

<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;">2024</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 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></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) <u>BOARD OF TRUSTEES OF NYCDCC WELFARE FUND</u></p> <p><u>395 HUDSON STREET</u> <u>NEW YORK, NY 10014</u></p>	<p>1c Effective date of plan <u>07/01/1950</u></p> <p>2b Employer Identification Number (EIN) <u>13-5615576</u></p> <p>2c Plan Sponsor's telephone number <u>212-366-7300</u></p> <p>2d Business code (see instructions) <u>236200</u></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.	03/08/2026	PAUL CAPURSO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/09/2026	DAVID MEBERG
	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	18947
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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)	11821
	6a(2)	11828
	6b	7183
	6c	
	6d	19011
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	1044

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)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

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
<u>13-5501223</u>	<u>60216</u>	<u>260D06</u>	<u>38139</u>	<u>08/01/2023</u>	<u>07/31/2024</u>

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

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

(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.
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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) <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)	
	7c(2)	
	7c(3)	
	7c(4)	
	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)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(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	2837841
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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

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

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

1 Coverage Information:

(a) Name of insurance carrier
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	6740	01/01/2024	12/31/2024

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
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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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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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) <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)	
	7c(2)	
	7c(3)	
	7c(4)	
	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)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶ **SUPPLEMENTAL MEDICARE**

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

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

GCM GROSVENOR LP

20-3979494

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

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

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)

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	3604554	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EXPRESS SCRIPTS INC

22-3461740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	3534961	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	1783649	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	1221516	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	NONE	978834	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANTHEM BLUE CROSS AND BLUE SHIELD

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 50	NONE	555030	Yes <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)

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	422787	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	369362	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BEACON HILL SOLUTIONS GROUP LLC

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	327820	Yes <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 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	307619	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	NONE	302622	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HARVARD PROTECTION SERVICES

13-4127048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	SECURITY PROVIDER	294096	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	249492	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	237978	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	228048	Yes <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 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	219986	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LEVEL CARE HEALTH CONSORTIUM

83-2819398

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	206647	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	199738	Yes <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 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	173824	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	173390	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	160479	Yes <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 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	157351	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	154682	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	154400	Yes <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 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	153613	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	140006	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)

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	137522	Yes <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 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	135864	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	131499	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	129017	Yes <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 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	127087	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HAMILTON LANE ADVISORS LLC

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	126632	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	125005	Yes <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)

SCOUT INVESTMENTS INC

43-1925734

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	124568	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	120001	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	112623	Yes <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 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	110580	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	106811	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	106557	Yes <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)

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	NONE	106094	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	104212	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	102932	Yes <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 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	102774	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	102660	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	99487	Yes <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 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	95308	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

K2 INTELLIGENCE LLC

84-3003271

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	94551	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	94311	Yes <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 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	93922	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	93484	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	92830	Yes <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 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	92173	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	91282	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	90643	Yes <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 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	88545	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	87224	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	86776	Yes <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 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	86515	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	84492	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	83398	Yes <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 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	83285	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	80250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	80116	Yes <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 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	79899	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	77973	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	76796	Yes <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 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	76198	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	76087	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	75595	Yes <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 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	72388	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	71871	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	69635	Yes <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	68491	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	67201	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	66566	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PAYDEN & RYGEL

95-3921788

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	65655	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	65497	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	63929	Yes <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 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	63082	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	62719	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	62490	Yes <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 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	62391	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	61157	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	61097	Yes <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 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	61091	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	60401	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	59864	Yes <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 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	59859	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	59313	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	59229	Yes <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 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	58647	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	58008	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	57244	Yes <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 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	55810	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	55424	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	54906	Yes <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 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	54514	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	54190	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	54074	Yes <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 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	53814	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	53653	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	52561	Yes <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 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	52436	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	50684	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	50574	Yes <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 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	48124	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	46855	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	46395	Yes <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 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	45889	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 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	44341	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 CH

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	42268	Yes <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)

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	42000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 CI

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	41861	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 CJ

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	41731	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

AMALGAMATED EMPLOYEE BENEFITS ADMIN

13-3432221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	40560	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 CK

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	38018	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 CL

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	35377	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

J.J. PIERSON

37-1801501

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

W. SARACENI CONSULTING

34 VARSITY BOULEVARD
EAST SETAUKET, NY 11733

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	32878	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 CM

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	32652	Yes <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	32280	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ADDISON GROUP

46-3670661

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	30832	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JEFFREY G. STEIN

276 STERLING PLAGE
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	29402	Yes <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 CN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	27754	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 CO

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	27407	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TPG ARCHITECTURE

132 W 31ST STREET
NEW YORK, NY 10001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	27273	Yes <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	27114	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAYLOCITY CORPORATION

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	24420	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	24123	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)

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	18760	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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

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	16381	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARLENE GROSSMAN

7 HUNTING HILL ROAD
WOODBURY, NY 11797

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	16280	Yes <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)

STORMWIND LLC

17550 N PERIMETER DR
SCOTTSDALE, AZ 85255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	14490	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 CP

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	12094	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	11900	Yes <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)

INTELLI-TEC SECURITY SERVICES LLC

150 EILEEN WAY
SYOSSET, NY 11791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	9287	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 CQ

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	8870	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 CR

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	7972	Yes <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"/>	141330	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	29467
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CHUBB 13-1963496	INSURANCE BROKERAGE COMMISSIONS AND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	70987
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ULLICO CASUALTY GROUP 13-2988846	INSURANCE BROKERAGE COMMISSIONS AND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	10279
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AM WINS BROKERAGE OF NY 13-4279678	INSURANCE BROKERAGE COMMISSIONS AND FEES	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	29987
(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.	
ENCORE 45-3957469	INSURANCE BROKERAGE COMMISSIONS AND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SS U.S. TIPS INDEX NL CTF</u>		
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>02-6138231-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>11106509</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SS MSCI ACWI EX USA INDEX NL CTF</u>		
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
c EIN-PN <u>80-6103053-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>91676426</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NHIT CORE PLUS FULL DISCRETION TRST</u>		
b Name of sponsor of entity listed in (a):	<u>LOOMIS SAYLES TRUST COMPANY, LLC</u>		
c EIN-PN <u>20-8080381-022</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>83300988</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LONGVIEW BROAD MARKET 3000 INDEX FD</u>		
b Name of sponsor of entity listed in (a):	<u>AMALGAMATED BANK</u>		
c EIN-PN <u>46-2044954-020</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>180353770</u>
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)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF NYCDCC WELFARE FUND	D Employer Identification Number (EIN) 13-5615576

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	8411704	8390200
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	27379000	29169000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	28468345	34543935
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	22375	35419
(2) U.S. Government securities	1c(2)	107264203	70897288
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	25469674	33570819
(B) All other	1c(3)(B)	76818843	64763978
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	34293285	38629515
(5) Partnership/joint venture interests	1c(5)	104500684	127013929
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	10468808	14415455
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	387495675	366437693
(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)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	54027669	59829722
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	985844	1750552

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	3872630	3820210
f Total assets (add all amounts in lines 1a through 1e).....	1f	869478739	853267715
Liabilities			
g Benefit claims payable.....	1g	71500000	79000000
h Operating payables.....	1h	2184453	1884485
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	90215333	73142387
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	163899786	154026872
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	705578953	699240843

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)	399676285	
(B) Participants.....	2a(1)(B)	4881211	
(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)		404557496
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	3407237	
(C) Corporate debt instruments.....	2b(1)(C)	5330813	
(D) Loans (other than to participants).....	2b(1)(D)	20408	
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	3645852	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12404310
(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)	2168255	
(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)	834364029	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	833458869	
(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)	11695153	
(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)		47806311
(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)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		20091859
d Total income. Add all income amounts in column (b) and enter total	2d		499628544

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	486285065	
(2) To insurance carriers for the provision of benefits	2e(2)	5646317	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		491931382
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	6890118	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	159490	
(5) Investment advisory and investment management fees	2i(5)	1096435	
(6) Bank or trust company trustee/custodial fees	2i(6)	39615	
(7) Actuarial fees	2i(7)	355432	
(8) Legal fees	2i(8)	824629	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	38489	
(11) Other expenses	2i(11)	4631064	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		14035272
j Total expenses. Add all expense amounts in column (b) and enter total	2j		505966654

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-6338110
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** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		216062385
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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

Accountants and Consultants

Please Reply to:

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Allison Newton, SHRM-SCP
Susan Cummo
Lisa Matthews

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, 2025 and 2024, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended June 30, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of June 30, 2025 and 2024, and the changes in net assets available for benefits and changes in plan benefit obligations for the years ended June 30, 2025 and 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 24 through 46 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 47 through 50 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Schultheis + Panettieri, LLP

Hauppauge, New York
March 19, 2026

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

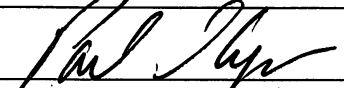
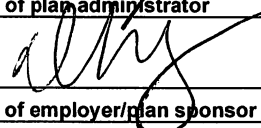
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here.
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

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	X 	X 3/19/26	X Paul Capurso
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	X 	X 3/10/26	X David Moberg
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

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	18,947
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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)	11,821
	6a(2)	11,828
	6b	7,183
	6c	
	6d	19,011
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	1,044

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)

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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, 2025 AND 2024

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

YEARS ENDED JUNE 30, 2025 AND 2024

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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, 2025 and 2024, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended June 30, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and plan benefit obligations of the Plan as of June 30, 2025 and 2024, and the changes in net assets available for benefits and changes in plan benefit obligations for the years ended June 30, 2025 and 2024 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 24 through 46 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 47 through 50 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Schultheis + Panettieri, LLP

Hauppauge, New York
March 19, 2026

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments at fair value		
U.S. government securities	\$ 70,897,288	\$ 107,264,203
Corporate debt instruments	97,727,925	102,288,517
Partnership/joint venture interests	167,431,223	139,240,545
Loans (other than participant loans)	14,415,455	10,468,808
Common/collective trust funds	366,437,693	387,495,675
Registered investment companies	59,829,722	54,027,669
Municipal bonds	<u>1,750,552</u>	<u>985,844</u>
Total investments	778,489,858	801,771,261
Receivables		
Participants' contributions	9,462,000	8,815,000
Employers' contributions	19,707,000	18,564,000
Accrued interest/dividends	1,691,739	2,025,088
Prescription subsidies and rebates	14,889,000	11,756,000
Cash	8,390,200	8,411,704
Collateral held under securities lending agreement	14,831,497	10,772,225
Other assets	<u>3,820,210</u>	<u>3,872,626</u>
Total assets	<u>851,281,504</u>	<u>865,987,904</u>
Liabilities		
Accounts payable	1,873,844	2,172,753
Related organizations - net	37,217,431	34,890,938
Net trades pending settlement	15,561,394	37,451,540
Contractor surety bonds	3,556,495	3,621,495
Payable under securities lending agreement	<u>14,831,497</u>	<u>10,772,225</u>
Total liabilities	<u>73,040,661</u>	<u>88,908,951</u>
Net assets available for benefits	<u>\$ 778,240,843</u>	<u>\$ 777,078,953</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2025 AND 2024

	2025	2024
Additions to net assets attributed to:		
Investment income		
Net appreciation in fair value of investments	\$ 60,380,575	\$ 52,811,016
Interest/dividends	<u>14,598,614</u>	<u>14,094,467</u>
Total investment income	74,979,189	66,905,483
Less investment expenses	<u>(1,096,435)</u>	<u>(1,162,090)</u>
Net investment income	73,882,754	65,743,393
Contributions		
Participants'	4,881,211	4,791,699
Employers'	266,087,422	255,124,970
Participants' - Vacation	133,588,863	126,924,152
Medicare drug subsidy	19,958,461	14,177,277
Other income	<u>133,398</u>	<u>167,691</u>
Total additions	<u>498,532,109</u>	<u>466,929,182</u>
Deductions from net assets attributed to:		
Benefits paid to or for participants		
Health care		
Active participants	225,328,794	203,255,162
Retired participants	121,618,084	105,090,707
Group health insurance premiums	5,646,317	2,835,228
Vacation	130,700,561	127,260,685
Disability	789,376	784,267
Scholarships	<u>348,250</u>	<u>354,477</u>
Total benefits paid	484,431,382	439,580,526
Administrative expenses	<u>12,938,837</u>	<u>12,546,732</u>
Total deductions	<u>497,370,219</u>	<u>452,127,258</u>
Net increase	1,161,890	14,801,924
Net assets available for benefits		
Beginning of year	<u>777,078,953</u>	<u>762,277,029</u>
End of year	<u>\$ 778,240,843</u>	<u>\$ 777,078,953</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

STATEMENTS OF PLAN BENEFIT OBLIGATIONS

JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	\$ 44,200,000	\$ 39,100,000
Vacation benefits payable	<u>34,800,000</u>	<u>32,400,000</u>
	<u>79,000,000</u>	<u>71,500,000</u>
 Postemployment benefit obligations		
Accumulated eligibility credits	<u>174,400,000</u>	<u>159,000,000</u>
 Postretirement benefit obligations, net of amounts currently payable		
Retired participants	1,333,100,000	1,028,900,000
Other participants fully eligible for benefits	334,500,000	496,500,000
Participants not yet fully eligible for benefits	<u>558,800,000</u>	<u>666,100,000</u>
	<u>2,226,400,000</u>	<u>2,191,500,000</u>
 Plan's total benefit obligations	 <u>\$ 2,479,800,000</u>	 <u>\$ 2,422,000,000</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS

YEARS ENDED JUNE 30, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable		
Balance at beginning of year	\$ 71,500,000	\$ 63,300,000
Claims reported and approved for payment	491,931,382	447,780,526
Total benefits paid	<u>(484,431,382)</u>	<u>(439,580,526)</u>
Balance at end of year	<u>79,000,000</u>	<u>71,500,000</u>
Postemployment benefit obligations		
Balance at beginning of year	159,000,000	153,600,000
Net change during year:		
Accumulated eligibility credits	<u>15,400,000</u>	<u>5,400,000</u>
Balance at end of year	<u>174,400,000</u>	<u>159,000,000</u>
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	2,191,500,000	2,205,800,000
Increase (decrease) in postretirement benefits attributed to:		
Changes in actuarial assumptions	(125,000,000)	(91,600,000)
Interest	113,500,000	105,500,000
Expected benefits paid	(102,100,000)	(104,800,000)
Benefits earned - service cost	49,800,000	57,200,000
Actuarial loss (gain) experience	98,700,000	-
Plan amendments	<u>-</u>	<u>19,400,000</u>
Balance at end of year	<u>2,226,400,000</u>	<u>2,191,500,000</u>
Plan's total benefit obligations at end of year	<u>\$ 2,479,800,000</u>	<u>\$ 2,422,000,000</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

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, 2025 AND 2024

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, the participant must be at least 55 years old, and they must satisfy one of the following three requirements:

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

The participant 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 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. As of March 1, 2025, this is no longer an available method pursuant to which a participant can qualify for coverage as a retiree.

