

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023	
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	
<p>1a Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND</p> <p>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</p> <p>395 HUDSON STREET NEW YORK, NY 10014</p>	<p>1b Three-digit plan number (PN) ▶ 501</p> <p>1c Effective date of plan 07/01/1950</p> <p>2b Employer Identification Number (EIN) 13-5615576</p> <p>2c Plan Sponsor's telephone number 212-366-7300</p> <p>2d Business code (see instructions) 236200</p>

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.	03/10/2024	KRISTIN O'BRIEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/10/2024	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.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number																		
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																		
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">19357</td> </tr> </table>	5	19357																
5	19357																		
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td style="text-align: right;">12533</td> </tr> <tr> <td style="width:10%; text-align: center;">6a(2)</td> <td style="text-align: right;">12306</td> </tr> <tr> <td style="width:10%; text-align: center;">6b</td> <td style="text-align: right;">7008</td> </tr> <tr> <td style="width:10%; text-align: center;">6c</td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;">6d</td> <td style="text-align: right;">19314</td> </tr> <tr> <td style="width:10%; text-align: center;">6e</td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;">6f</td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;">6g</td> <td></td> </tr> <tr> <td style="width:10%; text-align: center;">6h</td> <td></td> </tr> </table>	6a(1)	12533	6a(2)	12306	6b	7008	6c		6d	19314	6e		6f		6g		6h	
6a(1)	12533																		
6a(2)	12306																		
6b	7008																		
6c																			
6d	19314																		
6e																			
6f																			
6g																			
6h																			
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="text-align: right;">1144</td> </tr> </table>	7	1144																
7	1144																		
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) <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"/> 2 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

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 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	39694	08/01/2021	07/31/2022

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	

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end.....	4
5	Current value of plan's interest under this contract in separate accounts at year end.....	5
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b
c	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	2759579
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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

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 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	6951	01/01/2022	12/31/2022

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 0	(b) Total amount of fees paid 0
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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

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	(c) Amount	(d) Purpose	

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	(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.
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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	
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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)	
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d Total of balance and additions (add lines 7b and 7c(6))	7d	
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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)	
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	
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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 <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input checked="" type="checkbox"/> 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		10b	
Specify nature of costs.			

Part IV Provision of Information

- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No
- 12** If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE 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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

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

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

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

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	3278230	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	2593822	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INDEPENDENCE ADMINISTRATORS

23-2184623

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 13 15 50	NONE	2306917	Yes <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)

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	2009448	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	1159462	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	1074552	Yes <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)

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	518509	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	491754	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL COMPANY (EASTERN STATES)

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	460563	Yes <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)

BEACON HILL STAFFING GROUP

04-3496741

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	460498	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	332344	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	283653	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HARVARD PROTECTION SERVICES

13-4127048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	SECURITY PROVIDER	276868	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE A

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	276079	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	258613	Yes <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)

EMPLOYEE B

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	227043	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE 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	204193	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BAHN PCLC

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	197145	Yes <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)

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	189517	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE D

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	184311	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 51 52 59 62 72	NONE	181219	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

KROLL ASSOCIATES, INC

11-2286880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	174001	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE E

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	163316	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE 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	161916	Yes <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)

EMPLOYEE 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	153519	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input 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	150239	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE H

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	148495	Yes <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)

EMPLOYEE I

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	144801	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE J

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	144501	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE K

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	141409	Yes <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)

EMPLOYEE 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	135729	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE 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	133242	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE 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	132244	Yes <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)

EMPLOYEE O

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	131735	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE P

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	124282	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE Q

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	118977	Yes <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)

EMPLOYEE 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	118240	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE 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	116805	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE T

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	105634	Yes <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)

EMPLOYEE U

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	103527	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	99859	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE V

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	97482	Yes <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)

EMPLOYEE W

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	96571	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE X

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	95499	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	93564	Yes <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)

EMPLOYEE Y

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	93149	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE Z

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	93013	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE AA

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	91090	Yes <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)

EMPLOYEE AB

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	88440	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE AC

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	88087	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE AD

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	86133	Yes <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)

EMPLOYEE AE

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	83477	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE AF

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	82060	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE AG

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	81523	Yes <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)

EMPLOYEE AH

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	77484	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE AI

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	76551	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE AJ

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	75584	Yes <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)

EMPLOYEE AK

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	74985	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE AL

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	72174	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE AM

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	71704	Yes <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)

EMPLOYEE AN

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	69567	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE AO

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	69005	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE AP

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	68920	Yes <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)

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	68156	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE AQ

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	67640	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE AR

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	63712	Yes <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)

EMPLOYEE AS

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	63458	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	63413	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE AT

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	60695	Yes <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)

EMPLOYEE AU

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	60593	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE AV

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	59781	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	59696	Yes <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)

EMPLOYEE AW

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	58743	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE AX

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	56855	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE AY

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	56496	Yes <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)

EMPLOYEE AZ

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	55509	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE BA

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	55318	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE BB

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	55156	Yes <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)

EMPLOYEE BC

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	54999	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE BD

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	52378	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE BE

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	52038	Yes <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)

EMPLOYEE BF

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	51855	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE BG

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	51638	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE BH

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	50668	Yes <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)

EMPLOYEE BI

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	50463	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE BJ

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	50069	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE BK

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	49591	Yes <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)

EMPLOYEE BL

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	48997	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE BM

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	47663	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE BN

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	47353	Yes <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)

EMPLOYEE BO

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	47071	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE BP

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	45787	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE BQ

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	45362	Yes <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)

EMPLOYEE BR

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	44857	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE BS

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	44634	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE BT

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	43963	Yes <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)

EMPLOYEE BU

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	43651	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE BV

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	43601	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE BW

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	41891	Yes <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)

EMPLOYEE BX

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	39083	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	38250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE BY

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	34375	Yes <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)

DANIEL ENGELSTEIN

86-3746966

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	34210	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	33600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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

46-3940632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	33600	Yes <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)

JEFFREY G. STEIN

276 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	33598	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE BZ

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	32650	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE CA

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	32444	Yes <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)

NEW ERA TECHNOLOGY

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	32303	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE CB

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	31864	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE CC

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	28961	Yes <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)

EMPLOYEE CD

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	27951	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE CE

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	27510	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMPLOYEE CF

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	25350	Yes <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)

EMPLOYEE CG

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	25345	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	24951	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAYLOCITY CORPORATION

3850 N WILKE RD
ARLINGTON HEIGHTS, IL 60004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	23026	Yes <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	20272	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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

27-3565240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	20000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE WAGNER LAW GROUP, PC

04-3323315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	15652	Yes <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)

TPG ARCHITECTURE

13-4027251

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	13574	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	13113	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

C. HUNT WALKER COMPANY LLC

26-1435151

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	11400	Yes <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

43-1830400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	8731	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMERICAN ARBITRATION ASSOCIATION

13-0429745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	6000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SSC, INC

06-0923904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	5100	Yes <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)

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"/>	150855	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"/>

(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	33789
(d) Enter name and EIN (address) of source of indirect compensation CHUBB 13-1963496	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 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	74255
(d) Enter name and EIN (address) of source of indirect compensation ULLICO CASUALTY GROUP 13-2988846	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 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	10951
(d) Enter name and EIN (address) of source of indirect compensation AM WINS BROKERAGE OF NY 13-4279678	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 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	31823
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EUCLID SPECIALTY MANAGERS LLC 45-3957469	INSURANCE BROKERAGE COMMISSIONS AND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	38
(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.	
ZURICH 13-3046577	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.	

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 <hr/> 2022 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

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)
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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) 30270049
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) 84213553
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) 36967307
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) 96324370
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) 158433868
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

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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023			
A Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"> B Three-digit plan number (PN) ► </td> <td style="width:20%; text-align: center;">501</td> </tr> </table>	B Three-digit plan number (PN) ►	501
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
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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	18285440	13312790
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	25492000	26800000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	28113780	21155575
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	156956	107709
(2) U.S. Government securities.....	1c(2)	89105518	79564327
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	59937147	29960199
(B) All other.....	1c(3)(B)	91372952	87867108
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)	18105335	32676913
(5) Partnership/joint venture interests.....	1c(5)	56455526	64956956
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)	11891580	3236410
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	324987943	369241840
(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)	51645161	36967307
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	56586969	56262915
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	11419206	829837

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	1850107	3904625
f Total assets (add all amounts in lines 1a through 1e).....	1f	845405620	826844511

Liabilities

g Benefit claims payable.....	1g	64200000	63300000
h Operating payables.....	1h	1789266	2028317
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	56077698	62539165
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	122066964	127867482

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	723338656	698977029
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	389621602	
(B) Participants.....	2a(1)(B)	4892963	
(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)		394514565
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1436	
(B) U.S. Government securities.....	2b(1)(B)	2462407	
(C) Corporate debt instruments.....	2b(1)(C)	5788953	
(D) Loans (other than to participants).....	2b(1)(D)	37222	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	1910951	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		10200969
(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)	1742692	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	852410674	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	857556466	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-8040145	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		18009924
(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)		322146
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		14415922
d Total income. Add all income amounts in column (b) and enter total	2d		426020281
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	433867458	
(2) To insurance carriers for the provision of benefits	2e(2)	2743221	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		436610679
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)	3126944	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1242894	
(4) Other	2i(4)	9401391	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		13771229
j Total expenses. Add all expense amounts in column (b) and enter total	2j		450381908
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-24361627
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: SCHULTHEIS & PANETTIERI, LLP

(2) EIN: 13-1577780

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	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?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g	X		217865766
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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



Schultheis & Panettieri LLP

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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, 2023 and 2022, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended June 30, 2023 and 2022, 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, 2023 and 2022, and the changes in financial status for the years ended June 30, 2023 and 2022 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 23 through 43 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 44 through 48 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.

Schultheis + Prettiello LLP

Hauppauge, New York

February 21, 2024

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2022</div> This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information				
For calendar plan year 2022 or fiscal plan year beginning		07/01/2022	and ending	06/30/2023
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	1b Three-digit plan number (PN) ▶	501	
	1c Effective date of plan	07/01/1950	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF NYCDCC WELFARE FUND 395 HUDSON STREET NEW YORK NY 10014	2b Employer Identification Number (EIN)	13-5615576	
	2c Plan Sponsor's telephone number	(212) 366-7300	
	2d Business code (see instructions)	236200	

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

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

SIGN HERE	<i>x Kristin O'Brien</i>	<i>x 3/11/24</i>	<i>x Kristin O'Brien</i>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>x [Signature]</i>	<i>x 3-11-24</i>	<i>x Anne Massa</i>
	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	19,357
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1)	12,533
	6a(2)	12,306
	6b	7,008
	6c	
	6d	19,314
	6e	
	6f	
	6g	
	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	1,144

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

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> <u>2</u> A (Insurance Information)</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
--	---

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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, 2023 AND 2022

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

YEARS ENDED JUNE 30, 2023 AND 2022

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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, 2023 and 2022, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended June 30, 2023 and 2022, and the related notes to the financial statements.

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Basis for Opinion

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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.
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- 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 23 through 43 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.

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Schultheis + Prettiello LLP

Hauppauge, New York

February 21, 2024

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Assets		
Investments at fair value		
U.S. government securities	\$ 79,564,327	\$ 89,105,518
Corporate debt instruments	117,827,307	151,310,099
Partnership/joint venture interests	96,684,906	85,242,137
Loans (other than participant loans)	3,236,410	11,891,580
Common/collective trust funds	369,241,840	324,987,943
103-12 investment entities	36,967,307	51,645,161
Registered investment companies	56,262,915	56,586,969
Municipal bonds	<u>829,837</u>	<u>805,765</u>
Total investments	760,614,849	771,575,172
Receivables		
Employers' contributions	26,800,000	25,492,000
Accrued interest/dividends	1,872,638	1,593,048
Net trades pending settlement	-	4,037,547
Prescription subsidies and rebates	12,503,000	9,632,000
Cash	13,312,790	18,285,440
Collateral held under securities lending agreement	3,345,583	12,237,651
Other assets	<u>3,904,625</u>	<u>1,850,047</u>
 Total assets	 <u>822,353,485</u>	 <u>844,702,905</u>
 Liabilities		
Accounts payable	2,021,912	1,789,266
Related organizations	35,880,039	39,525,837
Net trades pending settlement	15,217,427	-
Contractor surety bonds	3,611,495	3,611,495
Payable under securities lending agreement	<u>3,345,583</u>	<u>12,237,651</u>
 Total liabilities	 <u>60,076,456</u>	 <u>57,164,249</u>
 Net assets available for benefits	 <u>\$ 762,277,029</u>	 <u>\$ 787,538,656</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2023 AND 2022

	2023	2022
<i>Additions to net assets attributed to:</i>		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 5,123,923	\$ (60,458,009)
Interest/dividends	<u>11,965,871</u>	<u>13,618,742</u>
Total investment income (loss)	17,089,794	(46,839,267)
Less investment expenses	<u>(1,242,894)</u>	<u>(1,519,903)</u>
Net investment income (loss)	15,846,900	(48,359,170)
Contributions		
Participants'	4,892,963	5,094,727
Employers'	260,210,311	255,920,824
Employers' - Vacation	129,411,291	124,969,338
Federal agencies - COBRA subsidy	-	1,331,641
Medicare drug subsidy	14,317,866	13,204,776
Other income	<u>98,056</u>	<u>176,532</u>
Total additions	<u>424,777,387</u>	<u>352,338,668</u>
<i>Deductions from net assets attributed to:</i>		
Benefits paid to or for participants		
Health care		
Active participants	208,385,256	215,281,810
Retired participants	96,201,762	86,103,390
Group health insurance premiums	2,743,221	2,754,867
Vacation	128,963,177	123,007,146
Disability	881,263	937,068
Scholarships	<u>336,000</u>	<u>344,815</u>
Total benefits paid	437,510,679	428,429,096
Administrative expenses	<u>12,528,335</u>	<u>12,066,920</u>
Total deductions	<u>450,039,014</u>	<u>440,496,016</u>
Net increase (decrease)	(25,261,627)	(88,157,348)
Net assets available for benefits		
Beginning of year	<u>787,538,656</u>	<u>875,696,004</u>
End of year	<u>\$ 762,277,029</u>	<u>\$ 787,538,656</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

STATEMENTS OF PLAN BENEFIT OBLIGATIONS

JUNE 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	\$ 30,700,000	\$ 31,400,000
Vacation benefits payable	<u>32,600,000</u>	<u>32,800,000</u>
	<u>63,300,000</u>	<u>64,200,000</u>
Postemployment benefit obligations		
Accumulated eligibility credits	<u>153,600,000</u>	<u>152,200,000</u>
Postretirement benefit obligations, net of amounts currently payable		
Retired participants	1,067,800,000	828,100,000
Other participants fully eligible for benefits	410,600,000	584,400,000
Participants not yet fully eligible for benefits	<u>727,400,000</u>	<u>656,300,000</u>
	<u>2,205,800,000</u>	<u>2,068,800,000</u>
Plan's total benefit obligations	<u>\$ 2,422,700,000</u>	<u>\$ 2,285,200,000</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS

YEARS ENDED JUNE 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Amounts currently payable		
Balance at beginning of year	\$ 64,200,000	\$ 68,100,000
Claims reported and approved for payment	436,610,679	424,529,096
Total benefits paid	<u>(437,510,679)</u>	<u>(428,429,096)</u>
Balance at end of year	<u>63,300,000</u>	<u>64,200,000</u>
Postemployment benefit obligations		
Balance at beginning of year	152,200,000	159,900,000
Net change during year:		
Accumulated eligibility credits	<u>1,400,000</u>	<u>(7,700,000)</u>
Balance at end of year	<u>153,600,000</u>	<u>152,200,000</u>
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	2,068,800,000	2,651,700,000
Increase (decrease) in postretirement benefits attributed to:		
Changes in actuarial assumptions	(79,400,000)	(657,600,000)
Interest	89,100,000	71,700,000
Expected benefits paid	(93,200,000)	(87,300,000)
Benefits earned	54,900,000	90,300,000
Actuarial loss (gain) experience	162,100,000	-
Plan amendments	<u>3,500,000</u>	<u>-</u>
Balance at end of year	<u>2,205,800,000</u>	<u>2,068,800,000</u>
Plan's total benefit obligations at end of year	<u>\$ 2,422,700,000</u>	<u>\$ 2,285,200,000</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

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, 2023 AND 2022

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, 2023 and 2022, included in the participant contributions on the Statement of Changes in Net Assets Available for Benefits, were \$3,442,697 and \$3,321,968, 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, 2023 AND 2022

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.

Plan termination

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

Basis of accounting

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

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

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

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, 2023 and 2022 were \$12,652,583 and \$12,222,802, respectively.

Postretirement benefits obligations

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

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

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

Postretirement benefits obligations (cont'd)

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 2023 actuarial experience loss increased obligations by \$162,100,000, which was the net result of gains and losses due to demographic changes.

The 2023 valuation assumption changes decreased obligations by \$79,400,000, which was the net result of (1) an increase 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 4.40% to 4.90%.

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 following were other significant assumptions used in the valuation as of June 30, 2023 and 2022:

Discount rate	2023: 4.90% 2022: 4.40%
Mortality - healthy	Non-annuitants: Headcount-Weighted RP-2014 Healthy Employee Mortality Table with generational projection using Scale MP-2017 from 2006 Annuitants: Headcount-Weighted RP-2014 Healthy Annuitant Mortality Table with generational projection using Scale MP-2017 from 2006
Mortality - disabled	85% of Headcount-Weighted RP-2014 Disabled Retiree Mortality Table with generational projection using Scale MP-2017 from 2006

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

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

Postretirement benefits obligations (cont'd)

Actives' retirement age	2023: Graded from 35% at age 55 to a long term rate of 100%
	2022: 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%
Health trend rates - hospital and medical	2023: Pre-65: 8.50% in 2024 graded to 4.50% over 16 years
	2023: Post-65: Claims are \$0 through 2025, then \$150 in 2026, then \$308 in 2027 with trends 5.00% graded to 4.50% over 2 years
	2022: Pre-65: 7.75% in 2023 graded to 4.50% over 13 years
	2022: Post-65: Claims are \$0 through 2024, then \$25 in 2025, then \$50 in 2026 with trends 5.00% graded to 4.50% over 2 years
Health trend rates - prescription drug	2023: 8.75% in 2024 graded to 4.5% over 17 years
	2022: 8.25% in 2023 graded to 4.5% over 15 years
Administrative expense increase rate	3.00%

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, 2023 and 2022 were \$37,600,000 and \$38,200,000, respectively. Accumulated postretirement benefit obligations have been reported net of these amounts.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

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

Postretirement benefits obligations (cont'd)

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, 2023 and 2022 by \$309,100,000 and \$308,900,000, respectively.

Other Plan benefits

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

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

Medicare Part D

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

The Plan's retiree prescription drug benefit, net of the Medicare subsidy and rebates, for the years ended June 30, 2023 and 2022, was \$25,419,849 and \$21,935,525, respectively. The total Medicare subsidy received during the years ended June 30, 2023 and 2022 was \$14,317,866 and \$13,204,776, 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:

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

Note 2 - Fair value measurements (cont'd)

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

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

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

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

U.S. government securities: 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.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

Note 2 - Fair value measurements (cont'd)

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

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

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of June 30, 2023, with fair value measurements on a recurring basis:

	<u>2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
U.S. government securities	\$ 79,564,327	\$ 51,039,712	\$ 28,524,615	\$ -
Corporate debt instruments	117,827,307	-	117,827,307	-
Loans (other than participant loans)	3,236,410	1,929,395	1,307,015	-
Registered investment companies	56,262,915	56,262,915	-	-
Municipal bonds	<u>829,837</u>	<u>-</u>	<u>829,837</u>	<u>-</u>
 Total assets in the fair value hierarchy	 257,720,796	 <u>\$ 109,232,022</u>	 <u>\$ 148,488,774</u>	 <u>\$ -</u>
 Investments measured at net asset value	 <u>502,894,053</u>			
 Investments at fair value	 <u>\$ 760,614,849</u>			

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

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, 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>			

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.

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.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

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

Income earned for the years ended June 30, 2023 and 2022 was \$37,222 and \$27,467, respectively.

The fair value of securities loaned by the Plan was \$3,236,410 and \$11,891,580 as of June 30, 2023 and 2022, respectively. The fair value of the collateral held by the Plan was \$3,345,583 and \$12,237,651 as of June 30, 2023 and 2022, 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, 2023 and 2022 was \$41,658,344 and \$42,485,690, 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, 2023 and 2022 was \$84,213,553 and \$59,286,257, respectively.

