAII ST	0.25%	8/1/2022	\$ 90,000	\$ 90,000	\$ 89,893
SANTA ANA CA PENSN OBLIGS	0.25%	8/1/2022	150,000	150,000	149,768
GOLDEN ST TOBACCO SECURITIZATI	0.67%	6/1/2023	70,000	70,000	68,300
FOOTHILL ESTRN TRANSPRTN CORRI	4.09%	1/15/2049	120,000	121,480	104,872
ILLINOIS ST	5.10%	6/1/2033	295,000	318,955	296,797
MIAMI-DADE CNTY FL SPL OBLIG	2.79%	10/1/2037	120,000	120,550	96,135
GROSVENOR INSTITUTIONAL PARTNERS LP - OTHER INVESTMENTS			<u>-</u>	<u>8,806,058</u>	<u>10,613,441</u>
			<u>\$ 845,000</u>	<u>\$ 9,677,043</u>	<u>\$ 11,419,206</u>

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

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2022

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 MONEY 6546	\$ 909,292,846	\$ -	\$ -	\$ -	\$ -	\$ 909,292,846	\$ -
*	DREYFUS INS RSRV PR MONEY 6546	-	912,978,624	-	-	912,978,624	912,978,624	-

* PARTY-IN-INTEREST

Application for Extension of Time To File Certain Employee Plan Returns

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

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) BOARD OF TRUSTEES OF NYCDCC WELFARE FUND Number, street, and room or suite no. (If a P.O. box, see instructions) 395 HUDSON STREET City or town, state, and ZIP code NEW YORK NY 10014	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 13-5615576 Social security number (SSN) (9 digits XXX-XX-XXXX)														
	<table border="1"> <thead> <tr> <th data-bbox="971 436 1136 457" rowspan="2">Plan number</th> <th colspan="3" data-bbox="1136 436 1276 457">Plan year ending —</th> </tr> <tr> <th data-bbox="1136 457 1276 472">MM</th> <th data-bbox="1276 457 1414 472">DD</th> <th data-bbox="1414 457 1490 472">YYYY</th> </tr> </thead> <tbody> <tr> <td data-bbox="971 472 1136 527">501</td> <td data-bbox="1136 472 1276 527">6</td> <td data-bbox="1276 472 1414 527">30</td> <td data-bbox="1414 472 1490 527">2022</td> </tr> </tbody> </table>				Plan number	Plan year ending —			MM	DD	YYYY	501	6	30	2022
	Plan number	Plan year ending —													
MM		DD	YYYY												
501	6	30	2022												
<table border="1"> <thead> <tr> <th data-bbox="971 527 1136 548" rowspan="2">Plan number</th> <th colspan="3" data-bbox="1136 527 1276 548">Plan year ending —</th> </tr> <tr> <th data-bbox="1136 548 1276 562">MM</th> <th data-bbox="1276 548 1414 562">DD</th> <th data-bbox="1414 548 1490 562">YYYY</th> </tr> </thead> <tbody> <tr> <td data-bbox="971 562 1136 640">501</td> <td data-bbox="1136 562 1276 640">6</td> <td data-bbox="1276 562 1414 640">30</td> <td data-bbox="1414 562 1490 640">2022</td> </tr> </tbody> </table>				Plan number	Plan year ending —			MM	DD	YYYY	501	6	30	2022	
Plan number	Plan year ending —														
	MM	DD	YYYY												
501	6	30	2022												

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

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.
- 2 I request an extension of time until 4 / 15 / 2023 to file Form 5500 series. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until / / to file Form 8955-SSA. See instructions.
Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

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

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

- 4 I request an extension of time until ____/____/____ to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a	Enter the Code section(s) imposing the tax	a	
b	Enter the payment amount attached	b	
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date	c	

5 State in detail why you need the extension:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

Signature ►

Date ►

MGA

Certified Article Number

9414 7266 9904 2182 6237 99 558 (Rev. 9-2018)

SENDER'S RECORD