Retirees and their dependents are required to pay a monthly premium to maintain coverage. Total retiree contributions received for the years ended June 30, 2025 and 2024, included in the participant contributions on the Statement of Changes in Net Assets Available for Benefits, were \$3,569,922 and \$3,546,066, respectively. The monthly rate ranges from \$14 to \$117.

A participant will be permanently ineligible for retiree coverage if they work in disqualifying employment in any two months on or after July 1, 2019 in the 15 years before they would otherwise be eligible for retiree coverage.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

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 five 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, 2025 AND 2024

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

Use of estimates

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

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employers' and participants' contributions receivable

Employers' and participants' contributions receivable are estimated based on receipts in the subsequent plan year that pertain to prior plan years.

The Plan, in its normal course of business, performs audits of the records of contributing employers to monitor compliance with their obligation to make contributions to the Plan. It is the Plan's policy that any employer contributions due to the Plan based on these procedures are recorded as income in the period in which such amounts are received.

Lease

The Plan assesses whether a contractual arrangement qualifies as a lease at inception and only reassesses its determination if the terms and conditions of the arrangement are modified. If an arrangement qualifies as a lease, the Plan evaluates whether it should be classified as an operating or financing lease.

For leases assessed as long-term, lease right-of-use assets represent the Plan's right to use the underlying asset for the lease term and lease liabilities represent the Plan's obligation to make lease payments arising from the leases. The Plan records a lease liability based on the future estimated cash payments discounted over the non-cancellable portion of the lease term. In the event an implicit discount rate is not readily determined in lease agreements, the Plan uses the risk-free Treasury rate at the lease commencement date in determining the present value of future lease payments. Lease right-of-use assets may include lease payments made and exclude lease incentives. Lease terms may include options to extend or terminate the lease when it is reasonably certain that the Plan will exercise that option. Lease expense for lease payments is recognized on a straight-line basis over the lease term.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

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

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, 2025 and 2024 were \$13,363,842 and \$13,135,685, respectively.

The Plan leases office space from the Pension Fund, a related organization. Rent and related costs are included in the total occupancy expense of the Plan.

Postretirement benefits obligations

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

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

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

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

Postretirement benefits obligations (cont'd)

A 2025 actuarial experience loss increased obligations by \$98,700,000, which was the net result of gains and losses due to demographic changes.

The 2025 valuation assumption changes decreased obligations by \$125,000,000, 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, (2) a decrease in obligations due to updating the inactive vested exclusion age assumption, (3) a decrease in obligations due to updating the enrollment assumptions, and (4) a decrease in obligations due to raising the discount rate from 5.30% to 5.40%.

A 2024 plan amendment increased obligations by \$19,400,000 due to the dental plan annual benefit maximum for retirees increasing from \$1,500 to \$3,000 and the cost sharing for the broader Tier 2 Dental Complete plan being removed.

The 2024 valuation assumption changes decreased obligations by \$91,600,000, 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 4.90% to 5.30%.

The following were other significant assumptions used in the valuation as of June 30, 2025 and 2024:

Discount rate	2025: 5.40% 2024: 5.30%
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
Actives' retirement age	Graded from 35% at age 55 to a long term rate of 100%

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

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

Postretirement benefits obligations (cont'd)

Inactives' retirement age	Graded from 40% at age 55 to a long term rate of 100%
Health trend rates - hospital and medical	2025: Pre-65: 8.00% in 2026 graded to 4.50% over 14 years 2025: Post-65: Claims are \$1,271 in 2026 and \$1,960 in 2027 and \$2,195 in 2028 with 4.50% trend starting in 2028 2024: Pre-65: 8.25% in 2025 graded to 4.50% over 15 years 2024: Post-65: Claims are \$354 in 2025 and \$724 in 2026 with 4.50% trend starting in 2026
Health trend rates - prescription drug	2025: Pre-65: 8.25% in 2026 graded to 4.50% over 15 years 2025: Post-65: 8.25% in 2026 graded to 4.50% over 15 years 2024: Pre-65: 8.50% in 2025 graded to 4.50% over 16 years 2024: Post-65: 15.50% in 2025, then 8.25% in 2026 graded to 4.50% 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, 2025 and 2024 were \$32,200,000 and \$35,300,000, 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, 2025 AND 2024

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, 2025 and 2024 by \$284,800,000 and \$301,300,000, 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, 2025 and 2024, was \$31,453,347 and \$33,409,754, respectively. The total Medicare subsidy received during the years ended June 30, 2025 and 2024 was \$19,958,461 and \$14,177,277, respectively.

Reclassification

Certain prior year amounts have been reclassified to conform to the current year presentation.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

Note 2 - Fair value measurements

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

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

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

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

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

U.S. government securities: 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 and common/collective trust funds 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, 2025 AND 2024

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, 2025, with fair value measurements on a recurring basis:

	<u>2025</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
U.S. government securities	\$ 70,897,288	\$ 47,835,845	\$ 23,061,443	\$ -
Corporate debt instruments	97,727,925	-	97,727,925	-
Loans (other than participant loans)	14,415,455	12,852,538	1,562,917	-
Registered investment companies	59,829,722	59,829,722	-	-
Municipal bonds	<u>1,750,552</u>	<u>-</u>	<u>1,750,552</u>	<u>-</u>
 Total assets in the fair value hierarchy	 244,620,942	 \$ <u>120,518,105</u>	 \$ <u>124,102,837</u>	 \$ <u>-</u>
 Investments measured at net asset value	 <u>533,868,916</u>			
 Investments at fair value	 \$ <u>778,489,858</u>			

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

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, 2024, with fair value measurements on a recurring basis:

	<u>2024</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments at fair value				
U.S. government securities	\$ 107,264,203	\$ 65,620,027	\$ 41,644,176	\$ -
Corporate debt instruments	102,288,517	-	102,288,517	-
Loans (other than participant loans)	10,468,808	8,244,438	2,224,370	-
Registered investment companies	54,027,669	54,027,669	-	-
Municipal bonds	<u>985,844</u>	<u>-</u>	<u>985,844</u>	<u>-</u>
 Total assets in the fair value hierarchy	 275,035,041	 \$ <u>127,892,134</u>	 \$ <u>147,142,907</u>	 \$ <u>-</u>
 Investments measured at net asset value	 <u>526,736,220</u>			
 Investments at fair value	 \$ <u>801,771,261</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 - Partnerships

The Plan invests in numerous partnerships. Significant investments in partnerships held by the Plan are detailed below.

Columbus Unconstrained Bond Fund, L.L.C. ("CUBF") is a Delaware Limited Liability Company. CUBF's objective is to systematically pursue relative value opportunities throughout all sectors of the fixed income market. Investments will normally be valued on the basis of market-based quotations provided by independent pricing services. Upon three business days' prior written notice, a member may redeem all or a portion as of the redemption date generally the first day of each calendar month. The estimated fair value of the Plan's investment as of June 30, 2025 and 2024 was \$43,045,264 and \$39,189,306, respectively.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

Note 4 - Partnerships (cont'd)

Grosvenor Institutional Partners, LP ("GIP") is a Delaware Limited Liability Partnership which invests substantially all of its assets in the Grosvenor Institutional Partners Master Fund, LTD (the "Master Fund"). The Master Fund is a Cayman Islands exempted company which invests primarily in offshore investment funds, investment partnerships, and pooled investment vehicles which generally implement "non-traditional" or "alternative" investment strategies. Redemptions may be made at the end of any calendar quarter upon 70 days notice. The payment of withdrawal proceeds is subject to the underlying provisions of the Master Fund and to audit contingency and other customary reserves. The estimated fair value of the Plan's investment as of June 30, 2025 and 2024 was \$43,505,451 and \$38,077,657, respectively.

Note 5 - 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.

Income earned during the years ended June 30, 2025 and 2024 was \$20,408 and \$20,839, respectively.

The fair value of securities loaned by the Plan was \$14,415,455 and \$10,468,808 as of June 30, 2025 and 2024, respectively. The fair value of the collateral held by the Plan was \$14,831,497 and \$10,772,225 as of June 30, 2025 and 2024, respectively. Securities loaned are presented as loans (other than participant loans) in the investments fair value portion of the balance sheet.

Note 6 - Common/collective trust 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, 2025 and 2024 was \$91,676,426 and \$93,781,608, respectively.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

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

Longview Broad Market 3000 Index Fund ("Longview 3000") is a tax-exempt, nonregistered fund. It was established 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. Longview 3000's investment objective is to provide investment results that approximate the aggregate performance of the Russell 3000 Growth Index. 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, 2025 and 2024 was \$180,353,770 and \$189,619,254, 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, 2025 and 2024 was \$83,300,988 and \$93,599,599, respectively.

Note 7 - Investment commitments

As of June 30, 2025, the Plan has total future capital commitments with various investment managers to invest a total of \$21,187,000. Subsequent to year end, the Plan entered into capital commitments of approximately \$167,000,000.

Note 8 - Party-in-interest transactions

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

Note 9 - Risks and uncertainties

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

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2025 AND 2024

Note 9 - Risks and uncertainties (cont'd)

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

Note 10 - Employers' and participants' 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. Additionally, employers are required to withhold participant contributions from each participant's pay to fund vacation benefits. Contributions are generally based on an hourly rate or quarterly contributions as determined by the Plan's actuary.

Note 11 - Benefit obligations compared to net assets available for benefits

	<u>2025</u>	<u>2024</u>
Net assets available for benefits	\$ 778,240,843	\$ 777,078,953
Plan's total benefit obligations	<u>2,479,800,000</u>	<u>2,422,000,000</u>
Plan's total benefit obligations over net assets available for benefits	<u>\$ (1,701,559,157)</u>	<u>\$ (1,644,921,047)</u>

The Plan's benefit obligations over net assets available for benefits as of June 30, 2025 and 2024 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, 2025 AND 2024

Note 12 - 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>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 778,240,843	\$ 777,078,953
Less: claims payable and claims incurred but not reported	<u>79,000,000</u>	<u>71,500,000</u>
Net assets available for benefits as reported on Form 5500	<u>\$ 699,240,843</u>	<u>\$ 705,578,953</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, 2025 AND 2024

Note 12 - 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	\$ 73,882,754	\$ 1,096,435	\$ 74,979,189
Contributions	404,557,496	-	404,557,496
Medicare drug subsidy	19,958,461	(19,958,461)	-
Other income	<u>133,398</u>	<u>19,958,461</u>	<u>20,091,859</u>
 Total additions	 <u>498,532,109</u>	 <u>1,096,435</u>	 <u>499,628,544</u>
 Benefits paid to or for participants	 484,431,382	 7,500,000	 491,931,382
Administrative expenses	<u>12,938,837</u>	<u>1,096,435</u>	<u>14,035,272</u>
 Total deductions	 <u>497,370,219</u>	 <u>8,596,435</u>	 <u>505,966,654</u>
 Net increase (decrease)	 <u>\$ 1,161,890</u>	 <u>\$ (7,500,000)</u>	 <u>\$ (6,338,110)</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 47.

Note 13 - Tax status

The trust funding the Plan has received an exemption letter from the Internal Revenue Service 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. Additionally, the Plan believes it has no uncertain tax positions as of June 30, 2025 and 2024 in accordance with FASB ASC Topic 740 "Income Taxes".

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF INTEREST BEARING CASH

JUNE 30, 2025

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION INTEREST BEARING CASH		(d)	(e)
	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
GROSVENOR INSTITUTIONAL PARTNERS LP - INTEREST BEARING CASH			\$ 22,504	\$ 22,504
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - INTEREST BEARING CASH			2,330	2,330
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND VIII LP - INTEREST BEARING CASH			<u>10,585</u>	<u>10,585</u>
			<u>\$ 35,419</u>	<u>\$ 35,419</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, 2025