State Street U.S. Treasury Inflation Protected Securities (TIPS) Index Non-Lending Common Trust Fund ("TIPS Index NL") is maintained by State Street Global Advisors Trust Company, who serves as trustee, recordkeeper and investment manager. TIPS Index NL's investments, including derivative instruments, are valued at fair value each business day. The per unit net asset value 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, 2023 and 2022 was \$30,270,049 and \$61,002,463, respectively.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

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

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, 2023 and 2022 was \$158,433,868 and \$104,357,840, 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, 2023 and 2022 was \$96,324,370 and \$100,341,383, 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, 2023 and 2022 was \$36,967,307 and \$51,645,161, respectively.

Note 8 - Investment commitments

As of June 30, 2023, the Plan has total future capital commitments with various investment managers to invest a total of \$18,266,000.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

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 - 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.

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

	<u>2023</u>	<u>2022</u>
Net assets available for benefits	\$ 762,277,029	\$ 787,538,656
Plan's total benefit obligations	<u>2,422,700,000</u>	<u>2,285,200,000</u>
Plan's total benefit obligations over net assets available for benefits	<u>\$ (1,660,422,971)</u>	<u>\$ (1,497,661,344)</u>

The Plan's benefit obligations over net assets available for benefits as of June 30, 2023 and 2022 relate primarily to the postretirement benefit obligation, the funding of which is not explicitly covered by the contribution rate provided by the current bargaining agreement. Such postretirement benefits have been historically funded from current contributions for active participants, and the Trustees may choose to continue this "pay as you go" funding, or the Trustees may seek to increase contributions or reduce benefits.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

Note 13 - Reconciliation of financial statements to Form 5500

For financial statement purposes, claims payable and claims incurred but not reported are presented on the Statement of Plan 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>2023</u>	<u>2022</u>
Net assets available for benefits per the financial statements	\$ 762,277,029	\$ 787,538,656
Less: claims payable and claims incurred but not reported	<u>63,300,000</u>	<u>64,200,000</u>
Net assets available for benefits as reported on Form 5500	<u>\$ 698,977,029</u>	<u>\$ 723,338,656</u>

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

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

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

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2023 AND 2022

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

The following is a reconciliation of the reclassifications:

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income	\$ 15,846,900	\$ 1,242,894	\$ 17,089,794
Contributions	394,514,565	-	394,514,565
Medicare drug subsidy	14,317,866	-	14,317,866
Other income	<u>98,056</u>	<u>-</u>	<u>98,056</u>
 Total additions	 <u>424,777,387</u>	 <u>1,242,894</u>	 <u>426,020,281</u>
 Benefits paid to or for participants	 437,510,679	 (900,000)	 436,610,679
Administrative expenses	<u>12,528,335</u>	<u>1,242,894</u>	<u>13,771,229</u>
 Total deductions	 <u>450,039,014</u>	 <u>342,894</u>	 <u>450,381,908</u>
 Net (decrease)	 <u>\$ (25,261,627)</u>	 <u>\$ 900,000</u>	 <u>\$ (24,361,627)</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 44.

Note 14 - Tax status

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

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF INTEREST BEARING CASH

JUNE 30, 2023

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 INTEREST BEARING CASH		(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
GROSVENOR INSTITUTIONAL PARTNERS LP - INTEREST BEARING CASH			\$ 70,365	\$ 70,365
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - INTEREST BEARING CASH			<u>37,344</u>	<u>37,344</u>
			<u>\$ 107,709</u>	<u>\$ 107,709</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, 2023

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES				(d) COST	(e) CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a			
U S TREASURY BILL	0.00%	08/01/2023	\$ 5,000,000	a	\$ 4,961,253	\$ 4,961,253
U S TREASURY BILL	0.00%	08/03/2023	5,000,000	a	4,959,752	4,959,752
U S TREASURY BILL	0.00%	08/08/2023	5,000,000	a	4,960,667	4,960,667
U S TREASURY BILL	0.00%	08/10/2023	5,000,000	a	4,955,044	4,955,044
U S TREASURY BILL	0.00%	10/19/2023	1,300,000	a	1,268,300	1,268,300
U S TREASURY BILL	0.00%	11/09/2023	1,300,000	a	1,267,896	1,267,896
FNMA POOL #0303823	4.56%	04/01/2024	12		13	12
FEDERAL HOME LN BK CONS BD	5.30%	05/17/2024	300,000		300,000	299,382
FEDERAL HOME LN BK CONS BD	5.28%	05/28/2024	200,000		200,000	199,022
FEDERAL HOME LN MTG CORP	5.45%	06/14/2024	500,000		500,000	497,805
FEDERAL HOME LN BK CONS BD	5.44%	06/21/2024	200,000		200,000	199,760
FHLMC MULTICLASS MTG Q015 A	5.27%	08/25/2024	17,613		17,613	17,587
FEDERAL FARM CR BK CONS BD	5.51%	12/05/2024	500,000		500,000	500,190
FHLMC MULTICLASS MTG KI06 A	5.44%	03/25/2025	43,472		43,472	43,452
U S TREASURY NOTE	5.51%	04/30/2025	500,000		500,267	500,345
FNMA POOL #0395122	4.84%	05/01/2025	202		210	198
FNMA POOL #0342042	4.08%	06/01/2025	13		13	13
FNMA POOL #0303824	4.65%	07/01/2025	4		4	4
FHLMC MULTICLASS MTG KI07 A	5.24%	09/25/2026	400,000		400,000	397,672
GNMA II POOL #0008989	2.75%	10/20/2026	341		345	327
GNMA II POOL #0008991	2.75%	10/20/2026	10,957		11,078	10,605
FHLMC MULTICLASS MTG KI08 A	5.27%	10/25/2026	185,273		185,273	182,916
GNMA II POOL #0080012	2.75%	11/20/2026	399		406	385
GNMA II POOL #0080093	2.63%	07/20/2027	96		96	93
GNMA II POOL #0080120	2.75%	10/20/2027	1,193		1,189	1,147
U S TREASURY NOTE	4.13%	10/31/2027	2,435,000		2,456,394	2,421,315
U S TREASURY NOTE	3.50%	01/31/2028	1,685,000		1,655,424	1,635,630
FNMA GTD REMIC P/T 19-M1 A2	3.55%	09/25/2028	1,783,142		1,948,136	1,698,996
U S TREASURY NOTE	1.38%	10/31/2028	755,000		743,730	656,616
U S TREASURY NOTE	2.63%	02/15/2029	1,555,000		1,548,753	1,440,257
U S TREASURY NOTE	3.50%	01/31/2030	1,090,000		1,083,816	1,057,344
U S TREASURY NOTE	1.88%	02/15/2032	4,245,000		4,070,613	3,634,102
U S TREASURY NOTE	2.88%	05/15/2032	2,555,000		2,465,424	2,367,770
FHLMC MULTICLASS MTG K145 A2	2.58%	05/25/2032	314,000		268,297	270,810
FHLMC MULTICLASS MTG KG07 A2	3.12%	08/25/2032	475,000		425,292	426,094
U S TREASURY NOTE	4.13%	11/15/2032	5,885,000		6,123,339	6,010,056
COMMIT TO PUR FNMA SF MTG	5.00%	08/01/2038	699,000		691,891	694,498
COMMIT TO PUR FNMA SF MTG	5.50%	08/01/2038	735,000		733,774	738,763
U S TREASURY BOND	2.25%	05/15/2041	469,000		364,391	360,638
FREDDIE MAC STACR HQA3 M1 144A	5.07%	09/25/2041	119,780		114,390	116,192
FREDDIE MAC STACR HQA4 M1 144A	6.02%	12/25/2041	290,967		280,738	282,264
FREDDIE MAC STAC DNA1 M1A 144A	6.07%	01/25/2042	80,508		79,199	79,108
FREDDIE MAC STAC DNA2 M1A 144A	6.37%	02/25/2042	197,346		196,375	196,215
FREDDIE MAC STAC HQA1 M1A 144A	7.17%	03/25/2042	178,850		176,447	179,186
FREDDIE MAC STRU DNA2 M1B 144A	8.32%	04/25/2043	150,000		150,000	150,561
U S TREASURY BOND	3.88%	05/15/2043	1,407,000		1,234,170	1,233,454
U S TREASURY BOND	3.38%	05/15/2044	1,665,000		2,105,077	1,498,234
FNMA POOL #0FM9416	3.50%	07/01/2045	234,102		228,871	217,813
FHLMC POOL #ZS-9627	3.50%	02/01/2046	203,106		197,243	189,309
FNMA POOL #0FS1456	3.00%	12/01/2048	313,196		303,482	280,727
FHLMC POOL #QA-7336	3.00%	02/01/2050	152,776		157,788	136,568
FREDDIE MAC STACR DNA2 M2 144A	7.03%	02/25/2050	113,044		113,468	113,396
U S TREASURY BOND	1.63%	11/15/2050	784,000		483,263	485,837
FNMA POOL #0CA8404	3.00%	01/01/2051	74,212		66,791	66,224
FNMA POOL #0FS2479	2.50%	01/01/2051	497,936		462,614	427,886

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2023

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)		(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER		INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
FNMA	POOL #0MA4355	2.00%	05/01/2051	203,455	162,605	166,497
FNMA	POOL #0FM7518	2.50%	06/01/2051	336,121	277,825	287,535
FNMA	POOL #0BT2761	2.50%	08/01/2051	142,296	121,396	123,314
FNMA	POOL #0FM8759	2.50%	09/01/2051	172,630	158,847	148,172
FNMA	POOL #0FM8815	3.50%	09/01/2051	97,326	97,554	90,271
FNMA	POOL #0BU5834	2.00%	11/01/2051	86,981	73,186	71,084
FNMA	POOL #0BU5836	2.00%	11/01/2051	159,951	135,015	131,301
FNMA	POOL #0BU5917	2.50%	12/01/2051	376,122	320,703	322,171
FNMA	POOL #0CB2371	2.50%	12/01/2051	419,670	385,671	359,414
FNMA	POOL #0FS0273	2.50%	02/01/2052	261,108	240,892	225,116
FNMA	POOL #0FS2232	3.50%	03/01/2052	419,919	402,892	386,224
FNMA	POOL #0CB3610	4.00%	05/01/2052	240,822	242,750	228,318
FNMA	POOL #0CB3611	4.00%	05/01/2052	179,518	180,401	170,727
FNMA	POOL #0FS3303	2.50%	05/01/2052	227,609	192,934	194,207
FNMA	POOL #0FS2060	4.00%	06/01/2052	456,326	459,962	431,064
FHLMC	POOL #SD-1300	5.00%	07/01/2052	230,278	238,266	228,406
FNMA	POOL #0FS2409	5.00%	07/01/2052	139,948	144,600	138,810
FNMA	POOL #0FS2458	5.00%	07/01/2052	173,692	180,300	172,896
FHLMC	POOL #SD-1370	4.50%	08/01/2052	527,496	545,608	512,140
FHLMC	POOL #SD-1358	5.00%	08/01/2052	353,709	371,174	349,631
FHLMC	POOL #SD-1466	5.00%	08/01/2052	528,995	545,919	521,912
FNMA	POOL #0FS2604	5.00%	08/01/2052	480,043	496,169	473,615
U S TREASURY BOND		3.00%	08/15/2052	2,555,000	2,109,687	2,168,658
US TREAS-CPI INFLAT		1.50%	02/15/2053	1,127,520	1,126,174	1,092,623
U S TREASURY BOND		3.63%	05/15/2053	1,020,000	978,485	978,568
U S TREASURY BOND		3.63%	05/15/2053	1,173,000	1,129,196	1,125,353
COMMIT TO PUR FNMA SF MTG		6.50%	07/01/2053	152,000	156,263	155,242
COMMIT TO PUR GNMA II JUMBOS		3.00%	07/20/2053	477,000	428,626	426,171
COMMIT TO PUR FNMA SF MTG		6.00%	08/01/2053	526,000	532,601	530,687
COMMIT TO PUR FNMA SF MTG		5.50%	08/01/2053	1,162,000	1,160,414	1,156,690
COMMIT TO PUR FNMA SF MTG		6.50%	08/01/2053	494,000	505,272	504,226
COMMIT TO PUR GNMA II JUMBOS		4.00%	08/20/2053	253,000	241,437	239,530
COMMIT TO PUR GNMA II JUMBOS		3.00%	08/20/2053	838,000	754,245	749,356
COMMIT TO PUR GNMA II JUMBOS		4.50%	08/20/2053	738,000	717,042	713,122
COMMIT TO PUR GNMA II JUMBOS		5.00%	08/20/2053	2,956,000	2,916,073	2,906,132
COMMIT TO PUR GNMA II JUMBOS		5.50%	08/20/2053	2,872,000	2,872,240	2,859,334
COMMIT TO PUR GNMA II JUMBOS		6.00%	08/20/2053	2,961,000	2,985,377	2,980,187
COMMIT TO PUR GNMA II JUMBOS		6.50%	08/20/2053	940,000	956,425	955,933
				<u>\$ 83,060,075</u>	<u>\$ 81,706,307</u>	<u>\$ 79,564,327</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, 2023

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)
ISSUER	CORPORATE DEBT INSTRUMENTS - PREFERRED			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
7-ELEVEN INC 144A	0.80%	02/10/2024	\$ 383,000	\$ 364,462	\$ 371,196
CARMAX AUTO OWNER TRUST 2 1 A1	4.96%	02/15/2024	20,918	20,918	20,912
NISSAN AUTO LEASE TRUST 2 A A1	4.97%	02/15/2024	30,137	30,137	30,120
ENTERPRISE FLEET FIN 1 A1 144A	5.33%	03/20/2024	142,892	142,892	142,756
HYUNDAI AUTO RECEIVABLES A A1	5.17%	04/15/2024	49,159	49,159	49,142
GM FINANCIAL CONSUMER AUT 2 A1	5.19%	04/16/2024	73,086	73,086	73,055
PUBLIC STORAGE	5.80%	04/23/2024	285,000	283,812	284,840
HYUNDAI AUTO LEASE S B A1 144A	5.25%	05/15/2024	69,652	69,652	69,641
WORLD OMNI AUTOMOBILE LEA A A1	5.22%	05/15/2024	56,965	56,965	56,957
DLLMT 2023-1 LLC 1A A1 144A	5.53%	05/20/2024	74,469	74,469	74,461
PORSCHE FINANCIAL A 1A A1 144A	5.37%	05/22/2024	100,000	100,000	99,996
GREATAMERICA LEASING 1 A1 144A	5.52%	06/14/2024	88,097	88,097	88,083
DELL EQUIPMENT FINAN 2 A1 144A	5.64%	06/24/2024	100,000	100,000	100,022
SALESFORCE INC	0.63%	07/15/2024	40,000	39,980	38,075
FORD CREDIT AUTO OWNER TR A 2	0.73%	09/15/2024	17,923	17,921	17,870
JOHN DEERE CAPITAL CORP	5.28%	10/11/2024	160,000	160,000	159,763
HONDA AUTO RECEIVABLES 20 1 A2	1.44%	10/15/2024	111,162	111,152	110,147
HYUNDAI AUTO RECEIVABLES C A2A	0.36%	10/15/2024	4,078	4,077	4,069
GM FINANCIAL AUTOMOBILE L 2 A2	2.93%	10/21/2024	63,014	63,011	62,594
GM FINANCIAL AUTOMOBILE L 2 A2	2.93%	10/21/2024	256,256	256,244	254,549
SPIRE MISSOURI INC	5.69%	12/02/2024	135,000	135,000	133,712
WORLD OMNI AUTO RECEIVABL D A2	0.35%	12/16/2024	499	499	499
TOYOTA AUTO RECEIVABLES B A2A	2.35%	01/15/2025	61,053	61,050	60,575
CARMAX AUTO OWNER TRUST 2 1 A2	0.91%	02/18/2025	20,970	20,969	20,880
GM FINANCIAL CONSUMER AUT 1 A2	0.76%	02/18/2025	24,730	24,730	24,601
TOYOTA AUTO RECEIVABLES 2 D A4	1.99%	02/18/2025	192,034	193,632	190,561
NISSAN AUTO LEASE TRUST A A2A	5.10%	03/17/2025	100,000	99,993	99,576
CARVANA AUTO RECEIVABLES P4 A2	0.82%	04/10/2025	22,141	22,013	22,105
CARVANA AUTO RECEIVABLES P1 A3	0.44%	06/09/2025	37,575	37,275	37,434
CATERPILLAR FINANCIAL SERVICES	5.74%	06/13/2025	100,000	100,000	100,361
NORTHWESTERN MUTUAL GLOBA 144A	5.92%	06/13/2025	100,000	100,000	100,075
NEW YORK LIFE GLOBAL FUND 144A	5.92%	06/13/2025	100,000	100,000	100,075
CAPITAL ONE PRIME AUTO RE 1 A2	2.71%	06/16/2025	571,177	571,123	565,357
MMAF EQUIPMENT FINA BA A3 144A	0.49%	08/14/2025	177,080	170,751	171,132
METROPOLITAN LIFE GLOBAL 144A	4.05%	08/25/2025	271,000	261,575	261,049
WORLD OMNI AUTO RECEIVAB B A2A	2.77%	10/15/2025	198,164	198,146	196,198
GM FINANCIAL AUTOMOBILE 2 A2A	5.44%	10/20/2025	100,000	99,996	99,576
TOYOTA AUTO RECEIVABLES 2 B A3	0.26%	11/17/2025	207,331	199,921	200,645
WORLD OMNI AUTO RECEIVABL C A3	0.48%	11/17/2025	189,792	184,758	185,410
JACKSON NATIONAL LIFE GLO 144A	5.50%	01/09/2026	444,000	432,416	433,575
CARMAX AUTO OWNER TRUST 1 A2A	5.23%	01/15/2026	100,000	99,990	99,629
MERCEDES-BENZ AUTO RECEIV 1 A2	5.09%	01/15/2026	100,000	99,997	99,608
SANTANDER DRIVE AUTO RECE 2 A2	5.87%	03/16/2026	100,000	99,995	99,892
CARVANA AUTO RECEIV P1 A2 144A	6.02%	04/10/2026	244,367	244,363	243,612
CPS AUTO RECEIVABLES B D 144A	4.75%	04/15/2026	57,691	61,634	57,492
SCF EQUIPMENT LEASI 2A A2 144A	2.47%	04/20/2026	144,668	144,639	144,054
CAPITAL ONE PRIME AUTO RE 1 A2	5.20%	05/15/2026	150,000	149,998	149,357
SANTANDER DRIVE AUTO RECE 1 A2	5.36%	05/15/2026	199,455	199,447	199,014
AVID AUTOMOBILE RECEI 1 C 144A	3.14%	07/15/2026	163,745	163,711	163,367
SCF EQUIPMENT LEASIN 2A B 144A	2.76%	08/20/2026	234,000	233,972	227,120
FORD CREDIT AUTO LEASE TRU A C	5.54%	12/15/2026	250,000	249,997	244,268
FLAGSHIP CREDIT AUTO 2 A2 144A	5.76%	04/15/2027	150,000	149,990	149,253
CPS AUTO RECEIVABLES B E 144A	7.38%	06/15/2027	500,000	550,313	500,805
HALCYON LOAN ADVISO 2A BR 144A	6.91%	07/25/2027	14,215	14,144	14,258
ONEMAIN DIRECT AUTO 1A A 144A	3.63%	09/14/2027	303,000	299,213	291,586