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		
US TREASURY BILL	0.00%	07/03/2025	\$ 500,000 a	\$ 499,602	\$ 499,602
US TREASURY BILL	0.00%	08/05/2025	3,500,000 a	3,475,383	3,475,383
US TREASURY BILL	0.00%	08/21/2025	5,000,000 a	4,955,264	4,955,264
US TREASURY BILL	0.00%	09/02/2025	4,600,000 a	4,544,712	4,544,712
US TREASURY BILL	0.00%	09/04/2025	5,000,000 a	4,919,805	4,919,805
US TREASURY BILL	0.00%	09/23/2025	3,000,000 a	2,958,088	2,958,088
FHLMC MULTICLASS MTG KBX1 A2	2.92%	01/25/2026	47,047	46,316	46,539
FHLMC MULTICLASS MTG KI07 A	4.49%	09/25/2026	326,847	326,847	326,416
GNMA II POOL #0008989	4.75%	10/20/2026	85	86	85
GNMA II POOL #0008991	4.75%	10/20/2026	3,678	3,719	3,682
FHLMC MULTICLASS MTG KI08 A	4.52%	10/25/2026	56,745	56,745	56,533
US TREASURY NOTE	4.13%	10/31/2026	6,480,000	6,473,797	6,497,690
GNMA II POOL #0080012	4.75%	11/20/2026	136	138	136
FEDERAL HOME LN MTG CORP	4.63%	02/19/2027	200,000	200,000	200,052
US TREASURY NOTE	3.75%	04/30/2027	1	1	1
GNMA II POOL #0080093	4.63%	07/20/2027	41	41	41
GNMA II POOL #0080120	4.75%	10/20/2027	581	579	581
FHLMC MULTICLASS MTG KS09 A	4.83%	10/25/2027	162,257	162,206	162,286
US TREASURY NOTE	3.88%	03/15/2028	700,000	700,952	703,283
US TREASURY NOTE	4.00%	03/31/2030	1,919,300	1,921,307	1,936,766
US TREAS-CPI INFLAT	1.63%	04/15/2030	921,991	922,066	928,629
US TREASURY NOTE	4.00%	05/31/2030	1	1	1
FHLMC MULTICLASS MTG K143 A2	2.35%	03/25/2032	480,000	417,150	424,714
US TREASURY NOTE	4.13%	05/31/2032	1	1	1
FHLMC MULTICLASS MTG KG07 A2	3.12%	08/25/2032	475,000	425,292	438,454
FHLMC MULTICLASS MTG KG08 A2	4.13%	05/25/2033	300,000	289,368	293,208
FHLMC MULTICLASS MTG 161 A2	4.90%	10/25/2033	130,000	131,523	133,489
FREDDIE MAC STACR DNA5 M2 144A	6.00%	01/25/2034	101,102	101,386	101,550
US TREASURY NOTE	4.25%	11/15/2034	1	1	1
FHLMC MULTICLASS MTG 169 A2	4.66%	12/25/2034	140,000	138,316	140,812
US TREAS-CPI INFLAT	2.13%	01/15/2035	1,839,684	1,853,508	1,871,566
US TREASURY NOTE	4.25%	05/15/2035	9,436,000	9,354,109	9,453,740
FNMA POOL #OFS7207	6.00%	02/01/2039	54,210	56,548	56,259
FHLMC POOL #SB-1248	6.00%	08/01/2039	203,997	214,133	212,271
FHLMC POOL #SB-1260	6.00%	09/01/2039	184,962	192,679	191,741
COMMIT TO PUR FNMA SF MTG	2.50%	07/01/2040	478,000	443,130	446,074
COMMIT TO PUR FNMA SF MTG	5.00%	07/01/2040	465,000	466,508	468,227
COMMIT TO PUR FNMA SF MTG	5.50%	07/01/2040	505,000	511,476	514,151
COMMIT TO PUR FNMA SF MTG	6.00%	07/01/2040	254,000	260,306	261,181
COMMIT TO PUR FNMA SF MTG	5.00%	08/01/2040	1,776,000	1,776,988	1,787,615
COMMIT TO PUR FNMA SF MTG	5.50%	08/01/2040	1,656,000	1,679,005	1,685,361
COMMIT TO PUR FNMA SF MTG	6.00%	08/01/2040	833,000	853,666	856,257
FREDDIE MAC STACR DNA1 M2 144A	6.85%	01/25/2042	215,000	217,715	218,895
FREDDIE MAC STAC DNA2 M1A 144A	5.65%	02/25/2042	75,957	75,583	76,005
FREDDIE MAC STAC HQA1 M1A 144A	6.45%	03/25/2042	59,374	58,576	59,729
FREDDIE MAC STACR HQA1 M2 144A	9.60%	03/25/2042	200,000	216,000	212,240
US TREASURY BOND	3.38%	08/15/2042	1,793,000	1,561,880	1,506,604
FREDDIE MAC STAC HQA3 M1A 144A	6.65%	08/25/2042	59,410	60,496	60,498
FREDDIE MAC STAC DNA6 M1A 144A	6.50%	09/25/2042	31,906	32,220	32,149
FREDDIE MAC STAC DNA2 M1B 144A	7.60%	04/25/2043	150,000	150,000	157,164
FREDDIE MAC STAC HQA1 M1B 144A	7.85%	05/25/2043	250,000	264,141	264,050
FREDDIE MAC STACR HQA3 A1 144A	6.20%	11/25/2043	90,678	90,678	91,756
FREDDIE MAC STACR DNA2 A1 144A	5.60%	05/25/2044	89,717	89,717	90,095
FREDDIE MAC STACR HQA2 A1 144A	5.60%	08/25/2044	91,667	91,552	91,999
US TREASURY BOND	4.63%	11/15/2044	2,473,000	2,469,041	2,423,936

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2025

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
US TREASURY BOND	4.75%	02/15/2045	1	1	1
FREDDIE MAC STACR HQA1 M1 144A	5.50%	02/25/2045	109,755	109,755	109,687
US TREASURY BOND	5.00%	05/15/2045	1	1	1
FNMA POOL #0FM9416	3.50%	07/01/2045	1,640	1,603	1,523
FHLMC POOL #ZS-9627	3.50%	02/01/2046	161,158	156,506	149,719
FNMA POOL #0FS1456	3.00%	12/01/2048	266,487	258,222	235,913
FNMA POOL #0FS2479	2.50%	01/01/2051	416,357	386,821	351,068
COMMIT TO PUR GNMA II JUMBOS	2.00%	07/01/2051	640,000	511,475	521,626
FNMA POOL #0FM8815	3.50%	09/01/2051	77,921	78,104	71,502
FREDDIE MAC STAC DNA7 M1A 144A	6.85%	03/25/2052	35,674	36,231	36,143
FNMA POOL #0CB3610	4.00%	05/01/2052	201,757	203,373	190,592
FNMA POOL #0CB3611	4.00%	05/01/2052	151,553	152,299	142,933
FNMA POOL #0FS3303	2.50%	05/01/2052	184,042	156,005	154,093
FNMA POOL #0FS2409	5.00%	07/01/2052	109,746	113,394	108,845
FNMA POOL #0FS2458	5.00%	07/01/2052	142,653	148,081	141,582
FHLMC POOL #SD-1358	5.00%	08/01/2052	294,886	309,446	291,819
FHLMC POOL #SD-1466	5.00%	08/01/2052	289,643	298,909	286,576
FNMA POOL #0FS2604	5.00%	08/01/2052	206,751	213,697	204,554
FHLMC POOL #SL-0770	6.00%	06/01/2054	301,947	309,555	310,758
FHLMC POOL #SD-6734	5.50%	10/01/2054	66,627	67,450	67,593
FNMA POOL #0FA0575	6.00%	10/01/2054	61,967	63,990	64,102
FNMA POOL #0FS9503	5.50%	10/01/2054	79,594	80,576	80,554
FHLMC POOL #SD-6957	5.50%	11/01/2054	333,703	338,448	338,542
US TREASURY BOND	4.50%	11/15/2054	1	1	1
FNMA POOL #0FA0414	6.00%	01/01/2055	137,948	142,248	142,317
FHLMC POOL #SL-0599	6.00%	02/01/2055	72,670	75,043	75,174
US TREASURY BOND	4.63%	02/15/2055	542,000	526,672	528,450
US TREASURY BOND	4.75%	05/15/2055	635,000	627,013	632,320
COMMIT TO PUR FNMA SF MTG	2.00%	07/01/2055	85,000	66,330	67,260
COMMIT TO PUR FNMA SF MTG	3.50%	07/01/2055	71,000	63,583	63,942
COMMIT TO PUR FNMA SF MTG	4.00%	07/01/2055	175,000	159,590	162,680
COMMIT TO PUR FNMA SF MTG	5.00%	07/01/2055	83,000	81,119	81,335
COMMIT TO PUR FNMA SF MTG	5.50%	07/01/2055	248,000	247,348	247,955
COMMIT TO PUR FNMA SF MTG	6.00%	07/01/2055	80,000	81,222	81,321
COMMIT TO PUR FNMA SF MTG	6.50%	07/01/2055	24,000	24,737	24,772
COMMIT TO PUR FNMA SF MTG	7.00%	07/01/2055	69,000	71,845	72,610
COMMIT TO PUR GNMA II JUMBOS	3.00%	07/20/2055	133,000	116,015	117,543
COMMIT TO PUR GNMA II JUMBOS	4.50%	07/20/2055	437,000	413,125	418,183
COMMIT TO PUR GNMA II JUMBOS	5.00%	07/20/2055	788,000	764,808	773,934
COMMIT TO PUR GNMA II JUMBOS	5.50%	07/20/2055	1,279,000	1,268,509	1,280,292
COMMIT TO PUR GNMA II JUMBOS	6.00%	07/20/2055	605,000	608,934	613,313
COMMIT TO PUR GNMA II JUMBOS	6.50%	07/20/2055	324,000	332,674	332,567
COMMIT TO PUR FNMA SF MTG	2.00%	08/01/2055	22,000	17,165	17,419
COMMIT TO PUR FNMA SF MTG	2.50%	08/01/2055	57,000	46,505	47,284
COMMIT TO PUR FNMA SF MTG	3.50%	08/01/2055	129,000	115,369	116,150
COMMIT TO PUR FNMA SF MTG	5.00%	08/01/2055	667,000	647,254	653,306
COMMIT TO PUR FNMA SF MTG	5.50%	08/01/2055	1,769,000	1,756,287	1,767,373
COMMIT TO PUR FNMA SF MTG	6.00%	08/01/2055	539,000	544,931	547,414
COMMIT TO PUR FNMA SF MTG	6.50%	08/01/2055	269,000	277,070	277,266
COMMIT TO PUR FNMA SF MTG	7.00%	08/01/2055	276,000	288,428	289,405
COMMIT TO PUR GNMA II JUMBOS	3.00%	08/20/2055	120,000	106,106	106,034
COMMIT TO PUR GNMA II JUMBOS	5.00%	08/20/2055	340,000	333,678	333,785
COMMIT TO PUR GNMA II JUMBOS	6.00%	08/20/2055	6,000	6,074	6,076
COMMIT TO PUR GNMA II JUMBOS	6.50%	08/20/2055	315,000	322,631	322,714

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2025

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
			\$ <u>71,741,858</u>	\$ <u>70,836,603</u>	\$ <u>70,897,288</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, 2025

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
CORPORATE DEBT INSTRUMENTS -
PREFERRED

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
PEPSICO INC	5.25%	11/10/2025	\$ 200,000	\$ 199,866	\$ 200,612
NATIONAL RURAL UTILITIES COOPE	4.76%	12/03/2025	200,000	200,000	200,168
JACKSON NATIONAL LIFE GLO 144A	5.50%	01/09/2026	288,000	280,486	289,172
PIONEER NATURAL RESOURCES CO	1.13%	01/15/2026	65,000	60,371	63,865
ATHENE GLOBAL FUNDING 144A	5.68%	02/23/2026	100,000	99,963	100,687
ATHENE GLOBAL FUNDING 144A	5.62%	05/08/2026	308,000	308,000	310,741
HOME DEPOT INC/THE	5.15%	06/25/2026	80,000	79,911	80,741
NISSAN AUTO LEASE TRUST 2 B A3	5.69%	07/15/2026	42,609	42,707	42,664
DLLAA 2023-1 LLC 1A A2 144A	5.93%	07/20/2026	16,088	16,088	16,107
STATE STREET CORP	5.19%	08/03/2026	126,000	126,431	126,815
NEW YORK LIFE GLOBAL FUND 144A	4.94%	08/28/2026	100,000	100,000	100,300
GREATAMERICA LEASING 1 A3 144A	5.08%	09/15/2026	96,541	96,617	96,694
DANSKE BANK A/S 144A	6.26%	09/22/2026	515,000	515,000	516,576
FORD CREDIT AUTO LEASE TRU A C	5.54%	12/15/2026	165,720	165,718	165,783
UNITEDHEALTH GROUP INC	3.45%	01/15/2027	91,000	89,428	90,024
ALLY AUTO RECEIVABLES TRU 1 A2	5.32%	01/15/2027	21,516	21,516	21,526
PNC BANK NA	4.78%	01/15/2027	250,000	250,000	250,395
PRINCIPAL LIFE GLOBAL FUN 144A	5.00%	01/16/2027	20,000	19,992	20,217
PACIFIC LIFE GLOBAL FUNDI 144A	4.82%	02/04/2027	65,000	65,000	65,011
PACIFIC LIFE GLOBAL FUNDI 144A	5.19%	02/05/2027	100,000	100,187	100,651
AMERICAN CREDIT ACCEP 2 A 144A	5.90%	02/12/2027	11,586	11,586	11,593
EXETER AUTOMOBILE RECEIV 3A A2	5.82%	02/15/2027	5,412	5,412	5,415
GM FINANCIAL CONSUMER AU 1 A2B	4.74%	02/16/2027	36,504	36,504	36,512
BRISTOL-MYERS SQUIBB CO	4.90%	02/22/2027	15,000	14,984	15,190
MARS INC 144A	4.45%	03/01/2027	50,000	49,955	50,173
HYUNDAI AUTO LEASE C A2B 144A	4.84%	03/15/2027	163,088	163,088	163,281
GM FINANCIAL CONSUMER AU 2 A2A	5.33%	03/16/2027	60,794	60,790	60,876
GOLDMAN SACHS BANK USA/NEW YOR	5.28%	03/18/2027	90,000	90,000	90,505
ENTERPRISE FLEET FIN 3 A2 144A	5.31%	04/20/2027	154,100	154,079	154,712
SBNA AUTO LEASE TRUS A A2 144A	4.68%	04/20/2027	250,000	249,998	250,098
WALMART INC	4.81%	04/28/2027	80,000	80,000	80,249
CAPITAL ONE PRIME AUTO RE 2 A3	3.66%	05/17/2027	77,171	76,417	76,915
GM FINANCIAL AUTOMOBILE 1 A2A	4.54%	05/20/2027	100,000	100,000	100,121
TRUIST BANK	4.67%	05/20/2027	250,000	250,000	250,355
GOLDMAN SACHS BANK USA/NEW YOR	5.10%	05/21/2027	100,000	100,000	100,283
SFS AUTO RECEIVABLE 1A A2 144A	5.35%	06/21/2027	7,426	7,425	7,430
JOHN DEERE CAPITAL CORP	5.05%	07/15/2027	75,000	75,000	75,429
DELL EQUIPMENT FINAN 1 A2 144A	4.68%	07/22/2027	200,000	199,991	200,786
SANTANDER DRIVE AUTO RECE 1 A2	4.76%	08/16/2027	147,474	147,471	147,518
GLS AUTO RECEIVABLE 3A A2 144A	5.35%	08/16/2027	88,763	88,811	88,855
ONEMAIN DIRECT AUTO 1A A 144A	3.63%	09/14/2027	49,669	49,048	49,501
HYUNDAI AUTO LEASE B A2A 144A	4.58%	09/15/2027	200,000	199,989	200,672
TOYOTA MOTOR CREDIT CORP	4.55%	09/20/2027	67,000	67,163	67,557
BMW VEHICLE LEASE TRUST 1 A2A	4.43%	09/27/2027	100,000	99,989	100,206
GLS AUTO RECEIVABLE 4A A2 144A	4.76%	10/15/2027	128,369	128,363	128,365
CARVANA AUTO RECEIVABLES P2 A2	5.63%	11/10/2027	57,853	57,853	57,959
AMERICAN CREDIT ACCEP 3 A 144A	5.76%	11/12/2027	57,028	57,027	57,135
VOLVO FINANCIAL EQU 1A A2 144A	4.41%	11/15/2027	100,000	99,995	100,053
CITIBANK CREDIT CARD ISS A2 A2	4.97%	12/08/2027	200,000	200,000	200,174
CARMAX AUTO OWNER TRUST 4 A2A	4.67%	12/15/2027	152,978	152,976	153,095
DRIVE AUTO RECEIVABLES TR 2 A2	4.94%	12/15/2027	92,650	92,755	92,731
GLS AUTO RECEIVABLE 1A A2 144A	4.68%	12/15/2027	250,000	249,996	249,920
LAD AUTO RECEIVABLE 1A A2 144A	4.60%	12/15/2027	200,000	199,993	199,992
VOLKSWAGEN AUTO LEASE TR A A2A	4.43%	12/20/2027	200,000	199,990	200,510