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2023

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)
ISSUER	CORPORATE DEBT INSTRUMENTS - PREFERRED			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
ROYAL BANK OF CANADA	6.00%	11/01/2027	276,000	276,657	282,558
AMUR EQUIPMENT FINAN 1A D 144A	2.30%	11/22/2027	475,000	474,883	437,884
WESTLAKE AUTOMOBILE 1A A3 144A	5.21%	01/18/2028	420,000	419,979	415,464
GS MORTGAGE SECURIT FUN A 144A	7.31%	03/15/2028	220,000	218,872	216,416
PROVINCE OF QUEBEC CANADA	3.63%	04/13/2028	1,292,000	1,290,708	1,245,152
JAPAN INTERNATIONAL COOPERATIO	4.00%	05/23/2028	510,000	508,103	493,150
OCTANE RECEIVABLES T 2A B 144A	5.85%	07/20/2028	485,000	484,915	477,919
WESTLAKE AUTOMOBILE 1A C 144A	5.74%	08/15/2028	165,000	164,978	162,791
GRIPPEN PARK CLO LTD 1A B 144A	7.24%	01/20/2030	250,000	247,770	246,028
ELEVANCE HEALTH INC	2.25%	05/15/2030	89,000	74,885	74,511
SANTANDER DRIVE AUTO RECEI 1 C	5.09%	05/15/2030	250,000	249,955	243,385
OCTAGON INVESTMEN 1A A1RR 144A	6.55%	07/19/2030	368,612	361,240	366,362
BANK OF NEW YORK MELLON CORP/T	4.60%	07/26/2030	152,000	152,000	146,434
SCF EQUIPMENT LEASIN 1A D 144A	1.93%	09/20/2030	450,000	445,201	398,012
VOYA CLO 2017-4 LTD 4A A1 144A	6.70%	10/15/2030	281,938	280,134	280,362
KKR CLO 28 LTD 28A B 144A	7.10%	03/15/2031	250,000	241,125	243,694
BALLYROCK CLO 2018- 1A A2 144A	7.19%	04/20/2031	250,000	245,250	244,224
ROCKFORD TOWER CLO 2 1A A 144A	6.48%	05/20/2031	310,511	309,486	306,328
SALESFORCE INC	1.95%	07/15/2031	700,000	660,486	577,234
RAD CLO 1 LTD 1A AR 144A	6.55%	07/15/2031	250,000	245,125	247,848
CARLYLE GLOBAL MA 3A A1A2 144A	6.75%	01/14/2032	248,556	245,698	245,724
FACTSET RESEARCH SYSTEMS INC	3.45%	03/01/2032	302,000	276,417	256,797
TORONTO-DOMINION BANK/THE	4.46%	06/08/2032	282,000	277,001	267,480
CARGILL INC 144A	4.00%	06/22/2032	287,000	285,103	265,225
ELEVANCE HEALTH INC	5.50%	10/15/2032	156,000	155,039	160,307
NEW YORK LIFE GLOBAL FUND 144A	4.55%	01/28/2033	221,000	220,596	212,975
CORP NACIONAL DEL COBRE D 144A	5.13%	02/02/2033	200,000	199,876	196,914
METROPOLITAN LIFE GLOBAL 144A	5.15%	03/28/2033	166,000	165,769	164,101
PFIZER INVESTMENT ENTERPRISES	4.75%	05/19/2033	424,000	423,364	422,206
CIFC FUNDING 2021-IV 4A A 144A	6.62%	07/15/2033	400,000	400,000	396,045
US BANCORP	4.84%	02/01/2034	1	1	1
BLUEMOUNTAIN CLO X 31A A1 144A	6.73%	04/19/2034	250,000	245,075	245,375
BANK OF NEW YORK MELLON CORP/T	4.97%	04/26/2034	193,000	193,000	188,405
BRITISH AIRWAYS 2020-1 CL 144A	4.25%	05/15/2034	206,446	217,916	188,066
DBWF MORTGAGE TRUS LCM A2 144A	3.42%	06/10/2034	260,000	270,298	231,403
HUDSONS BAY SIMO HB10 A10 144A	4.15%	08/05/2034	127,261	132,734	109,103
TRTX 2019-FL3 ISSUE FL3 C 144A	7.44%	10/15/2034	256,500	256,500	242,693
ONEMAIN FINANCIAL IS 2A A 144A	1.75%	09/14/2035	380,000	337,205	338,960
BUSINESS JET SECURIT 1A A 144A	2.98%	11/15/2035	314,767	314,762	297,389
COMM 2016-787S MOR 787S A 144A	3.55%	02/10/2036	550,000	605,801	498,894
BALLYROCK CLO 23 L 23A A1 144A	6.97%	04/25/2036	250,000	250,000	250,306
BX COMMERCIAL MORT XL XCP 144A	0.00%	10/15/2036	108,664,264	87,573	793
LOANCORE 2022-CRE7 CRE7 A 144A	6.62%	01/17/2037	260,000	260,000	255,830
READY CAPITAL MORTG FL8 A 144A	6.72%	01/25/2037	400,942	400,942	395,208
MANHATTAN WEST 2020 1MW A 144A	2.13%	09/10/2039	1,375,000	1,416,173	1,172,504
CONNECTICUT AVENU R03 1M1 144A	5.92%	12/25/2041	135,570	134,426	134,465
CLI FUNDING VI LLC 3A A 144A	2.07%	10/18/2045	517,500	517,393	448,921
WELLS FARGO COMMERCIAL LC12 B	4.20%	07/15/2046	10,000	10,325	7,502
AQUA FINANCE TRUST 20 A A 144A	1.54%	07/17/2046	232,532	222,984	205,340
CLI FUNDING VIII LLC 1A A 144A	2.72%	01/18/2047	856,180	855,750	726,691
COMM 2014-CCRE17 MORTG CR17 AM	4.17%	05/10/2047	270,000	261,963	257,823
COMM 2014-UBS4 MOR UBS4 D 144A	4.71%	08/10/2047	525,000	484,157	364,371
WELLS FARGO COMMERCIAL C41 AS	3.79%	11/15/2050	290,463	309,051	257,652
TRP 2021 LLC 1 A 144A	2.07%	06/19/2051	983,320	983,116	840,571
TRP - TRIP RAIL MASTE 2 A 144A	2.15%	06/19/2051	641,566	641,303	552,497

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

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ISSUER	CORPORATE DEBT INSTRUMENTS - PREFERRED			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
JP MORGAN MORTGAGE T 4 A3 144A	2.50%	08/25/2051	724,015	609,191	584,584
FLAGSTAR MORTGAGE 11IN A6 144A	2.50%	11/25/2051	559,886	570,908	478,814
CITIGROUP MORTGA INV1 A3B 144A	3.00%	11/27/2051	265,437	227,737	222,946
JP MORGAN MORTGAGE 10 A3 144A	2.50%	12/25/2051	431,381	369,134	347,227
READYCAP COMMERCIAL M 6 A 144A	2.83%	10/25/2052	205,352	205,352	191,721
CSAIL 2019-C18 COMMERCIAL C18 AS	3.32%	12/15/2052	122,455	126,128	102,665
DUKE ENERGY INDIANA LLC	5.40%	04/01/2053	130,000	129,883	130,871
BANK 2022-BNK44 BNK44 A5	5.75%	11/15/2055	370,000	385,320	383,065
BMO 2023-C5 MORTGAGE TRU C5 A4	5.49%	06/15/2056	207,000	209,070	209,792
VERUS SECURITIZATION 1 A1 144A	2.42%	01/25/2060	20,759	20,604	19,381
CF HIPPOLYTA ISSUER 1A A1 144A	1.53%	03/15/2061	612,591	612,472	530,571
NEW ECONOMY ASSETS P 1 A1 144A	1.91%	10/20/2061	600,000	589,122	510,846
VISTA POINT SECURITI 2 A1 144A	1.48%	04/25/2065	49,845	49,906	44,167
VERUS SECURITIZATION 5 A1 144A	1.22%	05/25/2065	91,200	91,198	81,981
DEEPHAVEN RESIDENTIA 3 A1 144A	1.19%	08/25/2066	511,861	460,001	422,316
			<u>\$ 140,873,206</u>	<u>\$ 31,946,373</u>	<u>\$ 29,960,199</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, 2023

EIN 13-5615576, PLAN NO. 501

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		CORPORATE DEBT INSTRUMENTS - OTHER				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		COST	CURRENT VALUE
AMERICAN HONDA FN DISC	0.00%	07/10/2023	\$ 200,000	a	\$ 198,559	\$ 199,702
ORACLE CORP	3.63%	07/15/2023	125,000		124,121	124,861
CROWN CASTLE INC	3.15%	07/15/2023	100,000		104,469	99,878
MARTIN MARIETTA MATERIALS INC	0.65%	07/15/2023	100,000		100,072	99,792
OMEGA HEALTHCARE INVESTORS INC	4.38%	08/01/2023	170,000		169,065	169,633
NATIONAL RURAL UTILITIES COOPE	5.51%	08/07/2023	300,000		300,000	300,000
ALLY FINANCIAL INC	1.45%	10/02/2023	100,000		101,085	98,656
THERMO FISHER SCIENTIFIC INC	0.80%	10/18/2023	110,000		110,000	108,561
KEYBANK NA/CLEVELAND OH	5.68%	01/03/2024	250,000		248,193	246,308
KEYBANK NA/CLEVELAND OH	5.61%	01/03/2024	250,000		250,000	246,315
DANSKE BANK A/S 144A	5.38%	01/12/2024	500,000		554,845	497,031
AMERICAN TOWER CORP	0.60%	01/15/2024	150,000		143,772	145,820
ENERGY TRANSFER LP	5.88%	01/15/2024	100,000		100,379	100,016
SIMON PROPERTY GROUP LP	3.75%	02/01/2024	125,000		123,106	123,423
BOEING CO/THE	1.43%	02/04/2024	125,000		120,388	121,669
REALTY INCOME CORP	4.60%	02/06/2024	200,000		198,302	198,250
MICROCHIP TECHNOLOGY INC	0.97%	02/15/2024	140,000		134,011	135,636
PHILLIPS 66	0.90%	02/15/2024	100,000		96,908	97,026
AFFILIATED MANAGERS GROUP INC	4.25%	02/15/2024	125,000		123,319	123,348
PARK AEROSPACE HOLDINGS L 144A	5.50%	02/15/2024	250,000		273,245	247,148
GOLDMAN SACHS GROUP INC/THE	3.63%	02/20/2024	125,000		122,714	123,218
GOLDMAN SACHS GROUP INC/THE	4.00%	03/03/2024	925,000		983,571	913,105
LLOYDS BANKING GROUP PLC	3.90%	03/12/2024	279,000		273,601	274,614
HCA INC	5.00%	03/15/2024	125,000		124,189	124,194
WELLTOWER OP LLC	3.63%	03/15/2024	172,000		168,617	169,114
WARNERMEDIA HOLDINGS INC	3.43%	03/15/2024	393,000		385,265	385,840
RYDER SYSTEM INC	3.65%	03/18/2024	125,000		122,609	122,915
VICI PROPERTIES LP / VICI 144A	5.63%	05/01/2024	197,000		196,945	195,763
CENTERPOINT ENERGY INC	5.78%	05/13/2024	75,000		75,000	74,923
TOYOTA AUTO RECEIVABLES 2 B A1	5.23%	05/15/2024	135,468		135,468	135,431
SABINE PASS LIQUEFACTION LLC	5.75%	05/15/2024	125,000		125,141	124,781
AVOLON HOLDINGS FUNDING L 144A	5.25%	05/15/2024	441,000		456,527	433,287
UBS AG REGS	5.13%	05/15/2024	900,000		975,417	883,926
PERIMETER MASTER NOT 2A A 144A	4.23%	05/15/2024	44,958		44,951	44,473
AT&T INC	6.72%	06/12/2024	100,000		102,314	100,869
SOUTHERN CO/THE	4.48%	08/01/2024	467,000		469,534	458,431
HUNTINGTON BANCSHARES INC/OH	2.63%	08/06/2024	274,000		250,368	262,086
BAT CAPITAL CORP	3.22%	08/15/2024	604,000		580,621	586,025
KINDER MORGAN ENERGY PARTNERS	4.25%	09/01/2024	267,000		267,475	261,583
NISSAN MOTOR ACCEPTANCE C 144A	1.13%	09/16/2024	475,000		441,156	442,396
ANALOG DEVICES INC	5.52%	10/01/2024	15,000		15,000	14,988
HEWLETT PACKARD ENTERPRISE CO	5.90%	10/01/2024	80,000		79,947	80,012
GENERAL MOTORS FINANCIAL CO IN	5.93%	10/15/2024	125,000		124,004	124,098
BANK OF AMERICA CORP	6.06%	10/24/2024	300,000		300,000	299,946
CITIGROUP INC	0.78%	10/30/2024	295,000		295,000	289,781
AVIATION CAPITAL GROUP LL 144A	5.50%	12/15/2024	332,000		373,078	324,915
VITAL ENERGY INC	9.50%	01/15/2025	1		1	1
AMERICAN TOWER CORP	2.95%	01/15/2025	98,000		95,504	93,679
MORGAN STANLEY	0.79%	01/22/2025	150,000		149,277	145,355
ESKOM HOLDINGS SOC LTD 144A	7.13%	02/11/2025	200,000		197,750	196,216
SABINE PASS LIQUEFACTION LLC	5.63%	03/01/2025	98,000		100,381	97,595
HSBC HOLDINGS PLC	3.80%	03/11/2025	223,000		218,078	218,636
BANK OF AMERICA CORP	3.46%	03/15/2025	266,000		260,286	260,701
NATWEST GROUP PLC	4.27%	03/22/2025	377,000		370,497	370,293
DANSKE BANK A/S 144A	3.77%	03/28/2025	608,000		603,252	594,223

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

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RAIN CII CARBON LLC / CII 144A	7.25%	04/01/2025	221,000	214,940	214,463
GA GLOBAL FUNDING TRUST 144A	3.85%	04/11/2025	443,000	437,486	421,758
T-MOBILE USA INC	3.50%	04/15/2025	162,000	154,201	155,721
BANK OF AMERICA CORP	6.02%	04/22/2025	225,000	225,000	224,708
CITIGROUP INC	3.30%	04/27/2025	1,325,000	1,388,864	1,274,636
CHARTER COMM OPERATING 10/19	0.00%	04/30/2025	271,232	271,232	270,923
DELTA AIR LINES INC 144A	7.00%	05/01/2025	239,000	239,000	243,964
GOLDMAN SACHS GROUP INC/THE	3.75%	05/22/2025	450,000	487,692	434,241
CITIZENS BANK NA/PROVIDENCE RI	4.12%	05/23/2025	288,000	265,320	272,727
CITIGROUP INC	4.14%	05/24/2025	116,000	116,000	113,965
JPMORGAN CHASE & CO	5.72%	06/01/2025	150,000	150,000	149,255
EAST OHIO GAS CO/THE 144A	1.30%	06/15/2025	311,000	285,762	285,032
BAXALTA INC	4.00%	06/23/2025	73,000	72,812	70,808
AMERICAN AIRLINES INC 144A	11.75%	07/15/2025	114,000	122,408	124,999
MORGAN STANLEY	4.00%	07/23/2025	297,000	304,446	288,322
FORD CREDIT FLOORPLAN MAS 1 A2	5.84%	09/15/2025	430,000	430,000	430,069
ENTERGY CORP	0.90%	09/15/2025	400,000	362,768	359,192
FIRST-CITIZENS BANK & TRUST CO	2.97%	09/27/2025	250,000	233,750	236,415
GOLDMAN SACHS GROUP INC/THE	3.27%	09/29/2025	394,000	381,790	380,636
INTERNATIONAL FLAVORS & F 144A	1.23%	10/01/2025	398,000	343,471	354,737
JPMORGAN CHASE & CO	5.81%	12/10/2025	125,000	124,179	124,491
BAYER US FINANCE II LLC 144A	4.25%	12/15/2025	521,000	596,175	502,562
VISTRA (TXU/TCEH) 6/18	0.00%	12/31/2025	106,394	106,341	106,101
LIFE TIME INC 144A	5.75%	01/15/2026	125,000	129,063	121,813
NATIONAL FUEL GAS CO	5.50%	01/15/2026	209,000	207,993	205,970
AVIATION CAPITAL GROUP LL 144A	1.95%	01/30/2026	144,000	141,809	128,220
TURKIYE IHRACAT KREDI BAN 144A	9.38%	01/31/2026	200,000	198,850	198,724
CALIFORNIA RESOURCES CORP 144A	7.13%	02/01/2026	125,000	125,775	125,625
AMERICAN EXPRESS CO	5.89%	02/13/2026	100,000	100,000	99,770
PERMIAN RESOURCES OPERATI 144A	7.75%	02/15/2026	122,000	132,675	122,520
REGAL REXNORD CORP 144A	6.05%	02/15/2026	245,000	244,865	245,225
AVOLON HOLDINGS FUNDING L 144A	2.13%	02/21/2026	227,000	224,837	201,501
GM FINANCIAL CONSUMER AU 1 A2A	5.19%	03/16/2026	100,000	99,992	99,623
JPMORGAN CHASE & CO	3.30%	04/01/2026	1,150,000	1,210,076	1,095,272
BANK OF AMERICA CORP	3.38%	04/02/2026	154,000	154,000	147,594
AVOLON HOLDINGS FUNDING L 144A	4.25%	04/15/2026	600,000	567,147	558,774
MITSUBISHI UFJ FINANCIAL GROUP	5.54%	04/17/2026	200,000	200,000	198,752
WELLS FARGO & CO	6.67%	04/25/2026	200,000	201,662	201,370
WELLS FARGO & CO	2.19%	04/30/2026	270,000	244,836	252,931
AMERICAN EXPRESS CO	4.99%	05/01/2026	100,000	100,000	98,744
EBAY INC	1.40%	05/10/2026	1,175,000	1,088,600	1,060,532
GULFPORT ENERGY CORP 144A	8.00%	05/17/2026	168,507	181,986	169,299
HILTON HOTELS 6/19 COV-LITE	0.00%	06/22/2026	269,645	269,645	269,235
AMAYA 6/18 (USD) TL	0.00%	07/21/2026	120,357	120,357	120,252
CNH EQUIPMENT TRUST 2021- B A3	0.44%	08/17/2026	233,552	222,759	222,554
WELLS FARGO & CO	3.00%	10/23/2026	800,000	828,400	742,344
NATWEST GROUP PLC	7.47%	11/10/2026	220,000	226,004	224,968
UBS GROUP AG 144A	5.71%	01/12/2027	773,000	764,259	765,200
SM ENERGY CO	6.63%	01/15/2027	114,000	110,846	110,723
PROSUS NV 144A	3.26%	01/19/2027	200,000	200,000	180,712
ECO MATERIAL TECHNOLOGIES 144A	7.88%	01/31/2027	112,000	107,240	105,998
CHARTER COMM OPERATING 10/19 T	0.00%	02/01/2027	107,442	106,808	106,725
HUMANA INC	1.35%	02/03/2027	201,000	167,919	174,802
NCL CORP LTD 144A	5.88%	02/15/2027	112,000	104,108	109,048
LUMEN TECHNOLOGIES INC 144A	4.00%	02/15/2027	143,000	106,718	106,923

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2023

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
CHS/COMMUNITY HEALTH SYST 144A	5.63%	03/15/2027	121,000	111,320	106,636
BAYTEX ENERGY CORP 144A	8.75%	04/01/2027	159,000	162,068	161,042
EARTHSTONE ENERGY HOLDING 144A	8.00%	04/15/2027	111,000	108,503	106,945
NORTHWEST FIBER LLC / NOR 144A	4.75%	04/30/2027	127,000	112,814	112,166
VISTAJET MALTA FINANCE PL 144A	7.88%	05/01/2027	118,000	111,510	106,017
OWENS-BROCKWAY GLASS CONT 144A	6.63%	05/13/2027	70,001	69,814	69,330
AFFIRM ASSET SECURIT A 1A 144A	4.30%	05/17/2027	195,000	187,185	189,758
UNITED AIR LINES/UNITED MILEAG	0.00%	06/21/2027	88,889	92,778	92,241
AVIS BUDGET CAR RENTAL LL 144A	5.75%	07/15/2027	450,000	471,375	431,793
ROYAL CARIBBEAN CRUISES L 144A	5.38%	07/15/2027	125,000	110,583	116,844
CATALENT PHARMA SOLUTIONS 144A	5.00%	07/15/2027	120,000	109,872	110,137
ADANI PORTS & SPECIAL ECO REGS	4.00%	07/30/2027	200,000	160,600	169,406
CARNIVAL CORP 144A	9.88%	08/01/2027	104,000	107,380	108,332
ALLEGIAN T TRAVEL CO 144A	7.25%	08/15/2027	165,000	163,651	164,391
NGPL PIPECO LLC 144A	4.88%	08/15/2027	250,000	272,626	236,840
FORD MOTOR CREDIT CO LLC	4.13%	08/17/2027	475,000	470,250	433,457
INTERCONTINENTAL EXCHANGE INC	4.00%	09/15/2027	317,000	316,160	308,872
NATIONAL FUEL GAS CO	3.95%	09/15/2027	207,000	214,685	190,156
PROGRESS RESIDENTI SFR3 A 144A	1.29%	10/17/2027	522,835	522,825	470,975
FORD MOTOR CREDIT CO LLC	7.35%	11/04/2027	260,000	260,000	265,681
DISH NETWORK CORP 144A	11.75%	11/15/2027	103,000	108,665	100,379
GE HEALTHCARE TECHNOLOGIES INC	5.65%	11/15/2027	464,000	467,668	469,545
CENTENE CORP	4.25%	12/15/2027	169,000	175,994	158,463
CITIGROUP INC	3.89%	01/10/2028	729,000	809,134	690,676
AFFIRM ASSET SECURIT A 1A 144A	6.61%	01/18/2028	315,000	312,264	312,606
AIRCASTLE LTD 144A	2.85%	01/26/2028	332,000	334,890	281,924
AMERICAN AIRLINES INC 144A	7.25%	02/15/2028	115,000	111,406	114,323
BOMBARDIER INC 144A	6.00%	02/15/2028	113,000	107,194	106,806
GARDA WORLD SECURITY CORP 144A	7.75%	02/15/2028	108,000	107,734	107,203
CRESCENT ENERGY FINANCE L 144A	9.25%	02/15/2028	173,000	165,543	167,852
HECLA MINING CO	7.25%	02/15/2028	78,000	78,000	77,296
BAYER CORP/NJ 144A	6.65%	02/15/2028	83,000	101,148	86,742
CALPINE CORP 144A	5.13%	03/15/2028	60,001	55,036	53,542
EPR PROPERTIES	4.95%	04/15/2028	131,000	143,837	117,139
NVENT FINANCE SARL	4.55%	04/15/2028	445,000	464,977	416,133
MORGAN STANLEY	4.21%	04/20/2028	166,000	159,926	159,451
FORTRESS TRANSPORTATION A 144A	5.50%	05/01/2028	130,000	129,337	118,954
FRONTIER COMMUNICATIONS H 144A	5.00%	05/01/2028	248,000	234,715	213,964
LINDBLAD EXPEDITIONS HOLD 144A	9.00%	05/15/2028	111,000	112,110	112,624
EQUIPMENTSHARE.COM INC 144A	9.00%	05/15/2028	119,000	110,373	115,516
PALOMINO FUNDING TRUST I 144A	7.23%	05/17/2028	335,000	335,000	335,067
CALDERYS FINANCING LLC 144A	11.25%	06/01/2028	104,000	106,730	106,578
ALLIED UNIVERSAL HOLDCO L 144A	4.63%	06/01/2028	200,000	173,054	168,250
DANSKE BANK A/S 144A	4.38%	06/12/2028	200,000	227,194	184,504
CVR PARTNERS LP / CVR NIT 144A	6.13%	06/15/2028	118,000	118,567	102,636
CIVITAS RESOURCES INC 144A	8.38%	07/01/2028	131,000	131,000	132,347
PG&E CORP	5.00%	07/01/2028	1	1	1
CENTENE CORP	2.45%	07/15/2028	98,000	98,000	83,756
BANK OF AMERICA CORP	3.59%	07/21/2028	933,000	1,024,799	867,065
CALLON PETROLEUM CO 144A	8.00%	08/01/2028	108,000	111,780	106,802
AUSGRID FINANCE PTY LTD 144A	4.35%	08/01/2028	331,000	370,017	312,454
DISCOVER BANK	4.68%	08/09/2028	300,000	314,644	274,290
BOOZ ALLEN HAMILTON INC 144A	3.88%	09/01/2028	239,000	210,776	217,165
WEEKLEY HOMES LLC / WEEKL 144A	4.88%	09/15/2028	122,000	110,563	109,812
FLUOR CORP	4.25%	09/15/2028	270,001	274,510	250,485

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

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	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
TENET HEALTHCARE CORP	6.13%	10/01/2028	1	1	1
CIGNA GROUP/THE	4.38%	10/15/2028	156,000	152,688	150,793
LSB INDUSTRIES INC 144A	6.25%	10/15/2028	121,000	110,715	108,047
PACTIV EVERGREEN GROUP IS 144A	4.38%	10/15/2028	253,000	218,993	219,063
SMYRNA READY MIX CONCRETE 144A	6.00%	11/01/2028	125,000	111,264	117,894
NETFLIX INC	5.88%	11/15/2028	108,000	113,130	111,417
SPRINT CAPITAL CORP	6.88%	11/15/2028	223,000	249,132	236,532
POST ROAD EQUIPMENT 1A A2 144A	4.88%	11/15/2028	447,000	446,956	432,410
TRANSDIGM INC	4.63%	01/15/2029	121,000	110,413	107,637
PRECISION DRILLING CORP 144A	6.88%	01/15/2029	170,000	172,761	153,537
ROYAL CARIBBEAN CRUISES L 144A	8.25%	01/15/2029	102,000	105,680	107,095
ECOPETROL SA	8.63%	01/19/2029	107,000	106,993	107,246
SBA COMMUNICATIONS CORP	3.13%	02/01/2029	475,000	455,406	402,634
HILCORP ENERGY I LP / HIL 144A	5.75%	02/01/2029	127,000	129,296	114,993
VICI PROPERTIES LP / VICI 144A	3.88%	02/15/2029	375,000	345,679	329,153
JACOBS ENTERTAINMENT INC 144A	6.75%	02/15/2029	118,000	119,080	105,616
COMSTOCK RESOURCES INC 144A	6.75%	03/01/2029	171,000	183,097	156,489
UNITED STATES STEEL CORP	6.88%	03/01/2029	111,000	108,127	109,793
GLENCORE FUNDING LLC 144A	4.88%	03/12/2029	246,000	289,815	236,819
ALBERTSONS COS INC / SAFE 144A	3.50%	03/15/2029	475,000	455,408	411,212
ALBERTSONS COS INC / SAFE 144A	3.50%	03/15/2029	136,000	113,530	117,737
PRESTIGE AUTO RECEIV 1A E 144A	3.47%	03/15/2029	520,000	519,888	437,502
LPL HOLDINGS INC 144A	4.00%	03/15/2029	236,000	205,910	207,073
MACQUARIE GROUP LTD 144A	4.65%	03/27/2029	156,000	166,413	147,677
CLOUD SOFTWARE GROUP INC 144A	6.50%	03/31/2029	123,000	107,010	109,522
MACY'S RETAIL HOLDINGS LL 144A	5.88%	04/01/2029	116,000	108,317	105,850
SASOL FINANCING USA LLC 144A	8.75%	05/03/2029	220,000	220,000	214,311
NETFLIX INC	6.38%	05/15/2029	1	1	1
BANK OF AMERICA CORP	2.09%	06/14/2029	469,000	441,565	399,283
NRG ENERGY INC 144A	4.45%	06/15/2029	386,000	414,304	341,301
SUNCOKE ENERGY INC 144A	4.88%	06/30/2029	187,000	182,283	157,052
PENN ENTERTAINMENT INC 144A	4.13%	07/01/2029	1,000	840	820
CONSTELLATION BRANDS INC	3.15%	08/01/2029	239,000	215,173	215,380
CVS HEALTH CORP	3.25%	08/15/2029	484,000	454,207	434,472
AMERICAN TOWER CORP	3.80%	08/15/2029	386,000	345,490	352,001
NISOURCE INC	2.95%	09/01/2029	311,000	271,503	272,184
NATWEST GROUP PLC	5.81%	09/13/2029	200,000	200,000	197,000
BAHRAIN GOVERNMENT INTERN 144A	6.75%	09/20/2029	200,000	199,000	198,340
MODIVCARE ESCROW ISSUER I 144A	5.00%	10/01/2029	107,000	99,109	79,263
CAESARS ENTERTAINMENT INC 144A	4.63%	10/15/2029	1	1	1
ROCKCLIFF ENERGY II LLC 144A	5.50%	10/15/2029	121,000	109,051	111,618
180 MEDICAL INC 144A	3.88%	10/15/2029	256,000	256,320	223,063
MOUNTAIN VIEW CLO 2 1A AR 144A	6.66%	10/16/2029	169,034	169,034	167,988
ONEMAIN FINANCE CORP	5.38%	11/15/2029	124,000	112,191	105,395
PATTERSON-UTI ENERGY INC	5.15%	11/15/2029	282,000	259,933	255,354
PHILIP MORRIS INTERNATIONAL IN	5.63%	11/17/2029	247,000	250,754	251,587
SPIRIT AEROSYSTEMS INC 144A	9.38%	11/30/2029	102,000	111,690	109,206
NOV INC	3.60%	12/01/2029	178,000	178,254	158,043
DIAMONDBACK ENERGY INC	3.50%	12/01/2029	520,000	482,868	467,178
COMMERCIAL METALS CO	4.13%	01/15/2030	127,000	116,811	113,017
MORGAN STANLEY	4.43%	01/23/2030	662,000	707,667	629,800
LAMB WESTON HOLDINGS INC 144A	4.13%	01/31/2030	475,000	475,000	424,525
LAMB WESTON HOLDINGS INC 144A	4.13%	01/31/2030	128,000	114,560	114,399
EQT CORP	8.25%	02/01/2030	448,000	516,670	469,069
AT&T INC	4.30%	02/15/2030	367,000	349,733	348,272

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CENTENE CORP	3.38%	02/15/2030	584,000	506,227	501,101
ASSURANT INC	3.70%	02/22/2030	100,000	100,780	85,841
ANTERO RESOURCES CORP 144A	5.38%	03/01/2030	236,000	211,810	216,185
AMGEN INC	5.25%	03/02/2030	439,000	437,249	439,689
CIGNA GROUP/THE	2.40%	03/15/2030	250,000	214,185	212,283
JONES DESLAURIERS INSURAN 144A	8.50%	03/15/2030	109,000	110,771	111,203
BELLRING BRANDS INC 144A	7.00%	03/15/2030	109,000	111,453	109,681
CITIGROUP INC	3.98%	03/20/2030	218,000	247,116	201,288
CNX MIDSTREAM PARTNERS LP 144A	4.75%	04/15/2030	123,000	120,878	104,331
T-MOBILE USA INC	3.88%	04/15/2030	623,000	599,663	573,901
ROBLOX CORP 144A	3.88%	05/01/2030	133,000	114,879	112,123
VERMILION ENERGY INC 144A	6.88%	05/01/2030	270,000	251,775	248,773
IPALCO ENTERPRISES INC	4.25%	05/01/2030	533,000	542,797	482,045
DAVITA INC 144A	4.63%	06/01/2030	123,000	107,933	105,572
TALEN ENERGY SUPPLY LLC 144A	8.63%	06/01/2030	160,000	166,000	165,600
MACQUARIE BANK LTD 144A	3.62%	06/03/2030	305,000	316,059	256,417
BANKUNITED INC	5.13%	06/11/2030	207,000	235,305	158,080
PERUSAHAAN PERSEROAN PERS 144A	3.00%	06/30/2030	325,000	281,450	277,365
CROWN CASTLE INC	3.30%	07/01/2030	293,000	268,036	258,795
STANDARD INDUSTRIES INC/N 144A	4.38%	07/15/2030	128,000	108,968	110,851
AVIATION CAPITAL GROUP LL 144A	6.38%	07/15/2030	269,000	265,966	266,845
MINEJESA CAPITAL BV 144A	4.63%	08/10/2030	250,000	231,125	223,803
CVS HEALTH CORP	1.75%	08/21/2030	268,000	218,240	213,765
SERVICENOW INC	1.40%	09/01/2030	100,000	76,749	79,149
OCCIDENTAL PETROLEUM CORP	6.63%	09/01/2030	233,000	261,920	242,110
CENTERPOINT ENERGY RESOURCES C	1.75%	10/01/2030	429,000	346,435	343,723
JPMORGAN CHASE & CO	2.74%	10/15/2030	479,000	413,487	412,443
ROMARK CLO LTD 1A A2R 144A	7.26%	10/23/2030	380,000	380,000	370,564
MOLINA HEALTHCARE INC 144A	3.88%	11/15/2030	138,000	114,195	118,363
EMERALD DEBT MERGER SUB L 144A	6.63%	12/15/2030	221,000	220,617	219,066
CHART INDUSTRIES INC 144A	9.50%	01/01/2031	150,000	156,644	159,152
STANDARD INDUSTRIES INC/N 144A	3.38%	01/15/2031	400,000	395,500	322,160
CONTINENTAL RESOURCES INC 144A	5.75%	01/15/2031	706,000	767,300	671,011
DIAMONDBACK ENERGY INC	3.13%	03/24/2031	100,000	85,596	85,756
ORACLE CORP	2.88%	03/25/2031	382,000	391,673	325,758
FMG RESOURCES AUGUST 2006 144A	4.38%	04/01/2031	190,000	186,524	162,226
CROWN CASTLE INC	2.10%	04/01/2031	317,000	259,294	253,289
LENDING FUNDING TRUS 2A D 144A	6.77%	04/21/2031	315,000	354,867	272,881
VITERRA FINANCE BV 144A	3.20%	04/21/2031	240,000	239,227	200,702
SERVICE CORP INTERNATIONAL/US	4.00%	05/15/2031	575,000	576,438	489,884
TENET HEALTHCARE CORP 144A	6.75%	05/15/2031	108,000	108,000	108,261
VENTURE GLOBAL LNG INC 144A	8.38%	06/01/2031	108,000	108,195	108,534
WESTERN ALLIANCE BANCORP	3.00%	06/15/2031	57,000	57,000	42,180
UPSTART SECURITIZATIO 2 B 144A	1.75%	06/20/2031	244,000	243,974	238,586
OCP SA 144A	3.75%	06/23/2031	200,000	198,730	165,024
NGPL PIPECO LLC 144A	3.25%	07/15/2031	150,000	150,834	123,485
NOVELIS CORP 144A	3.88%	08/15/2031	131,000	129,199	107,703
AVANT LOANS FUNDIN REV1 A 144A	6.54%	09/15/2031	540,000	538,007	534,260
GAP INC/THE 144A	3.88%	10/01/2031	145,000	112,013	99,028
MSCI INC 144A	3.63%	11/01/2031	260,000	218,400	222,108
GRAY ESCROW II INC 144A	5.38%	11/15/2031	127,000	112,268	84,204
PALMER SQUARE CLO 3A A1AR 144A	6.40%	11/15/2031	450,000	441,563	446,756
ASSURANT INC	2.65%	01/15/2032	129,000	128,796	96,469
CHENIERE ENERGY PARTNERS LP	3.25%	01/31/2032	136,000	123,158	111,878
FORD MOTOR CO	3.25%	02/12/2032	217,000	217,801	170,692

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HILTON DOMESTIC OPERATING 144A	3.63%	02/15/2032	400,000	401,500	333,500
PETROLEOS MEXICANOS	6.70%	02/16/2032	286,000	258,362	217,497
SOUTHWEST GAS CORP	4.05%	03/15/2032	172,000	161,613	154,776
SPRINT CAPITAL CORP	8.75%	03/15/2032	89,000	114,231	107,575
HALEON US CAPITAL LLC	3.63%	03/24/2032	250,000	249,625	224,015
WORKDAY INC	3.80%	04/01/2032	245,000	207,305	220,468
BROADCOM INC 144A	4.15%	04/15/2032	179,000	171,512	162,061
BANK OF AMERICA CORP	2.69%	04/22/2032	311,000	281,218	257,492
MACQUARIE GROUP LTD 144A	2.69%	06/23/2032	128,000	128,000	100,948
MORGAN STANLEY	2.24%	07/21/2032	250,000	226,802	198,628
GOLDMAN SACHS GROUP INC/THE	2.38%	07/21/2032	400,000	374,191	320,260
DUKE ENERGY CORP	4.50%	08/15/2032	356,000	341,428	335,103
SCF EQUIPMENT LEASIN 1A E 144A	3.56%	08/20/2032	906,000	907,133	824,351
PANAMA GOVERNMENT INTERNATIONA	2.25%	09/29/2032	349,000	270,213	266,346
ORACLE CORP	6.25%	11/09/2032	124,000	128,984	131,585
INDIANAPOLIS POWER & LIGH 144A	5.65%	12/01/2032	240,000	239,342	244,675
OKLAHOMA GAS AND ELECTRIC CO	5.40%	01/15/2033	147,000	146,547	149,286
JPMORGAN CHASE & CO	2.96%	01/25/2033	613,000	537,222	515,490
CONSTELLATION ENERGY GENERATIO	5.80%	03/01/2033	425,000	429,598	434,860
JACOBS ENGINEERING GROUP INC	5.90%	03/01/2033	272,000	272,972	266,511
BNP PARIBAS SA 144A	4.38%	03/01/2033	298,000	325,869	269,571
HUMANA INC	5.88%	03/01/2033	245,000	251,110	254,332
WELLS FARGO & CO	3.35%	03/02/2033	213,000	213,000	182,226
LEIDOS INC	5.75%	03/15/2033	268,000	265,373	265,816
TRIMBLE INC	6.10%	03/15/2033	241,000	240,622	244,078
LOWE'S COS INC	5.00%	04/15/2033	282	283	279
MEXICO GOVERNMENT INTERNATIONA	4.88%	05/19/2033	340,000	319,600	324,380
ELECTRICITE DE FRANCE SA 144A	6.25%	05/23/2033	341,000	340,649	346,524
SENEGAL GOVERNMENT INTERN 144A	6.25%	05/23/2033	200,000	171,500	166,954
AEP TEXAS INC	5.40%	06/01/2033	134,000	133,783	133,255
HCA INC	5.50%	06/01/2033	295,000	294,799	294,339
NATIONAL GRID PLC	5.81%	06/12/2033	340,000	340,000	345,834
BACARDI LTD / BACARDI-MAR 144A	5.40%	06/15/2033	388,000	386,553	384,399
INTESA SANPAOLO SPA 144A	6.63%	06/20/2033	380,000	379,753	378,472
AMERICAN TOWER CORP	5.55%	07/15/2033	134,000	133,531	134,449
BANK OF AMERICA CORP	5.02%	07/22/2033	601,633	600,499	588,410
US BANCORP	4.97%	07/22/2033	238,000	241,818	215,466
AMERICAN EXPRESS CO	4.42%	08/03/2033	116,000	116,000	109,192
M&T BANK CORP	5.05%	01/27/2034	320,000	320,214	292,141
COSTA RICA GOVERNMENT INT 144A	6.55%	04/03/2034	200,000	200,000	200,700
WELLS FARGO & CO	5.39%	04/24/2034	324,000	324,000	321,794
CITIGROUP INC	6.17%	05/25/2034	455,000	455,000	458,326
NATIONAL AUSTRALIA BANK L 144A	3.93%	08/02/2034	250,000	258,660	214,203
BFLD 2019-DPLO DPLO F 144A	7.88%	10/15/2034	150,000	147,469	145,266
BBCMS 2019-BWAY MO BWAY A 144A	6.29%	11/15/2034	140,000	138,697	114,800
BBCMS 2019-BWAY MO BWAY B 144A	6.65%	11/15/2034	150,000	149,024	121,020
BBCMS 2019-BWAY MO BWAY C 144A	6.95%	11/15/2034	200,000	198,709	155,364
BHMS 2018-ATLS ATLS A 144A	6.77%	07/15/2035	200,000	200,188	194,984
MARINER FINANCE ISSU AA E 144A	5.40%	03/20/2036	400,000	430,000	319,448
EIG PEARL HOLDINGS SARL 144A	3.55%	08/31/2036	270,000	270,000	229,838
MORGAN STANLEY	2.48%	09/16/2036	198,000	198,000	150,183
GS MORTGAGE SECUR 70P XCP 144A	0.00%	10/15/2036	54,761,000	384,784	1,024
JP MORGAN CHASE CO MKST E 144A	7.84%	12/15/2036	400,000	390,750	200,536
ABN AMRO BANK NV 144A	3.32%	03/13/2037	200,000	200,000	151,792
AMSR 2020-SFR1 TRU SFR1 A 144A	1.82%	04/17/2037	799,233	799,204	742,304