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2025

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	COST	CURRENT VALUE
COREBRIDGE GLOBAL FUNDING 144A	4.90%	01/07/2028	20,000	20,000	20,302
MMAF EQUIPMENT FINAN A A3 144A	3.20%	01/13/2028	72,303	71,140	71,786
PFS FINANCING CORP A A 144A	5.19%	01/15/2028	200,000	200,000	200,314
EXETER AUTOMOBILE RECEIV 3A A2	4.83%	01/18/2028	100,000	99,995	100,055
GM FINANCIAL CONSUMER AU 1 A2A	4.44%	01/18/2028	97,608	97,599	97,560
HONDA AUTO RECEIVABLES 2 2 A2A	4.30%	01/18/2028	200,000	199,982	199,802
WESTLAKE AUTOMOBIL 1A A2A 144A	4.66%	01/18/2028	200,000	199,988	199,976
VOLKSWAGEN AUTO LOAN ENH 1 A2A	4.51%	01/20/2028	200,000	199,994	200,154
JPMORGAN CHASE & CO	5.04%	01/23/2028	40,000	39,956	40,380
FORD CREDIT AUTO LEASE TRU B B	5.18%	02/15/2028	340,000	339,939	342,526
CITIZENS AUTO RECEIV 2 A3 144A	5.83%	02/15/2028	177,925	179,315	179,253
BANK OF AMERICA AUT 1A A3 144A	5.53%	02/15/2028	77,839	78,581	78,365
GM FINANCIAL CONSUMER AUT 1 A3	4.66%	02/16/2028	160,456	160,507	160,686
AMERICREDIT AUTOMOBILE R 1 A2B	5.43%	02/18/2028	35,913	35,913	35,930
ENTERPRISE FLEET FIN 2 A2 144A	4.51%	02/22/2028	100,000	99,988	100,126
MASTERCARD INC	4.81%	03/15/2028	80,000	80,000	80,146
CITIZENS AUTO RECEIV 1 A3 144A	5.11%	04/17/2028	135,000	135,722	135,729
SANTANDER DRIVE AUTO RECE 4 A3	5.73%	04/17/2028	132,475	133,334	132,839
STATE STREET CORP	5.33%	04/24/2028	50,000	50,000	50,233
CAPITAL ONE MULTI-ASSET B3 B3	5.07%	05/15/2028	245,000	244,684	244,868
US BANK NA/CINCINNATI OH	5.26%	05/15/2028	250,000	250,000	250,655
SFS AUTO RECEIVABLE 1A A2 144A	4.65%	05/22/2028	178,816	178,813	178,888
BANK OF NEW YORK MELLON CORP/T	5.04%	06/09/2028	115,000	115,000	115,112
CARVANA AUTO RECEIVABLES P1 A2	4.50%	06/12/2028	97,483	97,482	97,377
EXETER AUTOMOBILE RECEIVA 2A D	4.56%	07/17/2028	130,000	128,832	129,554
CARMAX AUTO OWNER TRUST 2 A2A	4.59%	07/17/2028	200,000	199,996	200,648
OCTANE RECEIVABLES T 2A B 144A	5.85%	07/20/2028	485,000	484,915	486,392
BANK OF NEW YORK MELLON CORP/T	5.21%	07/21/2028	100,000	100,109	100,379
JPMORGAN CHASE & CO	5.31%	07/22/2028	55,000	55,000	55,212
CARVANA AUTO RECEIVABLES P2 A2	4.56%	08/10/2028	100,000	99,996	100,175
WESTLAKE AUTOMOBILE 1A C 144A	5.74%	08/15/2028	165,000	164,978	166,011
LAD AUTO RECEIVABLES 2A C 144A	5.58%	09/15/2028	85,000	85,724	85,813
CITIBANK NA	5.80%	09/29/2028	925,000	949,883	967,051
HYUNDAI AUTO RECEIVABLES C A4	5.52%	10/16/2028	230,000	233,773	232,889
JPMORGAN CHASE & CO	5.24%	10/22/2028	100,000	100,000	100,301
SBNA AUTO RECEIVABLE A A3 144A	5.32%	12/15/2028	176,749	177,633	177,270
VERIZON MASTER TRUST 1 A1B	4.99%	12/20/2028	200,000	200,000	200,250
JPMORGAN CHASE & CO	4.92%	01/24/2029	35,000	35,000	35,456
BMW VEHICLE OWNER TRUST 2 A A3	5.18%	02/26/2029	110,000	110,941	111,378
CARMAX AUTO OWNER TRUST 20 4 B	6.39%	05/15/2029	230,000	239,991	239,977
GM FINANCIAL CONSUMER AUTO 4 C	6.41%	05/16/2029	320,000	329,950	331,274
ENTERPRISE FLEET FIN 2 A2 144A	4.65%	05/21/2029	1,347	1,336	1,346
BRIGHTHOUSE FINANCIAL GLO 144A	5.65%	06/10/2029	182,000	181,891	186,614
EXETER AUTOMOBILE RECEIVA 1A D	6.69%	06/15/2029	290,000	292,538	294,945
BX TRUST 2024-VLT4 VLT4 A 144A	5.83%	07/15/2029	160,000	159,619	159,950
EXETER AUTOMOBILE RECEIVA 2A D	6.32%	08/15/2029	215,000	219,586	218,797
HYUNDAI AUTO LEASE SE B B 144A	4.94%	08/15/2029	145,000	144,968	146,573
JPMORGAN CHASE & CO	6.09%	10/23/2029	825,000	849,090	866,902
SAMMONS FINANCIAL GROUP G 144A	5.10%	12/10/2029	101,000	100,952	103,123
JACKSON NATIONAL LIFE GLO 144A	5.35%	01/13/2030	185,000	184,824	190,256
WORLD OMNI SELECT AUTO TR A A3	4.98%	02/15/2030	145,000	145,736	145,748
BX TRUST 2025-ROIC ROIC B 144A	5.74%	03/15/2030	160,000	159,600	158,800
WESTLAKE AUTOMOBILE 2A C 144A	5.68%	03/15/2030	250,000	249,992	253,598
VOLKSWAGEN AUTO LEASE TRU A A4	4.56%	03/20/2030	190,000	189,989	191,438

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2025

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	COST	CURRENT VALUE
DELL EQUIPMENT FINAN 1 A2 144A	5.58%	03/22/2030	39,313	39,311	39,391
ENTERPRISE FLEET FIN 2 A2 144A	5.56%	04/22/2030	93,032	93,704	93,587
GLS AUTO SELECT REC 2A A2 144A	5.58%	06/17/2030	165,071	165,053	166,620
SANTANDER DRIVE AUTO RECEI 3 C	5.64%	08/15/2030	110,000	111,886	112,242
DELL EQUIPMENT FINAN 2 A2 144A	4.69%	08/22/2030	250,000	250,176	250,178
CARMAX AUTO OWNER TRUST 20 3 D	5.67%	01/15/2031	230,000	229,957	234,791
CPS AUTO RECEIVABLES D C 144A	4.76%	01/15/2031	205,000	203,991	204,766
VERIZON MASTER TRUST 3 A 144A	4.73%	04/21/2031	164,000	164,737	166,393
CARMAX AUTO OWNER TRUST 20 2 D	5.74%	10/15/2031	160,000	159,952	164,056
MARS INC 144A	5.00%	03/01/2032	127,000	126,743	128,741
M&T EQUIPMENT 2025- 1A A4 144A	4.91%	03/16/2032	245,000	244,996	248,481
GA GLOBAL FUNDING TRUST 144A	5.50%	04/01/2032	186,000	185,903	189,041
AUTOMATIC DATA PROCESSING INC	4.75%	05/08/2032	825,000	823,688	837,095
UNITEDHEALTH GROUP INC	5.35%	02/15/2033	100,000	99,999	103,056
UNITEDHEALTH GROUP INC	4.50%	04/15/2033	114,000	109,175	111,115
FORD CREDIT AUTO OWNE 1 A 144A	1.37%	10/17/2033	435,000	422,477	424,447
US BANCORP	4.84%	02/01/2034	160,000	155,801	158,016
NUVEEN LLC 144A	5.85%	04/15/2034	82,000	81,888	85,358
LENDMARK FUNDING TRU 1A A 144A	4.94%	09/20/2034	205,000	204,956	206,568
DOMINION ENERGY SOUTH CAROLINA	5.30%	01/15/2035	115,000	114,795	117,601
MARS INC 144A	5.20%	03/01/2035	131,000	130,771	132,487
EVERGY KANSAS CENTRAL INC	5.25%	03/15/2035	183,000	182,310	185,086
ONCOR ELECTRIC DELIVERY C 144A	5.35%	04/01/2035	110,000	109,980	112,074
ENTERGY TEXAS INC	5.25%	04/15/2035	74,000	74,002	74,618
UNION ELECTRIC CO	5.25%	04/15/2035	92,000	91,977	93,956
JAPAN TOBACCO INC 144A	5.85%	06/15/2035	173,000	172,523	180,925
CHILE ELECTRICITY LUX MPC 144A	5.58%	10/20/2035	195,501	195,503	196,088
JPMORGAN CHASE & CO	4.95%	10/22/2035	304,000	301,845	301,173
BENEFIT STREET PART 33A B 144A	6.62%	01/25/2036	250,000	251,375	250,983
COMM 2016-787S MOR 787S A 144A	3.55%	02/10/2036	500,000	550,728	491,200
CHESAPEAKE FUNDING 1A A2 144A	5.11%	05/15/2036	66,048	66,048	65,987
LOANCORE 2022-CRE7 CRE7 A 144A	5.89%	01/17/2037	163,699	163,520	163,745
NEUBERGER BERMAN L 46A CR 144A	6.08%	01/20/2037	250,000	250,000	250,252
CANYON CLO 2023-2 LT 2A B 144A	6.37%	05/15/2037	250,000	250,875	251,007
AB BSL CLO 3 LTD 3A BR 144A	5.88%	04/20/2038	400,000	400,000	401,520
TOYOTA AUTO LOAN EXT 1A A 144A	4.65%	05/25/2038	165,000	164,951	167,176
PFP 2023-10 LTD 10 A 144A	6.71%	09/16/2038	161,046	162,556	161,344
MANHATTAN WEST 2020 1MW A 144A	2.13%	09/10/2039	625,000	643,715	590,988
KIND COMMERCIAL MORTG 1 A 144A	6.23%	08/15/2041	110,000	109,769	110,138
WELLS FARGO COMME MGP A12 144A	6.03%	08/15/2041	180,000	179,550	179,100
CONNECTICUT AVENU R03 1M1 144A	5.20%	12/25/2041	36,493	36,185	36,422
CONNECTICUT AVENU R06 1M1 144A	7.10%	05/25/2042	95,267	97,738	97,492
LOANCORE 2025 2025 CRE8 A 144A	5.73%	08/17/2042	150,000	149,625	149,666
CONNECTICUT AVENU R01 1M1 144A	6.75%	12/25/2042	131,082	134,359	134,458
CONNECTICUT AVENU R04 1M1 144A	6.65%	05/25/2043	163,910	164,934	167,342
CONNECTICUT AVENU R05 1M1 144A	6.25%	06/25/2043	56,490	56,490	57,035
CONNECTICUT AVENU R06 1M1 144A	6.05%	07/25/2043	52,565	52,680	52,861
CONNECTICUT AVENU R01 1M1 144A	5.40%	01/25/2044	58,474	58,474	58,438
CONNECTICUT AVENU R02 1M1 144A	5.45%	02/25/2044	56,097	56,097	56,080
CONNECTICUT AVENU R05 2A1 144A	5.35%	07/25/2044	94,874	94,874	94,698
CONNECTICUT AVENU R06 1A1 144A	5.50%	09/25/2044	44,367	44,367	44,519
CONNECTICUT AVENU R03 2A1 144A	5.80%	03/25/2045	45,623	45,869	45,900
CIM TRUST 2021-J1 J1 A1 144A	2.50%	03/25/2051	173,078	147,224	140,925
TRP 2021 LLC 1 A 144A	2.07%	06/19/2051	587,744	587,622	556,693