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2023

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
OVINTIV INC	6.50%	02/01/2038	172,000	192,081	168,348
PRIMA CAPITAL CRE RK1 AG 144A	4.00%	04/15/2038	103,866	109,964	89,152
PRIMA CAPITAL CRE RK1 AT 144A	4.45%	04/15/2038	100,000	107,773	78,320
READY CAPITAL MORT FL12 A 144A	7.34%	05/25/2038	280,000	278,600	278,963
TRICON RESIDENTIAL SFR1 A 144A	3.86%	04/17/2039	500,000	499,998	465,515
COMCAST CORP	6.55%	07/01/2039	200,000	301,580	225,060
CONNECTICUT AVENU R05 1B1 144A	9.28%	07/25/2039	95,794	97,290	98,379
GS MORTGAGE SECURIT ECI A 144A	7.42%	08/15/2039	150,000	149,625	150,047
CONSTELLATION ENERGY GENERATIO	6.25%	10/01/2039	206,000	252,764	213,352
PROTECTIVE LIFE CORP	8.45%	10/15/2039	200,000	303,044	237,298
OGLETHORPE POWER CORP	5.95%	11/01/2039	125,000	162,216	125,778
GALAXY PIPELINE ASSETS BI 144A	3.25%	09/30/2040	268,000	268,000	207,486
CELLNEX FINANCE CO SA 144A	3.88%	07/07/2041	200,000	197,448	146,406
CONNECTICUT AVENU R05 2M1 144A	6.97%	04/25/2042	247,600	247,290	248,187
CONNECTICUT AVENU R06 1M1 144A	7.82%	05/25/2042	118,220	120,104	120,521
CONNECTICUT AVENU R08 1M1 144A	7.62%	07/25/2042	364,168	365,781	369,317
CONNECTICUT AVENU R01 1M1 144A	7.47%	12/25/2042	252,576	252,576	254,071
CONNECTICUT AVENU R02 1M1 144A	7.37%	01/25/2043	208,443	208,443	209,225
CONNECTICUT AVENU R03 2M1 144A	7.57%	04/25/2043	241,322	243,358	243,489
CONNECTICUT AVENU R04 1M1 144A	7.37%	05/25/2043	246,764	248,306	247,928
CONNECTICUT AVENU R05 1M1 144A	6.97%	06/25/2043	100,000	100,000	100,000
CONNECTICUT AVENU R05 1M2 144A	8.17%	06/25/2043	150,000	150,000	150,751
MARATHON PETROLEUM CORP	4.75%	09/15/2044	100,000	111,498	83,509
NEUBERGER BERMAN GROUP LL 144A	4.88%	04/15/2045	240,000	245,129	195,955
COMM 2014-UBS6 MORTGAG UBS6 A5	3.64%	12/10/2047	370,000	354,868	353,557
CVS HEALTH CORP	5.05%	03/25/2048	125,000	119,474	115,026
MARATHON PETROLEUM CORP	4.50%	04/01/2048	500,000	519,222	393,755
ME FUNDING LLC 2019- 1 A2 144A	6.45%	07/30/2049	321,345	314,693	312,447
COMM 2015-PC1 MORTGAGE T PC1 C	4.29%	07/10/2050	250,000	261,074	216,945
FLAGSTAR MORTGAGE TR 4 A1 144A	2.50%	06/01/2051	564,609	473,742	453,054
FLAGSTAR MORTGAGE 3INV A5 144A	2.50%	06/25/2051	514,740	529,217	441,482
FLAGSTAR MORTGAGE 5INV A5 144A	2.50%	07/25/2051	374,488	382,504	320,506
GS MORTGAGE-BACKED PJ2 A2 144A	2.50%	07/25/2051	204,666	164,628	164,740
SEB FUNDING LLC 1A A2 144A	4.97%	01/30/2052	299,250	299,175	262,505
J.P. MORGAN MORTG INV8 A2 144A	3.00%	05/25/2052	146,930	123,536	123,226
GS MORTGAGE-BACKED PJ1 A4 144A	3.50%	02/25/2053	225,503	202,811	196,715
INDIANA MICHIGAN POWER CO	5.63%	04/01/2053	131,000	130,959	134,245
NEW RESIDENTIAL MOR 2A A1 144A	4.25%	12/25/2057	445,914	450,669	420,135
NEW RESIDENTIAL MO 4A A1B 144A	3.50%	12/25/2058	599,549	617,840	548,173
CREDIT SUISSE MOR SPT1 A1 144A	1.62%	04/25/2065	13,475	13,494	13,237
ELLINGTON FINANCIAL 2 A1 144A	1.18%	10/25/2065	21,816	21,816	19,409
ANGEL OAK MORTGAGE T 3 A1 144A	4.80%	09/26/2067	380,000	359,231	361,242
EFMT 2023-1 1 A1 144A	5.73%	02/25/2068	212,728	212,726	210,596
			<u>\$ 149,162,235</u>	<u>\$ 94,067,397</u>	<u>\$ 87,867,108</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, 2023

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	-	\$ <u>23,438,900</u>	\$ <u>32,676,913</u>
		\$ <u>23,438,900</u>	\$ <u>32,676,913</u>

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

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

JUNE 30, 2023

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		\$ 39,052,419	\$ 41,658,344
GROSVENOR INSTITUTIONAL PARTNERS LP - PARTNERSHIPS		2,247,336	3,130,431
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - PARTNERSHIPS		9,449,518	10,452,597
CRESCENT CREDIT SOLUTIONS VIII A-2 L.P.		<u>9,715,584</u>	<u>9,715,584</u>
		<u>\$ 60,464,857</u>	<u>\$ 64,956,956</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 NON-PARTICIPANT LOANS

JUNE 30, 2023

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	
VITAL ENERGY INC	9.50%	01/15/2025	103,999	\$ 102,259	\$ 103,219	
OWENS-BROCKWAY GLASS CONT 144A	6.63%	05/13/2027	41,999	41,887	41,597	
CALPINE CORP 144A	5.13%	03/15/2028	120,999	110,986	107,975	
U S TREASURY NOTE	3.63%	05/31/2028	954,999	942,273	933,808	
PG&E CORP	5.00%	07/01/2028	116,999	107,054	107,349	
FLUOR CORP	4.25%	09/15/2028	39,999	40,667	37,108	
TENET HEALTHCARE CORP	6.13%	10/01/2028	124,999	117,030	120,337	
NETFLIX INC	6.38%	05/15/2029	307,999	352,278	325,533	
PENN ENTERTAINMENT INC 144A	4.13%	07/01/2029	124,000	104,160	101,680	
CAESARS ENTERTAINMENT INC 144A	4.63%	10/15/2029	124,999	109,908	109,143	
LOWE'S COS INC	5.00%	04/15/2033	303,718	304,769	300,395	
U S TREASURY NOTE	3.38%	05/15/2033	244,999	238,587	236,157	
BANK OF AMERICA CORP	5.02%	07/22/2033	423,367	422,569	414,061	
US BANCORP	4.84%	02/01/2034	171,999	171,999	160,998	
U S TREASURY BOND	3.88%	05/15/2043	140,700	137,129	137,050	
				<u>\$ 3,303,555</u>	<u>\$ 3,236,410</u>	

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

JUNE 30, 2023

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	459,397	\$ 111,534,285	\$ 158,433,868
NHIT CORE PLUS FULL DISCRETION TRUST	7,280,753	86,527,233	96,324,370
STATE STREET MSCI ACWI EX USA INDEX NON-LENDING COMMON TRUST FUND	3,680,180	63,789,400	84,213,553
STATE STREET U.S. TREASURY INFLATION PROTECTED SECURITIES INDEX NON-LENDING COMMON TRUST FUND	1,841,804	<u>24,647,412</u>	<u>30,270,049</u>
		\$ <u>286,498,330</u>	\$ <u>369,241,840</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

JUNE 30, 2023

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)
<u>ISSUER</u>	<u>NO. OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
WESTERN ASSET TOTAL RETURN UNCONSTRAINED (TRU) BOND LLC	1,752,420	\$ <u>35,311,270</u>	\$ <u>36,967,307</u>
		\$ <u>35,311,270</u>	\$ <u>36,967,307</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

JUNE 30, 2023

EIN 13-5615576, PLAN NO. 501

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

(a)	(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
*	DREYFUS INSTITUTIONAL PREFERRED GOVERNMENT MONEY MARKET FUND	56,262,915	\$ <u>56,262,915</u>	\$ <u>56,262,915</u>
			\$ <u>56,262,915</u>	\$ <u>56,262,915</u>

* PARTY-IN-INTEREST

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF OTHER INVESTMENTS

JUNE 30, 2023

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
STATE OF CA G/O B-5 TAXABLE	5.25%	07/05/2023	\$ 250,000	\$ 250,000	\$ 250,000
MASSACHUSETTS ST SPL OBLG REVE	3.56%	07/15/2023	90,000	90,000	89,938
SOUTH CAROLINA PUB SVC TAXABLE	5.25%	07/18/2023	200,000	200,000	200,000
ILLINOIS ST	5.10%	06/01/2033	<u>295,000</u>	<u>318,955</u>	<u>289,899</u>
			<u>\$ 835,000</u>	<u>\$ 858,955</u>	<u>\$ 829,837</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2023

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	\$ 1,052,108,314	\$ -	\$ -	\$ -	\$ -	\$ 1,052,108,314	\$ -
*	DREYFUS INS RSRV PR MONEY 6546	-	1,052,432,338	-	-	1,052,432,338	1,052,432,338	-
	LONGVIEW BROAD MARKET 3000 INDEX FUND	46,602,504	-	-	-	-	46,602,504	-
	LONGVIEW BROAD MARKET 3000 INDEX FUND	-	17,560	-	-	13,935	17,560	3,625

* 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, 2023

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Assets			
Investments			
Interest bearing cash	\$ -	\$ 107,709	\$ 107,709
U.S. government securities	79,564,327	-	79,564,327
Corporate debt instruments	117,827,307	-	117,827,307
Corporate stock	-	32,676,913	32,676,913
Partnership/joint venture interests	96,684,906	(31,727,950)	64,956,956
Loans (other than participant loans)	3,236,410	-	3,236,410
Common/collective trust funds	369,241,840	-	369,241,840
103-12 investment entities	36,967,307	-	36,967,307
Registered investment companies	56,262,915	-	56,262,915
Municipal bonds	829,837	(829,837)	-
Other investments	-	829,837	829,837
Receivables	41,175,638	3,434,354	44,609,992
Cash	13,312,790	-	13,312,790
Collateral held under securities lending agreement	3,345,583	-	3,345,583
Other assets	<u>3,904,625</u>	<u>-</u>	<u>3,904,625</u>
Total assets	<u>822,353,485</u>	<u>4,491,026</u>	<u>826,844,511</u>
Liabilities			
Operating payables	37,901,951	(35,873,634)	2,028,317
Other liabilities	<u>22,174,505</u>	<u>40,364,660</u>	<u>62,539,165</u>
Total liabilities	<u>60,076,456</u>	<u>4,491,026</u>	<u>64,567,482</u>
Net assets available for benefits	\$ <u>762,277,029</u>	\$ <u>-</u>	762,277,029
Less benefit obligations currently payable			<u>63,300,000</u>
Net assets available to benefits Form 5500			\$ <u>698,977,029</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, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Payroll	\$ 3,515,258	\$ 3,603,170
Payroll taxes	277,335	269,877
Employee benefits	2,274,426	2,182,577
Occupancy	1,212,815	1,147,624
Telephone	95,892	68,677
Office	215,765	230,700
Printing and postage	221,667	302,102
Legal and collection	870,643	946,332
Accounting	114,350	108,770
Payroll audits	1,531,928	1,307,196
Consulting	1,155,316	957,137
Outside services	323,484	211,019
Insurance	250,451	238,536
Conferences and meetings	48,558	28,080
Repairs and maintenance	148,356	165,366
Scholarship administrative expenses	30,246	25,767
Depreciation	214,748	228,203
Reimbursements to related organizations	143,066	134,346
Reimbursements from related organizations	<u>(115,969)</u>	<u>(88,559)</u>
 Total administrative expenses	 <u>\$ 12,528,335</u>	 <u>\$ 12,066,920</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

DIRECTIVE 12 - SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2023 AND 2022

	<u>2023</u>		<u>2022</u>
Salaries	\$ 3,792,593		\$ 3,873,047
% of total Administrative Expense	17 %		18 %
Fringe benefits	2,274,426		2,182,577
Legal	870,643		946,332
Accounting	1,646,278 (1)		1,415,966
Other fees and commissions	1,155,316 (2)		957,137
Rent	1,212,815		1,147,624
Travel and conference	48,558 (3)		28,080
Telephone	95,892 (4)		68,677
Office equipment and rental	214,748		228,203
Printing and postage	221,667 (5)		302,102
Insurance	250,451		238,536
Repairs and maintenance	148,356		165,366
Office	215,765		230,700
Temporary services	182,723 (6)		74,787
Scholarship administrative expenses	30,246 (7)		25,767
Security expense	140,761		136,232
Reimbursements to related organizations	143,066		134,346
Reimbursements from related organizations	<u>(115,969) (8)</u>		<u>(88,559)</u>
Subtotal	12,528,335		12,066,920
Medical fees	8,838,518		8,337,729
Investment and custodial services	<u>1,242,894 (9)</u>		<u>1,519,903</u>
Total administrative expenses	\$ <u>22,609,747</u>		\$ <u>21,924,552</u>
Total administrative expenses	22,609,747		21,924,552
Total benefit fund revenue	426,020,281		353,858,571
% Administrative expenses / revenue	5.31 %		6.20 %

Variances

- (1) Accounting expense varies based on billable hours for payroll audits performed each year.
- (2) Other fees and commissions fluctuate based on the needs of the Plan.
- (3) Travel and conference expense fluctuates based on the needs of the Plan.
- (4) Telephone expense increased due to less reimbursements in the current year.
- (5) Printing and postage decreased due to the printing and mailing of the Plan's new Summary Plan Description in the prior year.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

DIRECTIVE 12 - SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2023 AND 2022

- (6) Temporary services fluctuate based on the staffing needs of the Plan.
- (7) Scholarship administrative expenses increased because of an increase to costs associated with the scholarship luncheon in the current year.
- (8) Reimbursements from related organizations vary from year to year and are contingent on the amount of support required by the related organization.
- (9) Investment and custodial services expenses decreased due to decrease in fair market value during the current year.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

DIRECTIVE 12 - SCHEDULE OF BENEFIT EXPENSES

YEAR ENDED JUNE 30, 2023

<u>Benefit Description</u>	<u>Insured / Self Insured</u>	<u>Cost of Benefit</u>	<u>Benefit Coverage</u>
Dental	Self Insured	\$ 6,298,262	1, 2, 3
Disability	Self Insured	881,263	1
Hearing	Self Insured	65,593	1, 2, 3
Medical/Hospitalization	Self Insured	232,190,902	1, 2, 3
Paid Family Leave	Self Insured	1,594,541	1
Prescription Drugs	Self Insured	54,178,496	1, 2, 3
Scholarship Awards	Self Insured	336,000	3
Vacation Benefits	Self Insured	128,763,177	1
Vision	Self Insured	720,708	1, 2, 3
Medicare Supplemental	Insured	(60,099)	1, 2
Life Insurance & AD&D	Insured	<u>2,803,318</u>	1, 2, 3
Total		<u>\$ 427,772,161</u>	

1 = Member

2 = Spouse

3 = Children

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2023

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	\$ 1,052,108,314	\$ -	\$ -	\$ -	\$ -	\$ 1,052,108,314	\$ -
*	DREYFUS INS RSRV PR MONEY 6546	-	1,052,432,338	-	-	1,052,432,338	1,052,432,338	-
	LONGVIEW BROAD MARKET 3000 INDEX FUND	46,602,504	-	-	-	-	46,602,504	-
	LONGVIEW BROAD MARKET 3000 INDEX FUND	-	17,560	-	-	13,935	17,560	3,625

* 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.

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) BOARD OF TRUSTEES OF NYCDCC WELFARE FUND Number, street, and room or suite no. (If a P.O. box, see instructions) 395 HUDSON STREET City or town, state, and ZIP code NEW YORK NY 10014	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 13-5615576 Social security number (SSN) (9 digits XXX-XX-XXXX)											
C Plan name NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Plan number</th> <th colspan="3">Plan year ending—</th> </tr> <tr> <th>MM</th> <th>DD</th> <th>YYYY</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">5 0 1</td> <td style="text-align: center;">6</td> <td style="text-align: center;">30</td> <td style="text-align: center;">2023</td> </tr> </tbody> </table>	Plan number	Plan year ending—			MM	DD	YYYY	5 0 1	6	30	2023
Plan number	Plan year ending—											
	MM	DD	YYYY									
5 0 1	6	30	2023									

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 / 2024 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:**

Certified Article Number
9414 7266 9904 2182 6315 58
SENDER'S RECORD

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 ▶ _____

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF INTEREST BEARING CASH

JUNE 30, 2023

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 INTEREST BEARING CASH		(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
GROSVENOR INSTITUTIONAL PARTNERS LP - INTEREST BEARING CASH			\$ 70,365	\$ 70,365
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - INTEREST BEARING CASH			<u>37,344</u>	<u>37,344</u>
			<u>\$ 107,709</u>	<u>\$ 107,709</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, 2023

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d) COST	(e) CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
U S TREASURY BILL	0.00%	08/01/2023	\$ 5,000,000	a \$ 4,961,253	\$ 4,961,253
U S TREASURY BILL	0.00%	08/03/2023	5,000,000	a 4,959,752	4,959,752
U S TREASURY BILL	0.00%	08/08/2023	5,000,000	a 4,960,667	4,960,667
U S TREASURY BILL	0.00%	08/10/2023	5,000,000	a 4,955,044	4,955,044
U S TREASURY BILL	0.00%	10/19/2023	1,300,000	a 1,268,300	1,268,300
U S TREASURY BILL	0.00%	11/09/2023	1,300,000	a 1,267,896	1,267,896
FNMA POOL #0303823	4.56%	04/01/2024	12	13	12
FEDERAL HOME LN BK CONS BD	5.30%	05/17/2024	300,000	300,000	299,382
FEDERAL HOME LN BK CONS BD	5.28%	05/28/2024	200,000	200,000	199,022
FEDERAL HOME LN MTG CORP	5.45%	06/14/2024	500,000	500,000	497,805
FEDERAL HOME LN BK CONS BD	5.44%	06/21/2024	200,000	200,000	199,760
FHLMC MULTICLASS MTG Q015 A	5.27%	08/25/2024	17,613	17,613	17,587
FEDERAL FARM CR BK CONS BD	5.51%	12/05/2024	500,000	500,000	500,190
FHLMC MULTICLASS MTG KI06 A	5.44%	03/25/2025	43,472	43,472	43,452
U S TREASURY NOTE	5.51%	04/30/2025	500,000	500,267	500,345
FNMA POOL #0395122	4.84%	05/01/2025	202	210	198
FNMA POOL #0342042	4.08%	06/01/2025	13	13	13
FNMA POOL #0303824	4.65%	07/01/2025	4	4	4
FHLMC MULTICLASS MTG KI07 A	5.24%	09/25/2026	400,000	400,000	397,672
GNMA II POOL #0008989	2.75%	10/20/2026	341	345	327
GNMA II POOL #0008991	2.75%	10/20/2026	10,957	11,078	10,605
FHLMC MULTICLASS MTG KI08 A	5.27%	10/25/2026	185,273	185,273	182,916
GNMA II POOL #0080012	2.75%	11/20/2026	399	406	385
GNMA II POOL #0080093	2.63%	07/20/2027	96	96	93
GNMA II POOL #0080120	2.75%	10/20/2027	1,193	1,189	1,147
U S TREASURY NOTE	4.13%	10/31/2027	2,435,000	2,456,394	2,421,315
U S TREASURY NOTE	3.50%	01/31/2028	1,685,000	1,655,424	1,635,630
FNMA GTD REMIC P/T 19-M1 A2	3.55%	09/25/2028	1,783,142	1,948,136	1,698,996
U S TREASURY NOTE	1.38%	10/31/2028	755,000	743,730	656,616
U S TREASURY NOTE	2.63%	02/15/2029	1,555,000	1,548,753	1,440,257
U S TREASURY NOTE	3.50%	01/31/2030	1,090,000	1,083,816	1,057,344
U S TREASURY NOTE	1.88%	02/15/2032	4,245,000	4,070,613	3,634,102
U S TREASURY NOTE	2.88%	05/15/2032	2,555,000	2,465,424	2,367,770
FHLMC MULTICLASS MTG K145 A2	2.58%	05/25/2032	314,000	268,297	270,810
FHLMC MULTICLASS MTG KG07 A2	3.12%	08/25/2032	475,000	425,292	426,094
U S TREASURY NOTE	4.13%	11/15/2032	5,885,000	6,123,339	6,010,056
COMMIT TO PUR FNMA SF MTG	5.00%	08/01/2038	699,000	691,891	694,498
COMMIT TO PUR FNMA SF MTG	5.50%	08/01/2038	735,000	733,774	738,763
U S TREASURY BOND	2.25%	05/15/2041	469,000	364,391	360,638
FREDDIE MAC STACR HQA3 M1 144A	5.07%	09/25/2041	119,780	114,390	116,192
FREDDIE MAC STACR HQA4 M1 144A	6.02%	12/25/2041	290,967	280,738	282,264
FREDDIE MAC STAC DNA1 M1A 144A	6.07%	01/25/2042	80,508	79,199	79,108
FREDDIE MAC STAC DNA2 M1A 144A	6.37%	02/25/2042	197,346	196,375	196,215
FREDDIE MAC STAC HQA1 M1A 144A	7.17%	03/25/2042	178,850	176,447	179,186
FREDDIE MAC STRU DNA2 M1B 144A	8.32%	04/25/2043	150,000	150,000	150,561
U S TREASURY BOND	3.88%	05/15/2043	1,407,000	1,234,170	1,233,454
U S TREASURY BOND	3.38%	05/15/2044	1,665,000	2,105,077	1,498,234
FNMA POOL #0FM9416	3.50%	07/01/2045	234,102	228,871	217,813
FHLMC POOL #ZS-9627	3.50%	02/01/2046	203,106	197,243	189,309
FNMA POOL #0FS1456	3.00%	12/01/2048	313,196	303,482	280,727
FHLMC POOL #QA-7336	3.00%	02/01/2050	152,776	157,788	136,568
FREDDIE MAC STACR DNA2 M2 144A	7.03%	02/25/2050	113,044	113,468	113,396
U S TREASURY BOND	1.63%	11/15/2050	784,000	483,263	485,837
FNMA POOL #0CA8404	3.00%	01/01/2051	74,212	66,791	66,224
FNMA POOL #0FS2479	2.50%	01/01/2051	497,936	462,614	427,886

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2023

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)		(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER		INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
FNMA	POOL #0MA4355	2.00%	05/01/2051	203,455	162,605	166,497
FNMA	POOL #0FM7518	2.50%	06/01/2051	336,121	277,825	287,535
FNMA	POOL #0BT2761	2.50%	08/01/2051	142,296	121,396	123,314
FNMA	POOL #0FM8759	2.50%	09/01/2051	172,630	158,847	148,172
FNMA	POOL #0FM8815	3.50%	09/01/2051	97,326	97,554	90,271
FNMA	POOL #0BU5834	2.00%	11/01/2051	86,981	73,186	71,084
FNMA	POOL #0BU5836	2.00%	11/01/2051	159,951	135,015	131,301
FNMA	POOL #0BU5917	2.50%	12/01/2051	376,122	320,703	322,171
FNMA	POOL #0CB2371	2.50%	12/01/2051	419,670	385,671	359,414
FNMA	POOL #0FS0273	2.50%	02/01/2052	261,108	240,892	225,116
FNMA	POOL #0FS2232	3.50%	03/01/2052	419,919	402,892	386,224
FNMA	POOL #0CB3610	4.00%	05/01/2052	240,822	242,750	228,318
FNMA	POOL #0CB3611	4.00%	05/01/2052	179,518	180,401	170,727
FNMA	POOL #0FS3303	2.50%	05/01/2052	227,609	192,934	194,207
FNMA	POOL #0FS2060	4.00%	06/01/2052	456,326	459,962	431,064
FHLMC	POOL #SD-1300	5.00%	07/01/2052	230,278	238,266	228,406
FNMA	POOL #0FS2409	5.00%	07/01/2052	139,948	144,600	138,810
FNMA	POOL #0FS2458	5.00%	07/01/2052	173,692	180,300	172,896
FHLMC	POOL #SD-1370	4.50%	08/01/2052	527,496	545,608	512,140
FHLMC	POOL #SD-1358	5.00%	08/01/2052	353,709	371,174	349,631
FHLMC	POOL #SD-1466	5.00%	08/01/2052	528,995	545,919	521,912
FNMA	POOL #0FS2604	5.00%	08/01/2052	480,043	496,169	473,615
U S TREASURY BOND		3.00%	08/15/2052	2,555,000	2,109,687	2,168,658
US TREAS-CPI INFLAT		1.50%	02/15/2053	1,127,520	1,126,174	1,092,623
U S TREASURY BOND		3.63%	05/15/2053	1,020,000	978,485	978,568
U S TREASURY BOND		3.63%	05/15/2053	1,173,000	1,129,196	1,125,353
COMMIT TO PUR FNMA SF MTG		6.50%	07/01/2053	152,000	156,263	155,242
COMMIT TO PUR GNMA II JUMBOS		3.00%	07/20/2053	477,000	428,626	426,171
COMMIT TO PUR FNMA SF MTG		6.00%	08/01/2053	526,000	532,601	530,687
COMMIT TO PUR FNMA SF MTG		5.50%	08/01/2053	1,162,000	1,160,414	1,156,690
COMMIT TO PUR FNMA SF MTG		6.50%	08/01/2053	494,000	505,272	504,226
COMMIT TO PUR GNMA II JUMBOS		4.00%	08/20/2053	253,000	241,437	239,530
COMMIT TO PUR GNMA II JUMBOS		3.00%	08/20/2053	838,000	754,245	749,356
COMMIT TO PUR GNMA II JUMBOS		4.50%	08/20/2053	738,000	717,042	713,122
COMMIT TO PUR GNMA II JUMBOS		5.00%	08/20/2053	2,956,000	2,916,073	2,906,132
COMMIT TO PUR GNMA II JUMBOS		5.50%	08/20/2053	2,872,000	2,872,240	2,859,334
COMMIT TO PUR GNMA II JUMBOS		6.00%	08/20/2053	2,961,000	2,985,377	2,980,187
COMMIT TO PUR GNMA II JUMBOS		6.50%	08/20/2053	940,000	956,425	955,933
				<u>\$ 83,060,075</u>	<u>\$ 81,706,307</u>	<u>\$ 79,564,327</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, 2023

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)
ISSUER	CORPORATE DEBT INSTRUMENTS - PREFERRED			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
7-ELEVEN INC 144A	0.80%	02/10/2024	\$ 383,000	\$ 364,462	\$ 371,196
CARMAX AUTO OWNER TRUST 2 1 A1	4.96%	02/15/2024	20,918	20,918	20,912
NISSAN AUTO LEASE TRUST 2 A A1	4.97%	02/15/2024	30,137	30,137	30,120
ENTERPRISE FLEET FIN 1 A1 144A	5.33%	03/20/2024	142,892	142,892	142,756
HYUNDAI AUTO RECEIVABLES A A1	5.17%	04/15/2024	49,159	49,159	49,142
GM FINANCIAL CONSUMER AUT 2 A1	5.19%	04/16/2024	73,086	73,086	73,055
PUBLIC STORAGE	5.80%	04/23/2024	285,000	283,812	284,840
HYUNDAI AUTO LEASE S B A1 144A	5.25%	05/15/2024	69,652	69,652	69,641
WORLD OMNI AUTOMOBILE LEA A A1	5.22%	05/15/2024	56,965	56,965	56,957
DLLMT 2023-1 LLC 1A A1 144A	5.53%	05/20/2024	74,469	74,469	74,461
PORSCHE FINANCIAL A 1A A1 144A	5.37%	05/22/2024	100,000	100,000	99,996
GREATAMERICA LEASING 1 A1 144A	5.52%	06/14/2024	88,097	88,097	88,083
DELL EQUIPMENT FINAN 2 A1 144A	5.64%	06/24/2024	100,000	100,000	100,022
SALESFORCE INC	0.63%	07/15/2024	40,000	39,980	38,075
FORD CREDIT AUTO OWNER TR A 2	0.73%	09/15/2024	17,923	17,921	17,870
JOHN DEERE CAPITAL CORP	5.28%	10/11/2024	160,000	160,000	159,763
HONDA AUTO RECEIVABLES 20 1 A2	1.44%	10/15/2024	111,162	111,152	110,147
HYUNDAI AUTO RECEIVABLES C A2A	0.36%	10/15/2024	4,078	4,077	4,069
GM FINANCIAL AUTOMOBILE L 2 A2	2.93%	10/21/2024	63,014	63,011	62,594
GM FINANCIAL AUTOMOBILE L 2 A2	2.93%	10/21/2024	256,256	256,244	254,549
SPIRE MISSOURI INC	5.69%	12/02/2024	135,000	135,000	133,712
WORLD OMNI AUTO RECEIVABL D A2	0.35%	12/16/2024	499	499	499
TOYOTA AUTO RECEIVABLES B A2A	2.35%	01/15/2025	61,053	61,050	60,575
CARMAX AUTO OWNER TRUST 2 1 A2	0.91%	02/18/2025	20,970	20,969	20,880
GM FINANCIAL CONSUMER AUT 1 A2	0.76%	02/18/2025	24,730	24,730	24,601
TOYOTA AUTO RECEIVABLES 2 D A4	1.99%	02/18/2025	192,034	193,632	190,561
NISSAN AUTO LEASE TRUST A A2A	5.10%	03/17/2025	100,000	99,993	99,576
CARVANA AUTO RECEIVABLES P4 A2	0.82%	04/10/2025	22,141	22,013	22,105
CARVANA AUTO RECEIVABLES P1 A3	0.44%	06/09/2025	37,575	37,275	37,434
CATERPILLAR FINANCIAL SERVICES	5.74%	06/13/2025	100,000	100,000	100,361
NORTHWESTERN MUTUAL GLOBA 144A	5.92%	06/13/2025	100,000	100,000	100,075
NEW YORK LIFE GLOBAL FUND 144A	5.92%	06/13/2025	100,000	100,000	100,075
CAPITAL ONE PRIME AUTO RE 1 A2	2.71%	06/16/2025	571,177	571,123	565,357
MMAF EQUIPMENT FINA BA A3 144A	0.49%	08/14/2025	177,080	170,751	171,132
METROPOLITAN LIFE GLOBAL 144A	4.05%	08/25/2025	271,000	261,575	261,049
WORLD OMNI AUTO RECEIVAB B A2A	2.77%	10/15/2025	198,164	198,146	196,198
GM FINANCIAL AUTOMOBILE 2 A2A	5.44%	10/20/2025	100,000	99,996	99,576
TOYOTA AUTO RECEIVABLES 2 B A3	0.26%	11/17/2025	207,331	199,921	200,645
WORLD OMNI AUTO RECEIVABL C A3	0.48%	11/17/2025	189,792	184,758	185,410
JACKSON NATIONAL LIFE GLO 144A	5.50%	01/09/2026	444,000	432,416	433,575
CARMAX AUTO OWNER TRUST 1 A2A	5.23%	01/15/2026	100,000	99,990	99,629
MERCEDES-BENZ AUTO RECEIV 1 A2	5.09%	01/15/2026	100,000	99,997	99,608
SANTANDER DRIVE AUTO RECE 2 A2	5.87%	03/16/2026	100,000	99,995	99,892
CARVANA AUTO RECEIV P1 A2 144A	6.02%	04/10/2026	244,367	244,363	243,612
CPS AUTO RECEIVABLES B D 144A	4.75%	04/15/2026	57,691	61,634	57,492
SCF EQUIPMENT LEASI 2A A2 144A	2.47%	04/20/2026	144,668	144,639	144,054
CAPITAL ONE PRIME AUTO RE 1 A2	5.20%	05/15/2026	150,000	149,998	149,357
SANTANDER DRIVE AUTO RECE 1 A2	5.36%	05/15/2026	199,455	199,447	199,014
AVID AUTOMOBILE RECEI 1 C 144A	3.14%	07/15/2026	163,745	163,711	163,367
SCF EQUIPMENT LEASIN 2A B 144A	2.76%	08/20/2026	234,000	233,972	227,120
FORD CREDIT AUTO LEASE TRU A C	5.54%	12/15/2026	250,000	249,997	244,268
FLAGSHIP CREDIT AUTO 2 A2 144A	5.76%	04/15/2027	150,000	149,990	149,253
CPS AUTO RECEIVABLES B E 144A	7.38%	06/15/2027	500,000	550,313	500,805
HALCYON LOAN ADVISO 2A BR 144A	6.91%	07/25/2027	14,215	14,144	14,258
ONEMAIN DIRECT AUTO 1A A 144A	3.63%	09/14/2027	303,000	299,213	291,586

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2023

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
ROYAL BANK OF CANADA	6.00%	11/01/2027	276,000	276,657	282,558
AMUR EQUIPMENT FINAN 1A D 144A	2.30%	11/22/2027	475,000	474,883	437,884
WESTLAKE AUTOMOBILE 1A A3 144A	5.21%	01/18/2028	420,000	419,979	415,464
GS MORTGAGE SECURIT FUN A 144A	7.31%	03/15/2028	220,000	218,872	216,416
PROVINCE OF QUEBEC CANADA	3.63%	04/13/2028	1,292,000	1,290,708	1,245,152
JAPAN INTERNATIONAL COOPERATIO	4.00%	05/23/2028	510,000	508,103	493,150
OCTANE RECEIVABLES T 2A B 144A	5.85%	07/20/2028	485,000	484,915	477,919
WESTLAKE AUTOMOBILE 1A C 144A	5.74%	08/15/2028	165,000	164,978	162,791
GRIPPEN PARK CLO LTD 1A B 144A	7.24%	01/20/2030	250,000	247,770	246,028
ELEVANCE HEALTH INC	2.25%	05/15/2030	89,000	74,885	74,511
SANTANDER DRIVE AUTO RECEI 1 C	5.09%	05/15/2030	250,000	249,955	243,385
OCTAGON INVESTMEN 1A A1RR 144A	6.55%	07/19/2030	368,612	361,240	366,362
BANK OF NEW YORK MELLON CORP/T	4.60%	07/26/2030	152,000	152,000	146,434
SCF EQUIPMENT LEASIN 1A D 144A	1.93%	09/20/2030	450,000	445,201	398,012
VOYA CLO 2017-4 LTD 4A A1 144A	6.70%	10/15/2030	281,938	280,134	280,362
KKR CLO 28 LTD 28A B 144A	7.10%	03/15/2031	250,000	241,125	243,694
BALLYROCK CLO 2018- 1A A2 144A	7.19%	04/20/2031	250,000	245,250	244,224
ROCKFORD TOWER CLO 2 1A A 144A	6.48%	05/20/2031	310,511	309,486	306,328
SALESFORCE INC	1.95%	07/15/2031	700,000	660,486	577,234
RAD CLO 1 LTD 1A AR 144A	6.55%	07/15/2031	250,000	245,125	247,848
CARLYLE GLOBAL MA 3A A1A2 144A	6.75%	01/14/2032	248,556	245,698	245,724
FACTSET RESEARCH SYSTEMS INC	3.45%	03/01/2032	302,000	276,417	256,797
TORONTO-DOMINION BANK/THE	4.46%	06/08/2032	282,000	277,001	267,480
CARGILL INC 144A	4.00%	06/22/2032	287,000	285,103	265,225
ELEVANCE HEALTH INC	5.50%	10/15/2032	156,000	155,039	160,307
NEW YORK LIFE GLOBAL FUND 144A	4.55%	01/28/2033	221,000	220,596	212,975
CORP NACIONAL DEL COBRE D 144A	5.13%	02/02/2033	200,000	199,876	196,914
METROPOLITAN LIFE GLOBAL 144A	5.15%	03/28/2033	166,000	165,769	164,101
PFIZER INVESTMENT ENTERPRISES	4.75%	05/19/2033	424,000	423,364	422,206
CIFC FUNDING 2021-IV 4A A 144A	6.62%	07/15/2033	400,000	400,000	396,045
US BANCORP	4.84%	02/01/2034	1	1	1
BLUEMOUNTAIN CLO X 31A A1 144A	6.73%	04/19/2034	250,000	245,075	245,375
BANK OF NEW YORK MELLON CORP/T	4.97%	04/26/2034	193,000	193,000	188,405
BRITISH AIRWAYS 2020-1 CL 144A	4.25%	05/15/2034	206,446	217,916	188,066
DBWF MORTGAGE TRUS LCM A2 144A	3.42%	06/10/2034	260,000	270,298	231,403
HUDSONS BAY SIMO HB10 A10 144A	4.15%	08/05/2034	127,261	132,734	109,103
TRTX 2019-FL3 ISSUE FL3 C 144A	7.44%	10/15/2034	256,500	256,500	242,693
ONEMAIN FINANCIAL IS 2A A 144A	1.75%	09/14/2035	380,000	337,205	338,960
BUSINESS JET SECURIT 1A A 144A	2.98%	11/15/2035	314,767	314,762	297,389
COMM 2016-787S MOR 787S A 144A	3.55%	02/10/2036	550,000	605,801	498,894
BALLYROCK CLO 23 L 23A A1 144A	6.97%	04/25/2036	250,000	250,000	250,306
BX COMMERCIAL MORT XL XCP 144A	0.00%	10/15/2036	108,664,264	87,573	793
LOANCORE 2022-CRE7 CRE7 A 144A	6.62%	01/17/2037	260,000	260,000	255,830
READY CAPITAL MORTG FL8 A 144A	6.72%	01/25/2037	400,942	400,942	395,208
MANHATTAN WEST 2020 1MW A 144A	2.13%	09/10/2039	1,375,000	1,416,173	1,172,504
CONNECTICUT AVENU R03 1M1 144A	5.92%	12/25/2041	135,570	134,426	134,465
CLI FUNDING VI LLC 3A A 144A	2.07%	10/18/2045	517,500	517,393	448,921
WELLS FARGO COMMERCIAL LC12 B	4.20%	07/15/2046	10,000	10,325	7,502
AQUA FINANCE TRUST 20 A A 144A	1.54%	07/17/2046	232,532	222,984	205,340
CLI FUNDING VIII LLC 1A A 144A	2.72%	01/18/2047	856,180	855,750	726,691
COMM 2014-CCRE17 MORTG CR17 AM	4.17%	05/10/2047	270,000	261,963	257,823
COMM 2014-UBS4 MOR UBS4 D 144A	4.71%	08/10/2047	525,000	484,157	364,371
WELLS FARGO COMMERCIAL C41 AS	3.79%	11/15/2050	290,463	309,051	257,652
TRP 2021 LLC 1 A 144A	2.07%	06/19/2051	983,320	983,116	840,571
TRP - TRIP RAIL MASTE 2 A 144A	2.15%	06/19/2051	641,566	641,303	552,497

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2023

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)
ISSUER	CORPORATE DEBT INSTRUMENTS - PREFERRED			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
JP MORGAN MORTGAGE T 4 A3 144A	2.50%	08/25/2051	724,015	609,191	584,584
FLAGSTAR MORTGAGE 11IN A6 144A	2.50%	11/25/2051	559,886	570,908	478,814
CITIGROUP MORTGA INV1 A3B 144A	3.00%	11/27/2051	265,437	227,737	222,946
JP MORGAN MORTGAGE 10 A3 144A	2.50%	12/25/2051	431,381	369,134	347,227
READYCAP COMMERCIAL M 6 A 144A	2.83%	10/25/2052	205,352	205,352	191,721
CSAIL 2019-C18 COMMERCIAL C18 AS	3.32%	12/15/2052	122,455	126,128	102,665
DUKE ENERGY INDIANA LLC	5.40%	04/01/2053	130,000	129,883	130,871
BANK 2022-BNK44 BNK44 A5	5.75%	11/15/2055	370,000	385,320	383,065
BMO 2023-C5 MORTGAGE TRU C5 A4	5.49%	06/15/2056	207,000	209,070	209,792
VERUS SECURITIZATION 1 A1 144A	2.42%	01/25/2060	20,759	20,604	19,381
CF HIPPOLYTA ISSUER 1A A1 144A	1.53%	03/15/2061	612,591	612,472	530,571
NEW ECONOMY ASSETS P 1 A1 144A	1.91%	10/20/2061	600,000	589,122	510,846
VISTA POINT SECURITI 2 A1 144A	1.48%	04/25/2065	49,845	49,906	44,167
VERUS SECURITIZATION 5 A1 144A	1.22%	05/25/2065	91,200	91,198	81,981
DEEPHAVEN RESIDENTIA 3 A1 144A	1.19%	08/25/2066	511,861	460,001	422,316
			<u>\$ 140,873,206</u>	<u>\$ 31,946,373</u>	<u>\$ 29,960,199</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, 2023