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2025

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
TRP - TRIP RAIL MASTE 2 A 144A	2.15%	06/19/2051	561,424	561,194	531,725
CIM TRUST 2021-IN INV1 A2 144A	2.50%	07/01/2051	185,827	149,125	151,815
BAYVIEW OPPORTUNITY 6 A2 144A	2.50%	10/25/2051	196,957	165,810	160,435
JP MORGAN MORTGAGE 10 A3 144A	2.50%	12/25/2051	384,164	328,731	313,005
JP MORGAN MORTGAG INV1 A3 144A	3.00%	03/25/2052	240,563	207,332	205,119
GS MORTGAGE-BACKED MM1 A2 144A	2.50%	04/25/2052	121,856	97,675	99,260
JP MORGAN MORTGAG INV6 A2 144A	3.00%	04/25/2052	142,892	120,141	121,653
J.P. MORGAN MORTG INV8 A2 144A	3.00%	05/25/2052	125,709	105,694	107,187
GS MORTGAGE-BACKED HP1 A2 144A	3.00%	09/25/2052	82,947	69,429	70,518
ENTERGY LOUISIANA LLC	5.70%	03/15/2054	47,000	46,932	46,437
ENTERGY MISSISSIPPI LLC	5.80%	04/15/2055	106,000	105,961	106,211
MARS INC 144A	5.70%	05/01/2055	84,000	83,546	83,908
DTE ELECTRIC CO	5.85%	05/15/2055	24,000	23,939	24,617
BENCHMARK 2024-V7 MORTGA V7 A3	6.23%	05/15/2056	190,000	196,326	200,072
BMO 2023-C5 MORTGAGE TRU C5 A4	5.49%	06/15/2056	207,000	209,070	212,784
BMO 2024-5C5 MORTGAGE T 5C5 A3	5.86%	02/15/2057	120,000	124,139	125,112
WELLS FARGO COMMERCIAL 5C1 A3	5.93%	07/15/2057	110,000	114,030	114,754
BENCHMARK 2024-V12 MORT V12 A3	5.74%	12/15/2057	160,000	164,999	166,619
BMO 2024-5C8 MORTGAGE T 5C8 A3	5.63%	12/15/2057	450,000	463,772	466,893
WELLS FARGO COMMERCIAL 5C3 A3	6.10%	01/15/2058	170,000	176,277	179,478
MORGAN STANLEY BANK OF 5C1 A3	5.64%	03/15/2058	120,000	123,593	124,661
BBCMS MORTGAGE TRUST 2 5C34 A3	5.66%	05/15/2058	80,000	82,397	83,423
CF HIPPOLYTA ISSUER 1A A1 144A	1.53%	03/15/2061	612,591	612,474	589,368
NEW ECONOMY ASSETS - 1 A1 144A	1.91%	10/20/2061	600,000	589,122	564,852
OBX 2024-NQM12 T NQM12 A1 144A	5.48%	07/25/2064	83,399	83,243	83,393
OBX 2024-NQM14 T NQM14 A1 144A	4.94%	09/25/2064	84,619	84,619	84,124
OBX 2024-NQM16 T NQM16 A1 144A	5.53%	10/25/2064	84,041	84,041	84,138
OBX 2024-NQM18 T NQM18 A1 144A	5.41%	10/25/2064	119,174	118,515	119,265
OBX 2024-NQM17 T NQM17 A1 144A	5.61%	11/25/2064	91,311	91,311	91,555
OBX 2025-NQM3 TRU NQM3 A1 144A	5.65%	12/01/2064	95,680	95,679	96,187
CHASE HOME LENDI RPL4 A1A 144A	3.38%	12/25/2064	84,868	78,242	75,855
OBX 2025-NQM1 TRU NQM1 A1 144A	5.55%	12/25/2064	91,897	91,895	92,211
FLORIDA POWER & LIGHT CO	5.80%	03/15/2065	56,000	55,849	56,879
NEW RESIDENTIAL M NQM3 A1 144A	5.53%	05/25/2065	198,281	198,277	199,437
JP MORGAN MORTGAG DSC1 A1 144A	5.58%	09/25/2065	198,464	198,460	199,746
VERUS SECURITIZATION 9 A1 144A	5.44%	11/25/2069	93,347	93,347	93,480
EFMT 2025-INV2 INV2 A1 144A	5.39%	05/26/2070	185,193	185,190	185,419
BENCHMARK 2019-B15 MORT B15 A5	2.93%	12/15/2072	575,000	488,215	531,208
			\$ 33,774,231	\$ 33,575,018	\$ 33,570,819

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2025

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
ARES CAPITAL CORP	3.25%	07/15/2025	\$ 25,000	\$ 24,263	\$ 24,984
PENSKE TRUCK LEASING CO L 144A	4.00%	07/15/2025	100,000	96,510	99,977
CVS HEALTH CORP	3.88%	07/20/2025	80,000	77,470	79,944
MORGAN STANLEY	4.00%	07/23/2025	267,000	273,694	266,749
ENTERGY CORP	0.90%	09/15/2025	367,000	332,840	364,255
WEC ENERGY GROUP INC	5.00%	09/27/2025	100,000	99,784	99,990
BLACKSTONE PRIVATE CREDIT FUND	7.05%	09/29/2025	50,000	50,562	50,277
INTERNATIONAL FLAVORS & F 144A	1.23%	10/01/2025	151,000	130,312	149,535
AMERICAN ELECTRIC POWER CO INC	1.00%	11/01/2025	100,000	91,278	98,767
DUPONT DE NEMOURS INC	4.49%	11/15/2025	100,000	98,964	99,852
CUBESMART LP	4.00%	11/15/2025	125,000	124,369	124,639
PENSKE TRUCK LEASING CO L 144A	1.20%	11/15/2025	100,000	93,300	98,691
BAYER US FINANCE II LLC 144A	4.25%	12/15/2025	521,000	596,175	519,505
VISTRA (TXU/TCEH) 6/18	0.00%	12/31/2025	252,584	252,573	253,092
AIR LEASE CORP	2.88%	01/15/2026	100,000	95,659	99,002
NEXTERA ENERGY CAPITAL HOLDING	4.95%	01/29/2026	105,000	104,953	105,278
TRANSCONTINENTAL GAS PIPE LINE	7.85%	02/01/2026	125,000	127,521	126,330
JEFFERIES FINANCIAL GROUP INC	5.00%	02/10/2026	95,000	95,000	95,119
REGAL REXNORD CORP	6.05%	02/15/2026	225,000	224,876	226,292
GILEAD SCIENCES INC	3.65%	03/01/2026	150,000	146,135	149,243
THE CAMPBELL'S COMPANY	5.30%	03/20/2026	10,000	9,992	10,048
TAKE-TWO INTERACTIVE SOFTWARE	5.00%	03/28/2026	100,000	99,658	100,233
GENERAL ELECTRIC CO	4.90%	05/05/2026	100,000	100,100	100,021
EQUINIX INC	1.45%	05/15/2026	100,000	92,049	97,252
MARRIOTT INTERNATIONAL INC/MD	3.13%	06/15/2026	125,000	122,536	123,476
SABINE PASS LIQUEFACTION LLC	5.88%	06/30/2026	100,000	101,143	100,541
ORACLE CORP	2.65%	07/15/2026	100,000	94,555	98,200
GOLDMAN SACHS GROUP INC/THE	5.41%	08/10/2026	100,000	100,000	100,083
FORD MOTOR CREDIT CO LLC	2.70%	08/10/2026	200,000	187,916	194,722
DOMINION ENERGY INC	2.85%	08/15/2026	125,000	121,499	122,850
RYDER SYSTEM INC	1.75%	09/01/2026	100,000	92,619	96,969
BROADCOM INC	3.46%	09/15/2026	125,000	122,873	123,825
HEWLETT PACKARD ENTERPRISE CO	4.45%	09/25/2026	125,000	124,403	125,189
DTE ENERGY CO	2.85%	10/01/2026	150,000	141,317	147,359
NATIONAL FUEL GAS CO	5.50%	10/01/2026	80,000	80,189	80,896
TEVA PHARMACEUTICAL FINANCE NE	3.15%	10/01/2026	55,000	52,906	53,940
SBNA AUTO LEASE TRUS B A2 144A	5.67%	11/20/2026	28,574	28,574	28,609
TESLA ELECTRIC VEHI 1 A2B 144A	4.87%	12/21/2026	27,057	27,057	27,065
BROWN & BROWN INC	4.60%	12/23/2026	30,000	29,998	30,140
VISTRA OPERATIONS CO LLC 144A	5.05%	12/30/2026	10,000	9,995	10,048
PENSKE TRUCK LEASING CO L 144A	5.35%	01/12/2027	20,000	19,987	20,226
CBOE GLOBAL MARKETS INC	3.65%	01/12/2027	115,000	113,559	114,056
UBS GROUP AG 144A	5.71%	01/12/2027	573,000	566,521	576,421
BROADCOM CORP / BROADCOM CAYMA	3.88%	01/15/2027	82,000	81,283	81,424
GENERAL MILLS INC	4.70%	01/30/2027	15,000	14,985	15,085
NCL CORP LTD 144A	5.88%	02/15/2027	112,000	104,108	112,435
GGAM FINANCE LTD 144A	8.00%	02/15/2027	86,000	88,268	88,662
ZIMMER BIOMET HOLDINGS INC	4.70%	02/19/2027	125,000	124,901	125,673
CHASE AUTO OWNER TR AA A2 144A	5.90%	03/25/2027	2,622	2,622	2,624
HORMEL FOODS CORP	4.80%	03/30/2027	50,000	49,952	50,504
SYNOPSYS INC	4.55%	04/01/2027	55,000	54,947	55,266
MAUSER PACKAGING SOLUTION 144A	9.25%	04/15/2027	115,000	99,941	114,194
AMERICREDIT AUTOMOBILE RE 2 A2	6.19%	04/19/2027	20,727	20,727	20,768
GENERAL MOTORS FINANCIAL CO INC	5.40%	05/08/2027	30,000	29,974	30,432
CNO GLOBAL FUNDING 144A	5.88%	06/04/2027	161,000	160,916	165,345

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

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(a) NOT APPLICABLE

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	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
TRUIST FINANCIAL CORP	6.05%	06/08/2027	100,000	101,468	101,337
GRUBHUB HOLDINGS INC 144A	5.50%	07/01/2027	71,001	67,895	69,618
GENERAL MOTORS FINANCIAL CO IN	5.43%	07/15/2027	70,000	70,000	69,895
AVIS BUDGET CAR RENTAL LL 144A	5.75%	07/15/2027	1	1	1
ROYAL CARIBBEAN CRUISES L 144A	5.38%	07/15/2027	1	1	1
ROYAL CARIBBEAN CRUISES L 144A	5.38%	07/15/2027	125,000	125,375	125,761
AMERICAN EXPRESS CO	5.35%	07/28/2027	100,000	100,000	100,367
ASURION 1/21 B9 TL	0.00%	07/31/2027	1	1	1
ASURION 1/21 B9 TL	0.00%	07/31/2027	82,784	82,473	82,663
ELANCO ANIMAL HEALTH 8/20 COV-	0.00%	08/01/2027	1	1	1
ELANCO ANIMAL HEALTH 8/20 COV-	0.00%	08/01/2027	126,410	126,410	126,268
DIRECTV FINANCING LLC / D 144A	5.88%	08/15/2027	141,001	123,376	126,117
NGPL PIPECO LLC 144A	4.88%	08/15/2027	1	1	1
DIRECTV FINANCING LLC / D 144A	5.88%	08/15/2027	143,000	138,404	142,429
NGPL PIPECO LLC 144A	4.88%	08/15/2027	231,000	251,906	229,820
NATIONAL RURAL UTILITIES COOPE	5.19%	09/16/2027	100,000	100,000	100,346
AG TTMT ESCROW ISSUER LLC 144A	8.63%	09/30/2027	1	1	1
GALAXY PIPELINE ASSETS BI REGS	1.75%	09/30/2027	1	1	1
AG TTMT ESCROW ISSUER LLC 144A	8.63%	09/30/2027	97,000	99,183	100,436
GALAXY PIPELINE ASSETS BI REGS	1.75%	09/30/2027	216,923	208,876	209,345
MARSH & MCLENNAN COS INC	5.04%	11/08/2027	45,000	45,000	45,104
CONSOLIDATED EDISON CO OF NEW	4.87%	11/18/2027	30,000	30,000	30,005
ARTHUR J GALLAGHER & CO	4.60%	12/15/2027	20,000	19,984	20,146
CENTENE CORP	4.25%	12/15/2027	1	1	1
CENTENE CORP	4.25%	12/15/2027	156,000	162,456	153,623
ASPEN DENTAL 12/23 B5 COV-LITE	0.00%	12/23/2027	1	1	1
CITIGROUP INC	3.89%	01/10/2028	250,000	245,530	247,703
NORTHROP GRUMMAN CORP	3.25%	01/15/2028	136,000	132,006	132,845
INTERNATIONAL BUSINESS MACHINE	6.50%	01/15/2028	45,000	47,207	47,571
MORGAN STANLEY	2.48%	01/21/2028	125,000	119,435	121,311
PNC FINANCIAL SERVICES GROUP I	5.30%	01/21/2028	20,000	20,000	20,300
AIRCASTLE LTD 144A	2.85%	01/26/2028	307,000	309,672	292,230
NEXTERA ENERGY CAPITAL HOLDING	5.14%	02/04/2028	55,000	55,000	55,268
ALTRIA GROUP INC	4.88%	02/04/2028	108,000	108,823	109,469
HECLA MINING CO	7.25%	02/15/2028	177,000	178,585	178,389
BAYER CORP/NJ 144A	6.65%	02/15/2028	100,000	117,561	104,583
HCA INC	5.23%	03/01/2028	65,000	65,000	65,374
AMGEN INC	5.15%	03/02/2028	112,000	113,804	114,423
EVERGY KANSAS CENTRAL INC	4.70%	03/13/2028	45,000	44,949	45,502
DISCOVERY COMMUNICATIONS LLC	3.95%	03/20/2028	154,000	147,236	147,167
DANSKE BANK A/S 144A	4.30%	04/01/2028	275,000	266,211	273,988
HUNTINGTON NATIONAL BANK/THE	5.10%	04/12/2028	250,000	250,000	249,800
MORGAN STANLEY	5.40%	04/13/2028	100,000	100,000	100,558
NVENT FINANCE SARL	4.55%	04/15/2028	130,000	135,836	129,899
EPR PROPERTIES	4.95%	04/15/2028	89,000	97,721	88,814
ALLIANT HOLDINGS INTERMED 144A	6.75%	04/15/2028	173,000	174,706	175,730
AMR/AADVANTAGE 2/25 TLB	0.00%	04/20/2028	60,334	61,692	59,872
WELLS FARGO & CO	5.45%	04/22/2028	95,000	95,000	95,636
GOLDMAN SACHS GROUP INC/THE	5.67%	04/23/2028	85,000	85,000	85,513
HEARTLAND DENTAL LLC / HE 144A	10.50%	04/30/2028	99,000	99,000	104,535
CITIGROUP INC	5.49%	05/07/2028	125,000	125,000	125,601
BAITEREK NATIONAL MANAGIN 144A	5.45%	05/08/2028	200,000	201,112	202,312
EQUIPMENTSHARE.COM INC 144A	9.00%	05/15/2028	134,000	130,238	141,539
DELEK LOGISTICS PARTNERS 144A	7.13%	06/01/2028	100,000	93,194	100,368
PACIFIC GAS AND ELECTRIC CO	5.00%	06/04/2028	123,000	122,852	123,353