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
AMERICAN HONDA FN DISC	0.00%	07/10/2023	\$ 200,000	a	\$ 198,559	\$ 199,702
ORACLE CORP	3.63%	07/15/2023	125,000		124,121	124,861
CROWN CASTLE INC	3.15%	07/15/2023	100,000		104,469	99,878
MARTIN MARIETTA MATERIALS INC	0.65%	07/15/2023	100,000		100,072	99,792
OMEGA HEALTHCARE INVESTORS INC	4.38%	08/01/2023	170,000		169,065	169,633
NATIONAL RURAL UTILITIES COOPE	5.51%	08/07/2023	300,000		300,000	300,000
ALLY FINANCIAL INC	1.45%	10/02/2023	100,000		101,085	98,656
THERMO FISHER SCIENTIFIC INC	0.80%	10/18/2023	110,000		110,000	108,561
KEYBANK NA/CLEVELAND OH	5.68%	01/03/2024	250,000		248,193	246,308
KEYBANK NA/CLEVELAND OH	5.61%	01/03/2024	250,000		250,000	246,315
DANSKE BANK A/S 144A	5.38%	01/12/2024	500,000		554,845	497,031
AMERICAN TOWER CORP	0.60%	01/15/2024	150,000		143,772	145,820
ENERGY TRANSFER LP	5.88%	01/15/2024	100,000		100,379	100,016
SIMON PROPERTY GROUP LP	3.75%	02/01/2024	125,000		123,106	123,423
BOEING CO/THE	1.43%	02/04/2024	125,000		120,388	121,669
REALTY INCOME CORP	4.60%	02/06/2024	200,000		198,302	198,250
MICROCHIP TECHNOLOGY INC	0.97%	02/15/2024	140,000		134,011	135,636
PHILLIPS 66	0.90%	02/15/2024	100,000		96,908	97,026
AFFILIATED MANAGERS GROUP INC	4.25%	02/15/2024	125,000		123,319	123,348
PARK AEROSPACE HOLDINGS L 144A	5.50%	02/15/2024	250,000		273,245	247,148
GOLDMAN SACHS GROUP INC/THE	3.63%	02/20/2024	125,000		122,714	123,218
GOLDMAN SACHS GROUP INC/THE	4.00%	03/03/2024	925,000		983,571	913,105
LLOYDS BANKING GROUP PLC	3.90%	03/12/2024	279,000		273,601	274,614
HCA INC	5.00%	03/15/2024	125,000		124,189	124,194
WELLTOWER OP LLC	3.63%	03/15/2024	172,000		168,617	169,114
WARNERMEDIA HOLDINGS INC	3.43%	03/15/2024	393,000		385,265	385,840
RYDER SYSTEM INC	3.65%	03/18/2024	125,000		122,609	122,915
VICI PROPERTIES LP / VICI 144A	5.63%	05/01/2024	197,000		196,945	195,763
CENTERPOINT ENERGY INC	5.78%	05/13/2024	75,000		75,000	74,923
TOYOTA AUTO RECEIVABLES 2 B A1	5.23%	05/15/2024	135,468		135,468	135,431
SABINE PASS LIQUEFACTION LLC	5.75%	05/15/2024	125,000		125,141	124,781
AVOLON HOLDINGS FUNDING L 144A	5.25%	05/15/2024	441,000		456,527	433,287
UBS AG REGS	5.13%	05/15/2024	900,000		975,417	883,926
PERIMETER MASTER NOT 2A A 144A	4.23%	05/15/2024	44,958		44,951	44,473
AT&T INC	6.72%	06/12/2024	100,000		102,314	100,869
SOUTHERN CO/THE	4.48%	08/01/2024	467,000		469,534	458,431
HUNTINGTON BANCSHARES INC/OH	2.63%	08/06/2024	274,000		250,368	262,086
BAT CAPITAL CORP	3.22%	08/15/2024	604,000		580,621	586,025
KINDER MORGAN ENERGY PARTNERS	4.25%	09/01/2024	267,000		267,475	261,583
NISSAN MOTOR ACCEPTANCE C 144A	1.13%	09/16/2024	475,000		441,156	442,396
ANALOG DEVICES INC	5.52%	10/01/2024	15,000		15,000	14,988
HEWLETT PACKARD ENTERPRISE CO	5.90%	10/01/2024	80,000		79,947	80,012
GENERAL MOTORS FINANCIAL CO IN	5.93%	10/15/2024	125,000		124,004	124,098
BANK OF AMERICA CORP	6.06%	10/24/2024	300,000		300,000	299,946
CITIGROUP INC	0.78%	10/30/2024	295,000		295,000	289,781
AVIATION CAPITAL GROUP LL 144A	5.50%	12/15/2024	332,000		373,078	324,915
VITAL ENERGY INC	9.50%	01/15/2025	1		1	1
AMERICAN TOWER CORP	2.95%	01/15/2025	98,000		95,504	93,679
MORGAN STANLEY	0.79%	01/22/2025	150,000		149,277	145,355
ESKOM HOLDINGS SOC LTD 144A	7.13%	02/11/2025	200,000		197,750	196,216
SABINE PASS LIQUEFACTION LLC	5.63%	03/01/2025	98,000		100,381	97,595
HSBC HOLDINGS PLC	3.80%	03/11/2025	223,000		218,078	218,636
BANK OF AMERICA CORP	3.46%	03/15/2025	266,000		260,286	260,701
NATWEST GROUP PLC	4.27%	03/22/2025	377,000		370,497	370,293
DANSKE BANK A/S 144A	3.77%	03/28/2025	608,000		603,252	594,223

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2023

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
RAIN CII CARBON LLC / CII 144A	7.25%	04/01/2025	221,000	214,940	214,463
GA GLOBAL FUNDING TRUST 144A	3.85%	04/11/2025	443,000	437,486	421,758
T-MOBILE USA INC	3.50%	04/15/2025	162,000	154,201	155,721
BANK OF AMERICA CORP	6.02%	04/22/2025	225,000	225,000	224,708
CITIGROUP INC	3.30%	04/27/2025	1,325,000	1,388,864	1,274,636
CHARTER COMM OPERATING 10/19	0.00%	04/30/2025	271,232	271,232	270,923
DELTA AIR LINES INC 144A	7.00%	05/01/2025	239,000	239,000	243,964
GOLDMAN SACHS GROUP INC/THE	3.75%	05/22/2025	450,000	487,692	434,241
CITIZENS BANK NA/PROVIDENCE RI	4.12%	05/23/2025	288,000	265,320	272,727
CITIGROUP INC	4.14%	05/24/2025	116,000	116,000	113,965
JPMORGAN CHASE & CO	5.72%	06/01/2025	150,000	150,000	149,255
EAST OHIO GAS CO/THE 144A	1.30%	06/15/2025	311,000	285,762	285,032
BAXALTA INC	4.00%	06/23/2025	73,000	72,812	70,808
AMERICAN AIRLINES INC 144A	11.75%	07/15/2025	114,000	122,408	124,999
MORGAN STANLEY	4.00%	07/23/2025	297,000	304,446	288,322
FORD CREDIT FLOORPLAN MAS 1 A2	5.84%	09/15/2025	430,000	430,000	430,069
ENTERGY CORP	0.90%	09/15/2025	400,000	362,768	359,192
FIRST-CITIZENS BANK & TRUST CO	2.97%	09/27/2025	250,000	233,750	236,415
GOLDMAN SACHS GROUP INC/THE	3.27%	09/29/2025	394,000	381,790	380,636
INTERNATIONAL FLAVORS & F 144A	1.23%	10/01/2025	398,000	343,471	354,737
JPMORGAN CHASE & CO	5.81%	12/10/2025	125,000	124,179	124,491
BAYER US FINANCE II LLC 144A	4.25%	12/15/2025	521,000	596,175	502,562
VISTRA (TXU/TCEH) 6/18	0.00%	12/31/2025	106,394	106,341	106,101
LIFE TIME INC 144A	5.75%	01/15/2026	125,000	129,063	121,813
NATIONAL FUEL GAS CO	5.50%	01/15/2026	209,000	207,993	205,970
AVIATION CAPITAL GROUP LL 144A	1.95%	01/30/2026	144,000	141,809	128,220
TURKIYE IHRACAT KREDI BAN 144A	9.38%	01/31/2026	200,000	198,850	198,724
CALIFORNIA RESOURCES CORP 144A	7.13%	02/01/2026	125,000	125,775	125,625
AMERICAN EXPRESS CO	5.89%	02/13/2026	100,000	100,000	99,770
PERMIAN RESOURCES OPERATI 144A	7.75%	02/15/2026	122,000	132,675	122,520
REGAL REXNORD CORP 144A	6.05%	02/15/2026	245,000	244,865	245,225
AVOLON HOLDINGS FUNDING L 144A	2.13%	02/21/2026	227,000	224,837	201,501
GM FINANCIAL CONSUMER AU 1 A2A	5.19%	03/16/2026	100,000	99,992	99,623
JPMORGAN CHASE & CO	3.30%	04/01/2026	1,150,000	1,210,076	1,095,272
BANK OF AMERICA CORP	3.38%	04/02/2026	154,000	154,000	147,594
AVOLON HOLDINGS FUNDING L 144A	4.25%	04/15/2026	600,000	567,147	558,774
MITSUBISHI UFJ FINANCIAL GROUP	5.54%	04/17/2026	200,000	200,000	198,752
WELLS FARGO & CO	6.67%	04/25/2026	200,000	201,662	201,370
WELLS FARGO & CO	2.19%	04/30/2026	270,000	244,836	252,931
AMERICAN EXPRESS CO	4.99%	05/01/2026	100,000	100,000	98,744
EBAY INC	1.40%	05/10/2026	1,175,000	1,088,600	1,060,532
GULFPORT ENERGY CORP 144A	8.00%	05/17/2026	168,507	181,986	169,299
HILTON HOTELS 6/19 COV-LITE	0.00%	06/22/2026	269,645	269,645	269,235
AMAYA 6/18 (USD) TL	0.00%	07/21/2026	120,357	120,357	120,252
CNH EQUIPMENT TRUST 2021- B A3	0.44%	08/17/2026	233,552	222,759	222,554
WELLS FARGO & CO	3.00%	10/23/2026	800,000	828,400	742,344
NATWEST GROUP PLC	7.47%	11/10/2026	220,000	226,004	224,968
UBS GROUP AG 144A	5.71%	01/12/2027	773,000	764,259	765,200
SM ENERGY CO	6.63%	01/15/2027	114,000	110,846	110,723
PROSUS NV 144A	3.26%	01/19/2027	200,000	200,000	180,712
ECO MATERIAL TECHNOLOGIES 144A	7.88%	01/31/2027	112,000	107,240	105,998
CHARTER COMM OPERATING 10/19 T	0.00%	02/01/2027	107,442	106,808	106,725
HUMANA INC	1.35%	02/03/2027	201,000	167,919	174,802
NCL CORP LTD 144A	5.88%	02/15/2027	112,000	104,108	109,048
LUMEN TECHNOLOGIES INC 144A	4.00%	02/15/2027	143,000	106,718	106,923

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2023

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
CHS/COMMUNITY HEALTH SYST 144A	5.63%	03/15/2027	121,000	111,320	106,636
BAYTEX ENERGY CORP 144A	8.75%	04/01/2027	159,000	162,068	161,042
EARTHSTONE ENERGY HOLDING 144A	8.00%	04/15/2027	111,000	108,503	106,945
NORTHWEST FIBER LLC / NOR 144A	4.75%	04/30/2027	127,000	112,814	112,166
VISTAJET MALTA FINANCE PL 144A	7.88%	05/01/2027	118,000	111,510	106,017
OWENS-BROCKWAY GLASS CONT 144A	6.63%	05/13/2027	70,001	69,814	69,330
AFFIRM ASSET SECURIT A 1A 144A	4.30%	05/17/2027	195,000	187,185	189,758
UNITED AIR LINES/UNITED MILEAG	0.00%	06/21/2027	88,889	92,778	92,241
AVIS BUDGET CAR RENTAL LL 144A	5.75%	07/15/2027	450,000	471,375	431,793
ROYAL CARIBBEAN CRUISES L 144A	5.38%	07/15/2027	125,000	110,583	116,844
CATALENT PHARMA SOLUTIONS 144A	5.00%	07/15/2027	120,000	109,872	110,137
ADANI PORTS & SPECIAL ECO REGS	4.00%	07/30/2027	200,000	160,600	169,406
CARNIVAL CORP 144A	9.88%	08/01/2027	104,000	107,380	108,332
ALLEGIANTRAVEL CO 144A	7.25%	08/15/2027	165,000	163,651	164,391
NGPL PIPECO LLC 144A	4.88%	08/15/2027	250,000	272,626	236,840
FORD MOTOR CREDIT CO LLC	4.13%	08/17/2027	475,000	470,250	433,457
INTERCONTINENTAL EXCHANGE INC	4.00%	09/15/2027	317,000	316,160	308,872
NATIONAL FUEL GAS CO	3.95%	09/15/2027	207,000	214,685	190,156
PROGRESS RESIDENTI SFR3 A 144A	1.29%	10/17/2027	522,835	522,825	470,975
FORD MOTOR CREDIT CO LLC	7.35%	11/04/2027	260,000	260,000	265,681
DISH NETWORK CORP 144A	11.75%	11/15/2027	103,000	108,665	100,379
GE HEALTHCARE TECHNOLOGIES INC	5.65%	11/15/2027	464,000	467,668	469,545
CENTENE CORP	4.25%	12/15/2027	169,000	175,994	158,463
CITIGROUP INC	3.89%	01/10/2028	729,000	809,134	690,676
AFFIRM ASSET SECURIT A 1A 144A	6.61%	01/18/2028	315,000	312,264	312,606
AIRCASTLE LTD 144A	2.85%	01/26/2028	332,000	334,890	281,924
AMERICAN AIRLINES INC 144A	7.25%	02/15/2028	115,000	111,406	114,323
BOMBARDIER INC 144A	6.00%	02/15/2028	113,000	107,194	106,806
GARDA WORLD SECURITY CORP 144A	7.75%	02/15/2028	108,000	107,734	107,203
CRESCENT ENERGY FINANCE L 144A	9.25%	02/15/2028	173,000	165,543	167,852
HECLA MINING CO	7.25%	02/15/2028	78,000	78,000	77,296
BAYER CORP/NJ 144A	6.65%	02/15/2028	83,000	101,148	86,742
CALPINE CORP 144A	5.13%	03/15/2028	60,001	55,036	53,542
EPR PROPERTIES	4.95%	04/15/2028	131,000	143,837	117,139
NVENT FINANCE SARL	4.55%	04/15/2028	445,000	464,977	416,133
MORGAN STANLEY	4.21%	04/20/2028	166,000	159,926	159,451
FORTRESS TRANSPORTATION A 144A	5.50%	05/01/2028	130,000	129,337	118,954
FRONTIER COMMUNICATIONS H 144A	5.00%	05/01/2028	248,000	234,715	213,964
LINDBLAD EXPEDITIONS HOLD 144A	9.00%	05/15/2028	111,000	112,110	112,624
EQUIPMENTSHARE.COM INC 144A	9.00%	05/15/2028	119,000	110,373	115,516
PALOMINO FUNDING TRUST I 144A	7.23%	05/17/2028	335,000	335,000	335,067
CALDERYS FINANCING LLC 144A	11.25%	06/01/2028	104,000	106,730	106,578
ALLIED UNIVERSAL HOLDCO L 144A	4.63%	06/01/2028	200,000	173,054	168,250
DANSKE BANK A/S 144A	4.38%	06/12/2028	200,000	227,194	184,504
CVR PARTNERS LP / CVR NIT 144A	6.13%	06/15/2028	118,000	118,567	102,636
CIVITAS RESOURCES INC 144A	8.38%	07/01/2028	131,000	131,000	132,347
PG&E CORP	5.00%	07/01/2028	1	1	1
CENTENE CORP	2.45%	07/15/2028	98,000	98,000	83,756
BANK OF AMERICA CORP	3.59%	07/21/2028	933,000	1,024,799	867,065
CALLON PETROLEUM CO 144A	8.00%	08/01/2028	108,000	111,780	106,802
AUSGRID FINANCE PTY LTD 144A	4.35%	08/01/2028	331,000	370,017	312,454
DISCOVER BANK	4.68%	08/09/2028	300,000	314,644	274,290
BOOZ ALLEN HAMILTON INC 144A	3.88%	09/01/2028	239,000	210,776	217,165
WEEKLEY HOMES LLC / WEEKL 144A	4.88%	09/15/2028	122,000	110,563	109,812
FLUOR CORP	4.25%	09/15/2028	270,001	274,510	250,485

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

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TENET HEALTHCARE CORP	6.13%	10/01/2028	1	1	1
CIGNA GROUP/THE	4.38%	10/15/2028	156,000	152,688	150,793
LSB INDUSTRIES INC 144A	6.25%	10/15/2028	121,000	110,715	108,047
PACTIV EVERGREEN GROUP IS 144A	4.38%	10/15/2028	253,000	218,993	219,063
SMYRNA READY MIX CONCRETE 144A	6.00%	11/01/2028	125,000	111,264	117,894
NETFLIX INC	5.88%	11/15/2028	108,000	113,130	111,417
SPRINT CAPITAL CORP	6.88%	11/15/2028	223,000	249,132	236,532
POST ROAD EQUIPMENT 1A A2 144A	4.88%	11/15/2028	447,000	446,956	432,410
TRANSDIGM INC	4.63%	01/15/2029	121,000	110,413	107,637
PRECISION DRILLING CORP 144A	6.88%	01/15/2029	170,000	172,761	153,537
ROYAL CARIBBEAN CRUISES L 144A	8.25%	01/15/2029	102,000	105,680	107,095
ECOPETROL SA	8.63%	01/19/2029	107,000	106,993	107,246
SBA COMMUNICATIONS CORP	3.13%	02/01/2029	475,000	455,406	402,634
HILCORP ENERGY I LP / HIL 144A	5.75%	02/01/2029	127,000	129,296	114,993
VICI PROPERTIES LP / VICI 144A	3.88%	02/15/2029	375,000	345,679	329,153
JACOBS ENTERTAINMENT INC 144A	6.75%	02/15/2029	118,000	119,080	105,616
COMSTOCK RESOURCES INC 144A	6.75%	03/01/2029	171,000	183,097	156,489
UNITED STATES STEEL CORP	6.88%	03/01/2029	111,000	108,127	109,793
GLENCORE FUNDING LLC 144A	4.88%	03/12/2029	246,000	289,815	236,819
ALBERTSONS COS INC / SAFE 144A	3.50%	03/15/2029	475,000	455,408	411,212
ALBERTSONS COS INC / SAFE 144A	3.50%	03/15/2029	136,000	113,530	117,737
PRESTIGE AUTO RECEIV 1A E 144A	3.47%	03/15/2029	520,000	519,888	437,502
LPL HOLDINGS INC 144A	4.00%	03/15/2029	236,000	205,910	207,073
MACQUARIE GROUP LTD 144A	4.65%	03/27/2029	156,000	166,413	147,677
CLOUD SOFTWARE GROUP INC 144A	6.50%	03/31/2029	123,000	107,010	109,522
MACY'S RETAIL HOLDINGS LL 144A	5.88%	04/01/2029	116,000	108,317	105,850
SASOL FINANCING USA LLC 144A	8.75%	05/03/2029	220,000	220,000	214,311
NETFLIX INC	6.38%	05/15/2029	1	1	1
BANK OF AMERICA CORP	2.09%	06/14/2029	469,000	441,565	399,283
NRG ENERGY INC 144A	4.45%	06/15/2029	386,000	414,304	341,301
SUNCOKE ENERGY INC 144A	4.88%	06/30/2029	187,000	182,283	157,052
PENN ENTERTAINMENT INC 144A	4.13%	07/01/2029	1,000	840	820
CONSTELLATION BRANDS INC	3.15%	08/01/2029	239,000	215,173	215,380
CVS HEALTH CORP	3.25%	08/15/2029	484,000	454,207	434,472
AMERICAN TOWER CORP	3.80%	08/15/2029	386,000	345,490	352,001
NISOURCE INC	2.95%	09/01/2029	311,000	271,503	272,184
NATWEST GROUP PLC	5.81%	09/13/2029	200,000	200,000	197,000
BAHRAIN GOVERNMENT INTERN 144A	6.75%	09/20/2029	200,000	199,000	198,340
MODIVCARE ESCROW ISSUER I 144A	5.00%	10/01/2029	107,000	99,109	79,263
CAESARS ENTERTAINMENT INC 144A	4.63%	10/15/2029	1	1	1
ROCKCLIFF ENERGY II LLC 144A	5.50%	10/15/2029	121,000	109,051	111,618
180 MEDICAL INC 144A	3.88%	10/15/2029	256,000	256,320	223,063
MOUNTAIN VIEW CLO 2 1A AR 144A	6.66%	10/16/2029	169,034	169,034	167,988
ONEMAIN FINANCE CORP	5.38%	11/15/2029	124,000	112,191	105,395
PATTERSON-UTI ENERGY INC	5.15%	11/15/2029	282,000	259,933	255,354
PHILIP MORRIS INTERNATIONAL IN	5.63%	11/17/2029	247,000	250,754	251,587
SPIRIT AEROSYSTEMS INC 144A	9.38%	11/30/2029	102,000	111,690	109,206
NOV INC	3.60%	12/01/2029	178,000	178,254	158,043
DIAMONDBACK ENERGY INC	3.50%	12/01/2029	520,000	482,868	467,178
COMMERCIAL METALS CO	4.13%	01/15/2030	127,000	116,811	113,017
MORGAN STANLEY	4.43%	01/23/2030	662,000	707,667	629,800
LAMB WESTON HOLDINGS INC 144A	4.13%	01/31/2030	475,000	475,000	424,525
LAMB WESTON HOLDINGS INC 144A	4.13%	01/31/2030	128,000	114,560	114,399
EQT CORP	8.25%	02/01/2030	448,000	516,670	469,069
AT&T INC	4.30%	02/15/2030	367,000	349,733	348,272