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	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
AVOLON 6/23 B6 COV-LITE TLB	0.00%	06/09/2028	220,890	220,952	220,985
DANSKE BANK A/S 144A	4.38%	06/12/2028	200,000	227,194	199,442
USB AUTO OWNER TRUS 1A A2 144A	4.51%	06/15/2028	100,000	99,997	100,207
DAILYPAY SECURITIZAT 1A A 144A	5.63%	06/26/2028	100,000	99,997	100,697
MANUFACTURERS & TRADERS TRUST	4.76%	07/06/2028	250,000	250,000	251,715
CENTENE CORP	2.45%	07/15/2028	321,000	295,315	298,055
AIRCASTLE LTD 144A	6.50%	07/18/2028	323,000	333,682	337,002
AMERICAN EXPRESS CO	5.31%	07/26/2028	50,000	50,000	50,228
AUSGRID FINANCE PTY LTD 144A	4.35%	08/01/2028	306,000	342,070	304,250
ORACLE CORP	5.10%	08/03/2028	90,000	90,000	90,390
CAPITAL ONE NA	5.97%	08/09/2028	300,000	314,644	307,368
MASTEC INC 144A	4.50%	08/15/2028	139,000	135,430	137,093
BOOZ ALLEN HAMILTON INC 144A	3.88%	09/01/2028	220,000	194,020	212,696
AFFIRM ASSET SECURITI B A 144A	6.82%	09/15/2028	260,000	261,208	260,928
WE SODA INVESTMENTS HOLDI REGS	9.50%	10/06/2028	200,000	206,750	208,640
AMERITEX HOLDCO INTERMEDI 144A	10.25%	10/15/2028	93,000	96,488	98,594
LSB INDUSTRIES INC 144A	6.25%	10/15/2028	165,000	153,661	163,779
EMPRESA GENERADORA DE ELE 144A	5.63%	11/08/2028	200,000	186,900	190,512
SPRINT CAPITAL CORP	6.88%	11/15/2028	156,000	174,281	167,447
JSW INFRASTRUCTURE LTD REGS	4.95%	01/21/2029	200,000	194,000	196,226
BANK OF AMERICA CORP	4.98%	01/24/2029	95,000	95,000	96,316
SBA COMMUNICATIONS CORP	3.13%	02/01/2029	475,000	455,406	448,657
HUSKY INJECTION MOLDING S 144A	9.00%	02/15/2029	89,000	92,671	92,897
AFFIRM ASSET SECURIT A 1A 144A	5.61%	02/15/2029	175,000	174,208	175,791
KENNEDY-WILSON INC	4.75%	03/01/2029	159,000	148,034	148,794
ROCKET MORTGAGE LLC / ROC 144A	3.63%	03/01/2029	133,000	124,309	126,358
ALBERTSONS COS INC / SAFE 144A	3.50%	03/15/2029	475,000	455,406	450,186
WARNERMEDIA HOLDINGS INC	4.05%	03/15/2029	73,000	67,816	67,546
LPL HOLDINGS INC 144A	4.00%	03/15/2029	218,000	190,205	211,737
ANGLO AMERICAN CAPITAL PL 144A	3.88%	03/16/2029	200,000	188,246	195,304
MACQUARIE GROUP LTD 144A	4.65%	03/27/2029	94,000	100,274	94,111
MACQUARIE AIRFINANCE HOLD 144A	8.13%	03/30/2029	109,000	115,050	114,013
MEDLINE BORROWER LP/MEDLI 144A	6.25%	04/01/2029	164,000	166,306	168,459
MORGAN STANLEY	5.76%	04/12/2029	125,000	125,003	126,472
BRANDYWINE OPERATING PARTNERSH	8.88%	04/12/2029	137,000	144,499	148,409
WELLS FARGO & CO	5.75%	04/23/2029	120,000	120,000	121,499
MUTHOOT FINANCE LTD REGS	6.38%	04/23/2029	200,000	196,940	199,614
AMERICAN EXPRESS CO	5.64%	04/25/2029	120,000	120,000	121,079
MEDCO MAPLE TREE PTE LTD 144A	8.96%	04/27/2029	250,000	246,928	260,225
CARNIVAL CORP 144A	6.00%	05/01/2029	97,000	90,724	98,012
BANK OF AMERICA CORP	5.45%	05/09/2029	125,000	125,000	125,800
US ACUTE CARE SOLUTIONS L 144A	9.75%	05/15/2029	96,000	98,129	99,010
BANK OF AMERICA CORP	2.09%	06/14/2029	525,000	485,034	491,736
NRG ENERGY INC 144A	4.45%	06/15/2029	264,000	283,358	259,676
DT MIDSTREAM INC 144A	4.13%	06/15/2029	201,000	190,699	194,126
SUNCOKE ENERGY INC 144A	4.88%	06/30/2029	151,000	145,222	140,502
MERCURY FINANCIAL CR 2A A 144A	6.56%	07/20/2029	175,000	174,999	176,530
WELLS FARGO & CO	5.57%	07/25/2029	157,000	157,000	162,088
SM ENERGY CO 144A	6.75%	08/01/2029	127,000	127,475	126,522
WALGREENS BOOTS ALLIANCE INC	8.13%	08/15/2029	41,000	41,413	43,474
UBER TECHNOLOGIES INC 144A	4.50%	08/15/2029	152,000	147,918	150,886
AMERICAN TOWER CORP	3.80%	08/15/2029	145,000	129,783	140,955
AETHON UNITED BR LP / AET 144A	7.50%	10/01/2029	138,000	139,720	144,748
TGNR INTERMEDIATE HOLDING 144A	5.50%	10/15/2029	100,000	92,592	96,894
WELLS FARGO & CO	6.30%	10/23/2029	825,000	844,470	871,794

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2025

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
GOLDMAN SACHS GROUP INC/THE	6.48%	10/24/2029	825,000	848,975	875,061
ARIS MINING CORP 144A	8.00%	10/31/2029	200,000	200,000	203,498
ARKO CORP 144A	5.13%	11/15/2029	107,000	98,440	90,387
VICI PROPERTIES LP / VICI 144A	4.63%	12/01/2029	305,000	286,628	299,595
IVANHOE MINES LTD 144A	7.88%	01/23/2030	200,000	200,000	199,628
NOVELIS CORP 144A	6.88%	01/30/2030	133,000	134,523	137,724
LAMB WESTON HOLDINGS INC 144A	4.13%	01/31/2030	200,000	200,000	190,674
IMPERIAL BRANDS FINANCE P 144A	5.50%	02/01/2030	310,000	310,294	319,511
KIMMERIDGE TEXAS GAS LLC 144A	8.50%	02/15/2030	173,000	174,376	179,045
RAND PARENT LLC 144A	8.50%	02/15/2030	175,000	170,377	175,744
EXETER AUTOMOBILE RECEIVA 2A D	5.92%	02/15/2030	190,000	189,979	193,583
VSTRONG AUTO RECEIVAB A D 144A	9.31%	02/15/2030	210,000	232,739	228,329
CLARIOS GLOBAL LP / CLARI 144A	6.75%	02/15/2030	29,000	29,435	30,088
ANTERO RESOURCES CORP 144A	5.38%	03/01/2030	218,000	195,655	219,328
CCO HOLDINGS LLC / CCO HO 144A	4.75%	03/01/2030	306,000	275,942	296,419
EXPAND ENERGY CORP	5.38%	03/15/2030	80,000	78,650	80,230
DELL EQUIPMENT FINAN 1 A3 144A	5.39%	03/22/2030	100,000	100,953	100,856
HUDSON RIVER 10/24 TLB	0.00%	03/29/2030	90,656	90,087	90,840
ARIS WATER HOLDINGS LLC 144A	7.25%	04/01/2030	147,000	147,000	151,644
WESTLAKE AUTOMOBILE 2A D 144A	5.91%	04/15/2030	140,000	142,226	142,580
FORD MOTOR CO	9.63%	04/22/2030	77,000	89,512	88,538
ZF NORTH AMERICA CAPITAL 144A	6.75%	04/23/2030	150,000	147,375	144,086
IPALCO ENTERPRISES INC	4.25%	05/01/2030	370,000	376,801	355,241
BOEING CO/THE	5.15%	05/01/2030	207,000	196,174	210,813
VERMILION ENERGY INC 144A	6.88%	05/01/2030	86,000	81,844	82,670
MEXICO GOVERNMENT INTERNATIONA	6.00%	05/13/2030	200,000	198,906	206,760
AVOLON HOLDINGS FUNDING L 144A	5.38%	05/30/2030	132,000	131,476	134,458
EQT CORP 144A	7.50%	06/01/2030	91,000	101,172	100,012
FORD MOTOR CREDIT CO LLC	7.20%	06/10/2030	200,000	212,172	210,234
BANKUNITED INC	5.13%	06/11/2030	191,000	217,117	188,933
CROWN CASTLE INC	3.30%	07/01/2030	185,000	165,675	173,171
ASPEN INSURANCE HOLDINGS LTD	5.75%	07/01/2030	179,000	178,767	181,873
AVIATION CAPITAL GROUP LL 144A	6.38%	07/15/2030	184,000	181,924	195,020
BAT CAPITAL CORP	6.34%	08/02/2030	261,000	260,590	281,233
ATI INC	7.25%	08/15/2030	96,000	99,411	100,564
ARETEC GROUP INC 144A	10.00%	08/15/2030	96,000	101,640	105,504
OCCIDENTAL PETROLEUM CORP	6.63%	09/01/2030	275,000	300,905	290,719
MSCI INC 144A	3.63%	09/01/2030	132,000	122,282	123,812
FREEDOM MORTGAGE CORP 144A	12.25%	10/01/2030	140,000	152,703	155,389
GLENCORE FUNDING LLC 144A	6.38%	10/06/2030	91,000	91,011	97,665
STARWOOD PROPERTY TRUST I 144A	6.50%	10/15/2030	173,000	173,630	178,612
PENNYMAC FINANCIAL SERVIC 144A	7.13%	11/15/2030	99,000	98,134	102,583
BAYER US FINANCE LLC 144A	6.38%	11/21/2030	200,000	199,132	212,358
AMAYA/FLUTTER 12/24 COV-LITE	0.00%	11/30/2030	246,500	246,128	245,576
EXETER AUTOMOBILE RECEIVA 4A D	5.81%	12/16/2030	150,000	151,867	153,095
STANDARD INDUSTRIES INC/N 144A	3.38%	01/15/2031	400,000	395,500	358,648
CONTINENTAL RESOURCES INC 144A	5.75%	01/15/2031	269,000	292,357	271,504
CROCKETT PARTNERS EQ 1C A 144A	6.05%	01/20/2031	166,667	167,457	168,350
FOUNDRY JV HOLDCO LLC 144A	5.50%	01/25/2031	200,000	198,504	205,090
CALPINE 1/24 B10 TL	0.00%	01/31/2031	100,000	100,000	99,925
ALLIED UNIVERSAL HOLDCO L 144A	7.88%	02/15/2031	156,000	156,096	163,047
GLS AUTO SELECT RECE 2A D 144A	8.22%	02/18/2031	281,000	304,040	304,548
BAT CAPITAL CORP	5.83%	02/20/2031	87,000	87,000	91,538
SOLVENTUM CORP	5.45%	03/13/2031	182,000	181,583	188,958
NAVIENT CORP	11.50%	03/15/2031	97,000	109,401	109,738

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
BROWN & BROWN INC	2.38%	03/15/2031	193,000	162,261	169,840
MACQUARIE AIRFINANCE HOLD 144A	6.50%	03/26/2031	93,000	96,599	98,412
NRG ENERGY 3/24 COV-LITE TLB	0.00%	03/27/2031	86,272	86,272	86,380
VONTIER CORP	2.95%	04/01/2031	278,000	243,784	248,365
FORTESCUE TREASURY PTY LT 144A	4.38%	04/01/2031	108,000	103,881	100,813
CEDAR FAIR 4/24 TLB	0.00%	05/01/2031	65,834	65,669	65,834
VENTURE GLOBAL LNG INC 144A	8.38%	06/01/2031	80,000	79,337	83,102
TRANSUNION 6/24 B8 COV-LITE TL	0.00%	06/11/2031	31,759	31,759	31,785
WESTERN ALLIANCE BANCORP	3.00%	06/15/2031	121,000	113,891	112,454
TRANSUNION 11/24 B9 COV-LITE T	0.00%	06/24/2031	74,199	74,106	74,245
LADDER CAPITAL FINANCE HO 144A	7.00%	07/15/2031	99,000	101,475	103,614
NGPL PIPECO LLC 144A	3.25%	07/15/2031	138,000	138,767	122,915
EMRLD BORROWER LP / EMERA 144A	6.75%	07/15/2031	101,000	101,899	104,492
ALPHA GENERATION 9/24 COV-LITE	0.00%	09/19/2031	186,530	186,064	186,142
COLUMBIA PIPELINES HOLDIN 144A	5.10%	10/01/2031	82,000	81,997	82,320
VISTRA OPERATIONS CO LLC 144A	7.75%	10/15/2031	93,000	92,653	98,918
NAVOI MINING & METALLURGI 144A	6.95%	10/17/2031	200,000	199,020	204,564
AS MILEAGE PLAN IP LTD 144A	5.31%	10/20/2031	280,000	274,649	275,456
CITADEL SECURITIES 10/24 TLB	0.00%	10/31/2031	86,565	86,565	86,879
MSCI INC 144A	3.63%	11/01/2031	58,000	48,720	53,417
FORD MOTOR CREDIT CO LLC	6.05%	11/05/2031	200,000	200,000	198,834
BROADCOM INC	5.15%	11/15/2031	260,000	259,579	267,465
SEAWORLD/UNITED PARKS 11/24 CO	0.00%	11/19/2031	65,834	65,807	65,670
APPROVIN CORP	5.38%	12/01/2031	130,000	130,354	132,116
JB POINDEXTER & CO INC 144A	8.75%	12/15/2031	82,000	82,958	83,271
JBS USA HOLDING LUX SARL/ JBS	3.63%	01/15/2032	195,000	175,316	178,259
ARCOS DORADOS BV 144A	6.38%	01/29/2032	200,000	203,500	207,150
CHENIERE ENERGY PARTNERS LP	3.25%	01/31/2032	75,000	67,918	67,235
HUB INTERNATIONAL LTD 144A	7.38%	01/31/2032	86,000	88,157	89,984
PROTECTION ONE/ADT 2/25 COV-LI	0.00%	02/07/2032	124,688	123,441	123,493
MINERA MEXICO SA DE CV 144A	5.63%	02/12/2032	200,000	198,768	203,116
ARTHUR J GALLAGHER & CO	5.00%	02/15/2032	66,000	66,036	66,877
REYNOLDS GROUP 3/25 TLB	0.00%	03/04/2032	76,475	76,475	76,730
IRB INFRASTRUCTURE DEVELO 144A	7.11%	03/11/2032	200,000	199,834	200,512
SPRINT CAPITAL CORP	8.75%	03/15/2032	81,000	103,963	98,270
SYNOPTIS INC	5.00%	04/01/2032	193,000	192,181	195,468
WORKDAY INC	3.80%	04/01/2032	126,000	106,614	118,393
BROADCOM INC 144A	4.15%	04/15/2032	86,000	82,402	82,919
CLYDESDALE ACQUISITION HO 144A	6.75%	04/15/2032	166,000	167,845	170,225
PAYCHEX INC	5.35%	04/15/2032	254,000	253,002	260,731
CHERRY SECURITIZATIO 1A A 144A	5.70%	04/15/2032	200,000	200,290	201,798
QXO BUILDING PRODUCTS INC 144A	6.75%	04/30/2032	162,000	162,078	166,803
WINDFALL MINING GROUP INC 144A	5.85%	05/13/2032	200,000	200,000	204,244
COLONIAL PIPELINE 6/25 TLB	0.00%	06/11/2032	131,000	130,345	130,050
HOST HOTELS & RESORTS LP	5.70%	06/15/2032	121,000	120,931	122,725
BROWN & BROWN INC	5.25%	06/23/2032	21,000	20,966	21,416
IRON MOUNTAIN INFORMATION 144A	5.00%	07/15/2032	108,000	98,460	103,562
GOLDMAN SACHS GROUP INC/THE	2.38%	07/21/2032	139,000	119,389	121,361
WATCO COS LLC / WATCO FIN 144A	7.13%	08/01/2032	67,000	67,000	70,025
LIGHTNING POWER LLC 144A	7.25%	08/15/2032	79,000	80,455	83,079
ALPHA GENERATION LLC 144A	6.75%	10/15/2032	100,000	100,381	103,036
PNC FINANCIAL SERVICES GROUP I	4.81%	10/21/2032	179,000	179,000	178,961
JANE STREET GROUP / JSG F 144A	6.13%	11/01/2032	135,000	130,781	136,266
BROADCOM INC	4.30%	11/15/2032	156,000	148,125	151,350
MAGNOLIA OIL & GAS OPERAT 144A	6.88%	12/01/2032	136,000	136,042	136,974