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CENTENE CORP	3.38%	02/15/2030	584,000	506,227	501,101
ASSURANT INC	3.70%	02/22/2030	100,000	100,780	85,841
ANTERO RESOURCES CORP 144A	5.38%	03/01/2030	236,000	211,810	216,185
AMGEN INC	5.25%	03/02/2030	439,000	437,249	439,689
CIGNA GROUP/THE	2.40%	03/15/2030	250,000	214,185	212,283
JONES DESLAURIERS INSURAN 144A	8.50%	03/15/2030	109,000	110,771	111,203
BELLRING BRANDS INC 144A	7.00%	03/15/2030	109,000	111,453	109,681
CITIGROUP INC	3.98%	03/20/2030	218,000	247,116	201,288
CNX MIDSTREAM PARTNERS LP 144A	4.75%	04/15/2030	123,000	120,878	104,331
T-MOBILE USA INC	3.88%	04/15/2030	623,000	599,663	573,901
ROBLOX CORP 144A	3.88%	05/01/2030	133,000	114,879	112,123
VERMILION ENERGY INC 144A	6.88%	05/01/2030	270,000	251,775	248,773
IPALCO ENTERPRISES INC	4.25%	05/01/2030	533,000	542,797	482,045
DAVITA INC 144A	4.63%	06/01/2030	123,000	107,933	105,572
TALEN ENERGY SUPPLY LLC 144A	8.63%	06/01/2030	160,000	166,000	165,600
MACQUARIE BANK LTD 144A	3.62%	06/03/2030	305,000	316,059	256,417
BANKUNITED INC	5.13%	06/11/2030	207,000	235,305	158,080
PERUSAHAAN PERSEROAN PERS 144A	3.00%	06/30/2030	325,000	281,450	277,365
CROWN CASTLE INC	3.30%	07/01/2030	293,000	268,036	258,795
STANDARD INDUSTRIES INC/N 144A	4.38%	07/15/2030	128,000	108,968	110,851
AVIATION CAPITAL GROUP LL 144A	6.38%	07/15/2030	269,000	265,966	266,845
MINEJESA CAPITAL BV 144A	4.63%	08/10/2030	250,000	231,125	223,803
CVS HEALTH CORP	1.75%	08/21/2030	268,000	218,240	213,765
SERVICENOW INC	1.40%	09/01/2030	100,000	76,749	79,149
OCCIDENTAL PETROLEUM CORP	6.63%	09/01/2030	233,000	261,920	242,110
CENTERPOINT ENERGY RESOURCES C	1.75%	10/01/2030	429,000	346,435	343,723
JPMORGAN CHASE & CO	2.74%	10/15/2030	479,000	413,487	412,443
ROMARK CLO LTD 1A A2R 144A	7.26%	10/23/2030	380,000	380,000	370,564
MOLINA HEALTHCARE INC 144A	3.88%	11/15/2030	138,000	114,195	118,363
EMERALD DEBT MERGER SUB L 144A	6.63%	12/15/2030	221,000	220,617	219,066
CHART INDUSTRIES INC 144A	9.50%	01/01/2031	150,000	156,644	159,152
STANDARD INDUSTRIES INC/N 144A	3.38%	01/15/2031	400,000	395,500	322,160
CONTINENTAL RESOURCES INC 144A	5.75%	01/15/2031	706,000	767,300	671,011
DIAMONDBACK ENERGY INC	3.13%	03/24/2031	100,000	85,596	85,756
ORACLE CORP	2.88%	03/25/2031	382,000	391,673	325,758
FMG RESOURCES AUGUST 2006 144A	4.38%	04/01/2031	190,000	186,524	162,226
CROWN CASTLE INC	2.10%	04/01/2031	317,000	259,294	253,289
LENDING FUNDING TRUS 2A D 144A	6.77%	04/21/2031	315,000	354,867	272,881
VITERRA FINANCE BV 144A	3.20%	04/21/2031	240,000	239,227	200,702
SERVICE CORP INTERNATIONAL/US	4.00%	05/15/2031	575,000	576,438	489,884
TENET HEALTHCARE CORP 144A	6.75%	05/15/2031	108,000	108,000	108,261
VENTURE GLOBAL LNG INC 144A	8.38%	06/01/2031	108,000	108,195	108,534
WESTERN ALLIANCE BANCORP	3.00%	06/15/2031	57,000	57,000	42,180
UPSTART SECURITIZATIO 2 B 144A	1.75%	06/20/2031	244,000	243,974	238,586
OCP SA 144A	3.75%	06/23/2031	200,000	198,730	165,024
NGPL PIPECO LLC 144A	3.25%	07/15/2031	150,000	150,834	123,485
NOVELIS CORP 144A	3.88%	08/15/2031	131,000	129,199	107,703
AVANT LOANS FUNDIN REV1 A 144A	6.54%	09/15/2031	540,000	538,007	534,260
GAP INC/THE 144A	3.88%	10/01/2031	145,000	112,013	99,028
MSCI INC 144A	3.63%	11/01/2031	260,000	218,400	222,108
GRAY ESCROW II INC 144A	5.38%	11/15/2031	127,000	112,268	84,204
PALMER SQUARE CLO 3A A1AR 144A	6.40%	11/15/2031	450,000	441,563	446,756
ASSURANT INC	2.65%	01/15/2032	129,000	128,796	96,469
CHENIERE ENERGY PARTNERS LP	3.25%	01/31/2032	136,000	123,158	111,878
FORD MOTOR CO	3.25%	02/12/2032	217,000	217,801	170,692

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HILTON DOMESTIC OPERATING 144A	3.63%	02/15/2032	400,000	401,500	333,500
PETROLEOS MEXICANOS	6.70%	02/16/2032	286,000	258,362	217,497
SOUTHWEST GAS CORP	4.05%	03/15/2032	172,000	161,613	154,776
SPRINT CAPITAL CORP	8.75%	03/15/2032	89,000	114,231	107,575
HALEON US CAPITAL LLC	3.63%	03/24/2032	250,000	249,625	224,015
WORKDAY INC	3.80%	04/01/2032	245,000	207,305	220,468
BROADCOM INC 144A	4.15%	04/15/2032	179,000	171,512	162,061
BANK OF AMERICA CORP	2.69%	04/22/2032	311,000	281,218	257,492
MACQUARIE GROUP LTD 144A	2.69%	06/23/2032	128,000	128,000	100,948
MORGAN STANLEY	2.24%	07/21/2032	250,000	226,802	198,628
GOLDMAN SACHS GROUP INC/THE	2.38%	07/21/2032	400,000	374,191	320,260
DUKE ENERGY CORP	4.50%	08/15/2032	356,000	341,428	335,103
SCF EQUIPMENT LEASIN 1A E 144A	3.56%	08/20/2032	906,000	907,133	824,351
PANAMA GOVERNMENT INTERNATIONA	2.25%	09/29/2032	349,000	270,213	266,346
ORACLE CORP	6.25%	11/09/2032	124,000	128,984	131,585
INDIANAPOLIS POWER & LIGH 144A	5.65%	12/01/2032	240,000	239,342	244,675
OKLAHOMA GAS AND ELECTRIC CO	5.40%	01/15/2033	147,000	146,547	149,286
JPMORGAN CHASE & CO	2.96%	01/25/2033	613,000	537,222	515,490
CONSTELLATION ENERGY GENERATIO	5.80%	03/01/2033	425,000	429,598	434,860
JACOBS ENGINEERING GROUP INC	5.90%	03/01/2033	272,000	272,972	266,511
BNP PARIBAS SA 144A	4.38%	03/01/2033	298,000	325,869	269,571
HUMANA INC	5.88%	03/01/2033	245,000	251,110	254,332
WELLS FARGO & CO	3.35%	03/02/2033	213,000	213,000	182,226
LEIDOS INC	5.75%	03/15/2033	268,000	265,373	265,816
TRIMBLE INC	6.10%	03/15/2033	241,000	240,622	244,078
LOWE'S COS INC	5.00%	04/15/2033	282	283	279
MEXICO GOVERNMENT INTERNATIONA	4.88%	05/19/2033	340,000	319,600	324,380
ELECTRICITE DE FRANCE SA 144A	6.25%	05/23/2033	341,000	340,649	346,524
SENEGAL GOVERNMENT INTERN 144A	6.25%	05/23/2033	200,000	171,500	166,954
AEP TEXAS INC	5.40%	06/01/2033	134,000	133,783	133,255
HCA INC	5.50%	06/01/2033	295,000	294,799	294,339
NATIONAL GRID PLC	5.81%	06/12/2033	340,000	340,000	345,834
BACARDI LTD / BACARDI-MAR 144A	5.40%	06/15/2033	388,000	386,553	384,399
INTESA SANPAOLO SPA 144A	6.63%	06/20/2033	380,000	379,753	378,472
AMERICAN TOWER CORP	5.55%	07/15/2033	134,000	133,531	134,449
BANK OF AMERICA CORP	5.02%	07/22/2033	601,633	600,499	588,410
US BANCORP	4.97%	07/22/2033	238,000	241,818	215,466
AMERICAN EXPRESS CO	4.42%	08/03/2033	116,000	116,000	109,192
M&T BANK CORP	5.05%	01/27/2034	320,000	320,214	292,141
COSTA RICA GOVERNMENT INT 144A	6.55%	04/03/2034	200,000	200,000	200,700
WELLS FARGO & CO	5.39%	04/24/2034	324,000	324,000	321,794
CITIGROUP INC	6.17%	05/25/2034	455,000	455,000	458,326
NATIONAL AUSTRALIA BANK L 144A	3.93%	08/02/2034	250,000	258,660	214,203
BFLD 2019-DPLO DPLO F 144A	7.88%	10/15/2034	150,000	147,469	145,266
BBCMS 2019-BWAY MO BWAY A 144A	6.29%	11/15/2034	140,000	138,697	114,800
BBCMS 2019-BWAY MO BWAY B 144A	6.65%	11/15/2034	150,000	149,024	121,020
BBCMS 2019-BWAY MO BWAY C 144A	6.95%	11/15/2034	200,000	198,709	155,364
BHMS 2018-ATLS ATLS A 144A	6.77%	07/15/2035	200,000	200,188	194,984
MARINER FINANCE ISSU AA E 144A	5.40%	03/20/2036	400,000	430,000	319,448
EIG PEARL HOLDINGS SARL 144A	3.55%	08/31/2036	270,000	270,000	229,838
MORGAN STANLEY	2.48%	09/16/2036	198,000	198,000	150,183
GS MORTGAGE SECUR 70P XCP 144A	0.00%	10/15/2036	54,761,000	384,784	1,024
JP MORGAN CHASE CO MKST E 144A	7.84%	12/15/2036	400,000	390,750	200,536
ABN AMRO BANK NV 144A	3.32%	03/13/2037	200,000	200,000	151,792
AMSR 2020-SFR1 TRU SFR1 A 144A	1.82%	04/17/2037	799,233	799,204	742,304

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OVINTIV INC	6.50%	02/01/2038	172,000	192,081	168,348
PRIMA CAPITAL CRE RK1 AG 144A	4.00%	04/15/2038	103,866	109,964	89,152
PRIMA CAPITAL CRE RK1 AT 144A	4.45%	04/15/2038	100,000	107,773	78,320
READY CAPITAL MORT FL12 A 144A	7.34%	05/25/2038	280,000	278,600	278,963
TRICON RESIDENTIAL SFR1 A 144A	3.86%	04/17/2039	500,000	499,998	465,515
COMCAST CORP	6.55%	07/01/2039	200,000	301,580	225,060
CONNECTICUT AVENU R05 1B1 144A	9.28%	07/25/2039	95,794	97,290	98,379
GS MORTGAGE SECURIT ECI A 144A	7.42%	08/15/2039	150,000	149,625	150,047
CONSTELLATION ENERGY GENERATIO	6.25%	10/01/2039	206,000	252,764	213,352
PROTECTIVE LIFE CORP	8.45%	10/15/2039	200,000	303,044	237,298
OGLETHORPE POWER CORP	5.95%	11/01/2039	125,000	162,216	125,778
GALAXY PIPELINE ASSETS BI 144A	3.25%	09/30/2040	268,000	268,000	207,486
CELLNEX FINANCE CO SA 144A	3.88%	07/07/2041	200,000	197,448	146,406
CONNECTICUT AVENU R05 2M1 144A	6.97%	04/25/2042	247,600	247,290	248,187
CONNECTICUT AVENU R06 1M1 144A	7.82%	05/25/2042	118,220	120,104	120,521
CONNECTICUT AVENU R08 1M1 144A	7.62%	07/25/2042	364,168	365,781	369,317
CONNECTICUT AVENU R01 1M1 144A	7.47%	12/25/2042	252,576	252,576	254,071
CONNECTICUT AVENU R02 1M1 144A	7.37%	01/25/2043	208,443	208,443	209,225
CONNECTICUT AVENU R03 2M1 144A	7.57%	04/25/2043	241,322	243,358	243,489
CONNECTICUT AVENU R04 1M1 144A	7.37%	05/25/2043	246,764	248,306	247,928
CONNECTICUT AVENU R05 1M1 144A	6.97%	06/25/2043	100,000	100,000	100,000
CONNECTICUT AVENU R05 1M2 144A	8.17%	06/25/2043	150,000	150,000	150,751
MARATHON PETROLEUM CORP	4.75%	09/15/2044	100,000	111,498	83,509
NEUBERGER BERMAN GROUP LL 144A	4.88%	04/15/2045	240,000	245,129	195,955
COMM 2014-UBS6 MORTGAG UBS6 A5	3.64%	12/10/2047	370,000	354,868	353,557
CVS HEALTH CORP	5.05%	03/25/2048	125,000	119,474	115,026
MARATHON PETROLEUM CORP	4.50%	04/01/2048	500,000	519,222	393,755
ME FUNDING LLC 2019- 1 A2 144A	6.45%	07/30/2049	321,345	314,693	312,447
COMM 2015-PC1 MORTGAGE T PC1 C	4.29%	07/10/2050	250,000	261,074	216,945
FLAGSTAR MORTGAGE TR 4 A1 144A	2.50%	06/01/2051	564,609	473,742	453,054
FLAGSTAR MORTGAGE 3INV A5 144A	2.50%	06/25/2051	514,740	529,217	441,482
FLAGSTAR MORTGAGE 5INV A5 144A	2.50%	07/25/2051	374,488	382,504	320,506
GS MORTGAGE-BACKED PJ2 A2 144A	2.50%	07/25/2051	204,666	164,628	164,740
SEB FUNDING LLC 1A A2 144A	4.97%	01/30/2052	299,250	299,175	262,505
J.P. MORGAN MORTG INV8 A2 144A	3.00%	05/25/2052	146,930	123,536	123,226
GS MORTGAGE-BACKED PJ1 A4 144A	3.50%	02/25/2053	225,503	202,811	196,715
INDIANA MICHIGAN POWER CO	5.63%	04/01/2053	131,000	130,959	134,245
NEW RESIDENTIAL MOR 2A A1 144A	4.25%	12/25/2057	445,914	450,669	420,135
NEW RESIDENTIAL MO 4A A1B 144A	3.50%	12/25/2058	599,549	617,840	548,173
CREDIT SUISSE MOR SPT1 A1 144A	1.62%	04/25/2065	13,475	13,494	13,237
ELLINGTON FINANCIAL 2 A1 144A	1.18%	10/25/2065	21,816	21,816	19,409
ANGEL OAK MORTGAGE T 3 A1 144A	4.80%	09/26/2067	380,000	359,231	361,242
EFMT 2023-1 1 A1 144A	5.73%	02/25/2068	212,728	212,726	210,596
			<u>\$ 149,162,235</u>	<u>\$ 94,067,397</u>	<u>\$ 87,867,108</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, 2023

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	-	\$ <u>23,438,900</u>	\$ <u>32,676,913</u>
		\$ <u>23,438,900</u>	\$ <u>32,676,913</u>

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

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

JUNE 30, 2023

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		\$ 39,052,419	\$ 41,658,344
GROSVENOR INSTITUTIONAL PARTNERS LP - PARTNERSHIPS		2,247,336	3,130,431
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - PARTNERSHIPS		9,449,518	10,452,597
CRESCENT CREDIT SOLUTIONS VIII A-2 L.P.		<u>9,715,584</u>	<u>9,715,584</u>
		<u>\$ 60,464,857</u>	<u>\$ 64,956,956</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 NON-PARTICIPANT LOANS

JUNE 30, 2023

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	
VITAL ENERGY INC	9.50%	01/15/2025	103,999	\$ 102,259	\$ 103,219	
OWENS-BROCKWAY GLASS CONT 144A	6.63%	05/13/2027	41,999	41,887	41,597	
CALPINE CORP 144A	5.13%	03/15/2028	120,999	110,986	107,975	
U S TREASURY NOTE	3.63%	05/31/2028	954,999	942,273	933,808	
PG&E CORP	5.00%	07/01/2028	116,999	107,054	107,349	
FLUOR CORP	4.25%	09/15/2028	39,999	40,667	37,108	
TENET HEALTHCARE CORP	6.13%	10/01/2028	124,999	117,030	120,337	
NETFLIX INC	6.38%	05/15/2029	307,999	352,278	325,533	
PENN ENTERTAINMENT INC 144A	4.13%	07/01/2029	124,000	104,160	101,680	
CAESARS ENTERTAINMENT INC 144A	4.63%	10/15/2029	124,999	109,908	109,143	
LOWE'S COS INC	5.00%	04/15/2033	303,718	304,769	300,395	
U S TREASURY NOTE	3.38%	05/15/2033	244,999	238,587	236,157	
BANK OF AMERICA CORP	5.02%	07/22/2033	423,367	422,569	414,061	
US BANCORP	4.84%	02/01/2034	171,999	171,999	160,998	
U S TREASURY BOND	3.88%	05/15/2043	140,700	137,129	137,050	
				<u>\$ 3,303,555</u>	<u>\$ 3,236,410</u>	

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

JUNE 30, 2023

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	459,397	\$ 111,534,285	\$ 158,433,868
NHIT CORE PLUS FULL DISCRETION TRUST	7,280,753	86,527,233	96,324,370
STATE STREET MSCI ACWI EX USA INDEX NON-LENDING COMMON TRUST FUND	3,680,180	63,789,400	84,213,553
STATE STREET U.S. TREASURY INFLATION PROTECTED SECURITIES INDEX NON-LENDING COMMON TRUST FUND	1,841,804	<u>24,647,412</u>	<u>30,270,049</u>
		<u>\$ 286,498,330</u>	<u>\$ 369,241,840</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF 103-12 INVESTMENT ENTITIES

JUNE 30, 2023

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)
<u>ISSUER</u>	<u>NO. OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
WESTERN ASSET TOTAL RETURN UNCONSTRAINED (TRU) BOND LLC	1,752,420	\$ <u>35,311,270</u>	\$ <u>36,967,307</u>
		\$ <u>35,311,270</u>	\$ <u>36,967,307</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

JUNE 30, 2023

EIN 13-5615576, PLAN NO. 501

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

(a)	(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
*	DREYFUS INSTITUTIONAL PREFERRED GOVERNMENT MONEY MARKET FUND	56,262,915	\$ <u>56,262,915</u>	\$ <u>56,262,915</u>
			\$ <u>56,262,915</u>	\$ <u>56,262,915</u>

* PARTY-IN-INTEREST

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF OTHER INVESTMENTS

JUNE 30, 2023

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
STATE OF CA G/O B-5 TAXABLE	5.25%	07/05/2023	\$ 250,000	\$ 250,000	\$ 250,000
MASSACHUSETTS ST SPL OBLG REVE	3.56%	07/15/2023	90,000	90,000	89,938
SOUTH CAROLINA PUB SVC TAXABLE	5.25%	07/18/2023	200,000	200,000	200,000
ILLINOIS ST	5.10%	06/01/2033	<u>295,000</u>	<u>318,955</u>	<u>289,899</u>
			<u>\$ 835,000</u>	<u>\$ 858,955</u>	<u>\$ 829,837</u>