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

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CRESCENT ENERGY FINANCE L 144A	7.38%	01/15/2033	177,000	176,764	169,244
FOUNDRY JV HOLDCO LLC 144A	5.90%	01/25/2033	200,000	204,826	207,230
NRG ENERGY INC 144A	6.00%	02/01/2033	98,000	98,000	98,976
CARNIVAL CORP 144A	6.13%	02/15/2033	137,000	135,875	140,174
SINCLAIR TELEVISION GROUP 144A	8.13%	02/15/2033	124,000	123,688	125,500
JACOBS ENGINEERING GROUP INC	5.90%	03/01/2033	107,000	107,382	111,323
FIRST QUANTUM MINERALS LT 144A	8.00%	03/01/2033	200,000	200,000	205,128
WELLS FARGO & CO	3.35%	03/02/2033	171,000	153,734	156,251
ALBERTSONS COS INC / SAFE 144A	6.25%	03/15/2033	52,000	52,000	53,593
AXON ENTERPRISE INC 144A	6.25%	03/15/2033	91,000	91,600	93,769
ROCKIES EXPRESS PIPELINE 144A	6.75%	03/15/2033	87,000	87,000	90,764
CAPSTONE COPPER CORP 144A	6.75%	03/31/2033	136,000	136,066	139,260
JBS USA HOLDING LUX SARL/ JBS	5.75%	04/01/2033	159,000	159,981	163,427
MATADOR RESOURCES CO 144A	6.25%	04/15/2033	135,000	132,525	134,002
JANE STREET GROUP / JSG F 144A	6.75%	05/01/2033	104,000	104,000	106,946
VERDANT RECEIVABLES 1A A3 144A	4.96%	05/12/2033	210,000	209,985	212,455
FAIR ISAAC CORP 144A	6.00%	05/15/2033	135,000	135,000	136,343
RENAISSANCERE HOLDINGS LTD	5.75%	06/05/2033	108,000	111,083	111,333
VISTA ENERGY ARGENTINA SA 144A	8.50%	06/10/2033	85,000	85,000	85,723
BACARDI LTD / BACARDI-MAR 144A	5.40%	06/15/2033	235,000	234,123	233,851
CACI INTERNATIONAL INC 144A	6.38%	06/15/2033	72,000	72,000	74,218
HERC HOLDINGS INC 144A	7.25%	06/15/2033	74,000	74,000	77,532
GLOBAL ATLANTIC FIN CO 144A	7.95%	06/15/2033	55,000	60,685	62,316
INTESA SANPAOLO SPA 144A	6.63%	06/20/2033	380,000	379,753	412,631
BANK OF AMERICA CORP	5.02%	07/22/2033	875,000	873,351	885,246
ROCKET COS INC 144A	6.38%	08/01/2033	103,000	103,000	105,296
PAGAYA POINT OF SALE 1 A 144A	5.72%	01/20/2034	100,000	100,000	100,596
SOFI CONSUMER LOAN PR 1 A 144A	4.80%	02/27/2034	78,373	78,370	78,515
FORD MOTOR CREDIT CO LLC	6.13%	03/08/2034	252,000	251,740	245,478
SOLVENTUM CORP	5.60%	03/23/2034	165,000	164,889	169,826
APPALACHIAN POWER CO	5.65%	04/01/2034	142,000	141,567	146,136
HCA INC	5.60%	04/01/2034	272,000	272,601	278,365
GLENORE FUNDING LLC 144A	5.63%	04/04/2034	91,000	91,000	92,927
BOEING CO/THE	6.53%	05/01/2034	82,000	82,000	89,184
ANTOFAGASTA PLC 144A	6.25%	05/02/2034	200,000	198,828	209,660
OCP SA REGS	6.75%	05/02/2034	200,000	202,300	207,166
GXO LOGISTICS INC	6.50%	05/06/2034	243,000	246,330	254,217
ATLISSIAN CORP	5.50%	05/15/2034	118,000	117,195	121,145
COCA-COLA CONSOLIDATED INC	5.45%	06/01/2034	71,000	70,924	73,170
TRUIST FINANCIAL CORP	5.87%	06/08/2034	188,000	191,147	196,379
HUNGARY GOVERNMENT INTERN REGS	5.50%	06/16/2034	200,000	197,500	196,443
SOFI CONSUMER LOAN PR 2 A 144A	4.82%	06/25/2034	100,000	99,992	100,152
IMPERIAL BRANDS FINANCE P 144A	5.88%	07/01/2034	200,000	201,372	205,194
ROYALTY PHARMA PLC	5.40%	09/02/2034	131,000	128,689	132,750
INTERSTATE POWER AND LIGHT CO	4.95%	09/30/2034	71,000	70,852	69,633
GOODMAN US FINANCE SIX LL 144A	5.13%	10/07/2034	150,000	149,590	149,523
UNIVERSAL HEALTH SERVICES INC	5.05%	10/15/2034	54,000	53,830	51,544
VISTRA OPERATIONS CO LLC 144A	5.70%	12/30/2034	176,000	175,055	179,128
FIRSTENERGY TRANSMISSION LLC	5.00%	01/15/2035	68,000	67,884	67,285
PROLOGIS TARGETED US LOGI 144A	5.25%	01/15/2035	104,000	103,330	104,480
FOUNDRY JV HOLDCO LLC 144A	6.25%	01/25/2035	200,000	206,144	210,072
PIEDMONT NATURAL GAS CO INC	5.10%	02/15/2035	195,000	194,889	195,973
ROLLINS INC	5.25%	02/24/2035	184,000	183,090	184,705
HEXCEL CORP	5.88%	02/26/2035	93,000	93,138	94,627
KEYCORP	6.40%	03/06/2035	105,000	111,317	112,034

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	CORPORATE DEBT INSTRUMENTS - OTHER				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
NATIONAL FUEL GAS CO	5.95%	03/15/2035	166,000	166,254	169,713
AIB GROUP PLC 144A	5.87%	03/28/2035	200,000	200,000	206,224
CITIZENS FINANCIAL GROUP INC	6.65%	04/25/2035	256,000	263,648	275,889
PSEG POWER LLC 144A	5.75%	05/15/2035	67,000	66,749	69,011
CAPITAL POWER US HOLDINGS 144A	6.19%	06/01/2035	109,000	109,442	112,508
AEP TRANSMISSION CO LLC	5.38%	06/15/2035	60,000	59,654	61,260
LPL HOLDINGS INC	5.75%	06/15/2035	104,000	103,614	105,228
BX TRUST 2025-TAIL TAIL C 144A	6.24%	06/15/2035	100,000	100,000	100,022
BROWN & BROWN INC	5.55%	06/23/2035	43,000	42,870	43,835
INTERSTATE POWER AND LIGHT CO	5.60%	06/29/2035	127,000	126,512	130,593
ECOPETROL SA	8.38%	01/19/2036	100,000	99,887	96,435
AMERICAN EXPRESS CO	5.67%	04/25/2036	81,000	81,000	83,893
UBS GROUP AG 144A	5.58%	05/09/2036	213,000	213,000	217,844
SRI LANKA GOVERNMENT INTE 144A	3.60%	05/15/2036	107,000	87,205	86,938
MORGAN STANLEY	5.30%	04/20/2037	131,000	126,320	130,540
SIXTH STREET CLO XX 24A A 144A	5.84%	04/23/2037	380,000	381,330	381,598
REGATTA XXVIII FUND 2A A2 144A	6.07%	04/25/2037	250,000	250,563	250,682
MADISON PARK FUNDI 69A A2 144A	6.03%	07/25/2037	250,000	250,688	250,727
CEDAR FUNDING XIX 19A A1 144A	5.65%	01/23/2038	250,000	250,000	250,433
OVINTIV INC	6.50%	02/01/2038	26,000	29,035	26,250
READY CAPITAL MORT FL12 A 144A	6.69%	05/25/2038	36,842	36,658	36,849
SILVER POINT CLO 10 10A B 144A	6.07%	07/15/2038	250,000	250,000	250,479
WARWICK CAPITAL CLO 6A B 144A	6.02%	07/20/2038	250,000	250,000	250,479
MF1 2024-FL14 LLC FL14 A 144A	6.09%	03/19/2039	120,000	119,700	120,488
TRICON RESIDENTIAL SFR1 A 144A	3.86%	04/17/2039	498,337	498,335	491,271
PROTECTIVE LIFE CORP	8.45%	10/15/2039	184,000	278,800	224,857
OGLETHORPE POWER CORP	5.95%	11/01/2039	115,000	149,239	118,335
FIRST CITIZENS BANCSHARES INC/ ALA TRUST 2025-OAN OANA A 144A	6.25%	03/12/2040	191,000	191,000	189,959
FIEMEX ENERGIA - BANCO AC 144A	6.08%	06/15/2040	140,000	139,650	140,743
CONE TRUST 2024-DF DFW1 B 144A	7.25%	01/31/2041	198,850	196,325	201,664
ROCK TRUST 2024-CN CNTR A 144A	6.63%	08/15/2041	100,000	99,750	100,334
SWCH COMMERCIAL MO DATA A 144A	5.39%	11/13/2041	270,000	270,937	275,951
SWCH COMMERCIAL MO DATA D 144A	5.78%	02/15/2042	100,000	99,250	99,260
TEXAS COMMERCIAL MO TWR D 144A	6.98%	02/15/2042	130,000	129,675	128,660
CONNECTICUT AVENU R01 1M2 144A	7.43%	04/15/2042	100,000	99,750	100,125
FORD MOTOR CO	8.10%	12/25/2042	100,000	106,969	105,461
CONNECTICUT AVENU R03 2M2 144A	4.75%	01/15/2043	1,100,000	872,004	846,285
GENERAL MOTORS CO	8.25%	04/25/2043	160,000	170,175	170,150
STREAM INNOVATIONS 2 2A A 144A	6.25%	10/02/2043	525,000	537,511	515,429
CONNECTICUT AVENU R02 1M1 144A	5.21%	02/15/2045	217,001	216,948	219,375
GENERAL MOTORS CO	5.50%	02/25/2045	133,759	133,759	133,843
RIDE 2025-SHRE SHRE A 144A	5.20%	04/01/2045	500,000	451,587	428,905
BAYVIEW OPPORTUNIT EDU1 C 144A	5.44%	02/14/2047	210,000	211,188	214,866
UBS GROUP AG 144A	6.15%	06/25/2047	201,348	201,348	200,663
ENERGY TRANSFER LP	7.00%	12/31/2049	200,000	200,000	198,890
PLAINS ALL AMERICAN PIPELINE L	6.50%	12/31/2049	230,000	230,000	231,410
BARCLAYS PLC	8.70%	12/31/2049	69,000	68,957	69,146
BOEING CO/THE	6.13%	12/31/2049	219,000	219,272	219,059
PROSUS NV REGS	5.81%	05/01/2050	950,000	908,727	913,093
REGENERON PHARMACEUTICALS INC	4.03%	08/03/2050	200,000	147,000	133,854
FLAGSTAR MORTGAGE TR 4 A1 144A	2.80%	09/15/2050	122,000	70,087	72,933
GS MORTGAGE-BACKED PJ2 A2 144A	2.50%	06/01/2051	509,178	427,232	415,719
CAJUN GLOBAL LLC 1 A2 144A	2.50%	07/25/2051	181,358	145,880	147,843
DICK'S SPORTING GOODS INC	3.93%	11/20/2051	111,119	107,121	108,760
	4.10%	01/15/2052	151,000	102,707	107,995

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2025

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 - OTHER			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
SEB FUNDING LLC 1A A2 144A	4.97%	01/30/2052	224,438	220,578	220,229
INTEL CORP	4.90%	08/05/2052	450,000	382,837	372,681
J.P. MORGAN MORT INV3 A3B 144A	3.00%	09/25/2052	155,785	130,202	132,349
J.P. MORGAN MORTGAGE 4 A3 144A	3.00%	10/25/2052	119,781	93,748	101,534
INTEL CORP	5.60%	02/21/2054	475,000	447,683	436,765
BOEING CO/THE	6.86%	05/01/2054	100,000	100,000	109,616
ENERGY TRANSFER LP	5.95%	05/15/2054	450,000	465,577	428,216
VELOCITY COMMERCIAL C 3 A 144A	6.65%	06/25/2054	122,464	122,460	124,433
HCA INC	5.95%	09/15/2054	450,000	475,458	437,913
EASTERN ENERGY GAS HOLDINGS LL	5.65%	10/15/2054	134,000	130,685	128,317
DOMINION ENERGY INC	6.88%	02/01/2055	63,000	63,000	66,304
PETRONAS CAPITAL LTD 144A	5.85%	04/03/2055	200,000	200,000	202,982
JP MORGAN MORTGAG NQM1 A1 144A	5.59%	02/25/2064	85,991	85,990	86,444
JBS USA HOLDING LUX SARL 144A	6.38%	04/15/2066	118,000	117,270	118,543
COLT 2024-6 MORTGAGE 6 A1 144A	5.39%	11/25/2069	90,677	90,675	90,730
EMERA INC	6.75%	06/15/2076	288,000	291,298	289,669
ENBRIDGE INC	8.50%	01/15/2084	213,000	228,176	237,186
TORONTO-DOMINION BANK/THE HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND VIII LP - CORPORATE DEBT INSTRUMENTS	7.25%	07/31/2084	295,000	295,000	302,739
			-	600,259	606,872
			\$ 64,625,196	\$ 64,443,437	\$ 64,763,978

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

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 CORPORATE STOCK - COMMON

JUNE 30, 2025

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	-	\$ 23,814,386	\$ 38,529,765
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND VIII LP - COMMON STOCK	-	<u>98,548</u>	<u>99,750</u>
		<u>\$ 23,912,934</u>	<u>\$ 38,629,515</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, 2025

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>
COLUMBUS UNCONSTRAINED BOND FUND LLC		\$ 36,748,961	\$ 43,045,264
CRESCENT CREDIT SOLUTIONS VIII A-2 L.P.		17,519,295	18,357,450
US REAL ESTATE INVESTMENT FUND		41,004,387	37,746,517
GROSVENOR INSTITUTIONAL PARTNERS LP - PARTNERSHIPS		2,330,198	3,770,074
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - PARTNERSHIPS		4,392,212	6,131,675
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND VIII LP - PARTNERSHIPS		<u>17,767,200</u>	<u>17,962,949</u>
		<u>\$ 119,762,253</u>	<u>\$ 127,013,929</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, 2025

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	
US TREASURY NOTE	3.75%	04/30/2027	155,899	\$ 155,789	\$ 155,863	
GRUBHUB HOLDINGS INC 144A	5.50%	07/01/2027	142,999	133,523	138,755	
AVIS BUDGET CAR RENTAL LL 144A	5.75%	07/15/2027	401,999	421,094	400,889	
NISSAN MOTOR ACCEPTANCE C 144A	7.05%	09/15/2028	159,999	163,790	163,441	
TRANSDIGM INC	4.63%	01/15/2029	141,999	135,787	139,233	
GOODYEAR TIRE & RUBBER CO/THE	5.00%	07/15/2029	181,999	172,635	177,726	
LGI HOMES INC 144A	4.00%	07/15/2029	999	874	894	
RAIN CARBON INC 144A	12.25%	09/01/2029	91,999	92,948	98,647	
US TREASURY NOTE	4.00%	05/31/2030	5,664,999	5,674,826	5,718,986	
UNIVISION COMMUNICATIONS 144A	8.50%	07/31/2031	101,999	100,427	102,033	
JETBLUE AIRWAYS CORP / JE 144A	9.88%	09/20/2031	86,999	86,445	84,607	
LONG RIDGE ENERGY LLC 144A	8.75%	02/15/2032	85,999	86,646	89,217	
US TREASURY NOTE	4.13%	05/31/2032	1,504,999	1,502,124	1,517,701	
CITIGROUP INC	6.17%	05/25/2034	159,999	159,999	167,477	
US TREASURY NOTE	4.25%	11/15/2034	570,999	561,734	572,963	
US TREASURY NOTE	4.25%	05/15/2035	289,000	286,492	289,543	
US TREASURY BOND	4.75%	02/15/2045	1,580,999	1,532,107	1,574,327	
US TREASURY BOND	5.00%	05/15/2045	1,754,999	1,762,677	1,805,174	
US TREASURY BOND	4.50%	11/15/2054	1,275,999	1,215,625	1,217,979	
				<u>\$ 14,245,542</u>	<u>\$ 14,415,455</u>	

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

JUNE 30, 2025

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	368,603	\$ 89,491,010	\$ 180,353,770
NHIT CORE PLUS FULL DISCRETION TRUST	5,546,004	65,910,818	83,300,988
STATE STREET MSCI ACWI EX USA INDEX NON-LENDING COMMON TRUST FUND	3,057,919	53,013,054	91,676,426
STATE STREET U.S. TREASURY INFLATION PROTECTED SECURITIES INDEX NON-LENDING COMMON TRUST FUND	621,621	<u>8,318,669</u>	<u>11,106,509</u>
		<u>\$ 216,733,551</u>	<u>\$ 366,437,693</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

JUNE 30, 2025

EIN 13-5615576, PLAN NO. 501

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

(a)	(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
*	DREYFUS INSTITUTIONAL PREFERRED GOVERNMENT MONEY MARKET FUND	59,829,722	\$ <u>59,829,722</u>	\$ <u>59,829,722</u>
			\$ <u>59,829,722</u>	\$ <u>59,829,722</u>

* PARTY-IN-INTEREST

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF OTHER INVESTMENTS

JUNE 30, 2025

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
NEW YORK NY	5.99%	12/1/2036	\$ 375,000	\$ 402,788	\$ 389,483
CALIFORNIA ST	5.88%	10/1/2041	950,000	931,808	973,209
NEW YORK NY	5.26%	10/1/2044	<u>400,000</u>	<u>400,752</u>	<u>387,860</u>
			\$ <u>1,725,000</u>	\$ <u>1,735,348</u>	\$ <u>1,750,552</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2025

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	\$ 782,577,834	\$ -	\$ -	\$ -	\$ -	\$ 782,577,834	\$ -
*	DREYFUS INS RSRV PR MONEY 6546	-	776,775,781	-	-	776,775,781	776,775,781	-

* 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, 2025

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Assets			
Investments			
Interest bearing cash	\$ -	\$ 35,419	\$ 35,419
U.S. government securities	70,897,288	-	70,897,288
Corporate debt instruments	97,727,925	606,872	98,334,797
Corporate stock	-	38,629,515	38,629,515
Partnership/joint venture interests	167,431,223	(40,417,294)	127,013,929
Loans (other than participant loans)	14,415,455	-	14,415,455
Common/collective trust funds	366,437,693	-	366,437,693
Registered investment companies	59,829,722	-	59,829,722
Municipal bonds	1,750,552	(1,750,552)	-
Other investments	-	1,750,552	1,750,552
Receivables	45,749,739	3,131,699	48,881,438
Cash	8,390,200	-	8,390,200
Collateral held under securities lending agreement	14,831,497	-	14,831,497
Other assets	<u>3,820,210</u>	<u>-</u>	<u>3,820,210</u>
Total assets	<u>851,281,504</u>	<u>1,986,211</u>	<u>853,267,715</u>
Liabilities			
Operating payables	39,091,275	(37,206,790)	1,884,485
Other liabilities	<u>33,949,386</u>	<u>39,193,001</u>	<u>73,142,387</u>
Total liabilities	<u>73,040,661</u>	<u>1,986,211</u>	<u>75,026,872</u>
Net assets available for benefits	\$ <u>778,240,843</u>	\$ <u>-</u>	778,240,843
Less benefit obligations currently payable			<u>79,000,000</u>
Net assets available to benefits Form 5500			\$ <u>699,240,843</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, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Payroll	\$ 3,962,305	\$ 3,711,865
Payroll taxes	322,384	300,619
Employee benefits	2,605,429	2,393,727
Occupancy	1,198,359	1,326,236
Telephone	95,584	112,491
Office	217,652	248,343
Printing and postage	190,130	115,216
Legal and collection	824,629	740,698
Accounting	159,490	120,560
Payroll audits	1,427,383	1,510,564
Consulting	1,091,889	1,033,729
Outside services	286,445	306,460
Insurance	258,341	227,457
Conferences and meetings	38,489	49,875
Repairs and maintenance	154,853	159,400
Scholarship administrative expenses	27,669	27,742
Depreciation	69,108	157,963
Reimbursements to related organizations	136,664	132,531
Reimbursements from related organizations	<u>(127,966)</u>	<u>(128,744)</u>
Total administrative expenses	<u>\$ 12,938,837</u>	<u>\$ 12,546,732</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

DIRECTIVE 12 - SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2025 AND 2024

	2025		2024
Salaries	\$ 4,284,689		\$ 4,012,484
% of total Administrative Expense	19 %		19 %
Fringe benefits	2,605,429		2,393,727
Legal	824,629		740,698
Accounting	1,586,873		1,631,124
Other fees and commissions	1,091,889		1,033,729
Rent	1,198,359		1,326,236
Travel and conference	38,489	(1)	49,875
Telephone	95,584	(2)	112,491
Office equipment and rental	69,108	(3)	157,963
Printing and postage	190,130	(4)	115,216
Insurance	258,341		227,457
Repairs and maintenance	154,853		159,400
Office	217,652		248,343
Temporary services	133,748	(5)	160,962
Scholarship administrative expenses	27,669		27,742
Security expense	152,697		145,498
Reimbursements to related organizations	136,664		132,531
Reimbursements from related organizations	<u>(127,966)</u>		<u>(128,744)</u>
Subtotal	12,938,837		12,546,732
Medical fees	8,078,115		7,939,873
Investment and custodial services	<u>1,096,435</u>		<u>1,162,090</u>
Total administrative expenses	\$ <u>22,113,387</u>		\$ <u>21,648,695</u>
Total administrative expenses	22,113,387		21,648,695
Total benefit fund revenue	499,628,544		468,091,272
% Administrative expenses / revenue	4.43 %		4.62 %

Variances

- (1) Travel and conference expense fluctuates based on the needs of the Plan.
- (2) Telephone expense fluctuates based on the usage and equipment needs of the Plan.
- (3) Office equipment and rental expense decreased due to less depreciation for fixed assets held by the Plan.
- (4) Printing and postage expense increased due to less reimbursements in the current year.
- (5) Temporary services fluctuate based on the staffing needs of the Plan.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

DIRECTIVE 12 - SCHEDULE OF BENEFIT EXPENSES

YEAR ENDED JUNE 30, 2025

Benefit Description	Insured / Self Insured	Cost of Benefit	Benefit Coverage
Dental	Self Insured	\$ 14,957,688	1, 2, 3
Disability	Self Insured	789,375	1
Hearing	Self Insured	58,832	1, 2, 3
Medical/Hospitalization	Self Insured	249,940,111	1, 2, 3
Paid Family Leave	Self Insured	1,828,198	1
Prescription Drugs	Self Insured	76,444,217	1, 2, 3
Scholarship Awards	Self Insured	348,250	3
Vacation Benefits	Self Insured	133,100,561	1
Vision	Self Insured	739,718	1, 2, 3
Medicare	Insured	2,792,293	1, 2, 3
Life Insurance & AD&D	Insured	<u>2,854,024</u>	1, 2, 3
Total		<u>\$ 483,853,267</u>	

1 = Member

2 = Spouse

3 = Children

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF INTEREST BEARING CASH

JUNE 30, 2025

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			\$ 22,504	\$ 22,504
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - INTEREST BEARING CASH			2,330	2,330
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND VIII LP - INTEREST BEARING CASH			<u>10,585</u>	<u>10,585</u>
			<u>\$ 35,419</u>	<u>\$ 35,419</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, 2025

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		
US TREASURY BILL	0.00%	07/03/2025	\$ 500,000 a	\$ 499,602	\$ 499,602
US TREASURY BILL	0.00%	08/05/2025	3,500,000 a	3,475,383	3,475,383
US TREASURY BILL	0.00%	08/21/2025	5,000,000 a	4,955,264	4,955,264
US TREASURY BILL	0.00%	09/02/2025	4,600,000 a	4,544,712	4,544,712
US TREASURY BILL	0.00%	09/04/2025	5,000,000 a	4,919,805	4,919,805
US TREASURY BILL	0.00%	09/23/2025	3,000,000 a	2,958,088	2,958,088
FHLMC MULTICLASS MTG KBX1 A2	2.92%	01/25/2026	47,047	46,316	46,539
FHLMC MULTICLASS MTG KI07 A	4.49%	09/25/2026	326,847	326,847	326,416
GNMA II POOL #0008989	4.75%	10/20/2026	85	86	85
GNMA II POOL #0008991	4.75%	10/20/2026	3,678	3,719	3,682
FHLMC MULTICLASS MTG KI08 A	4.52%	10/25/2026	56,745	56,745	56,533
US TREASURY NOTE	4.13%	10/31/2026	6,480,000	6,473,797	6,497,690
GNMA II POOL #0080012	4.75%	11/20/2026	136	138	136
FEDERAL HOME LN MTG CORP	4.63%	02/19/2027	200,000	200,000	200,052
US TREASURY NOTE	3.75%	04/30/2027	1	1	1
GNMA II POOL #0080093	4.63%	07/20/2027	41	41	41
GNMA II POOL #0080120	4.75%	10/20/2027	581	579	581
FHLMC MULTICLASS MTG KS09 A	4.83%	10/25/2027	162,257	162,206	162,286
US TREASURY NOTE	3.88%	03/15/2028	700,000	700,952	703,283
US TREASURY NOTE	4.00%	03/31/2030	1,919,300	1,921,307	1,936,766
US TREAS-CPI INFLAT	1.63%	04/15/2030	921,991	922,066	928,629
US TREASURY NOTE	4.00%	05/31/2030	1	1	1
FHLMC MULTICLASS MTG K143 A2	2.35%	03/25/2032	480,000	417,150	424,714
US TREASURY NOTE	4.13%	05/31/2032	1	1	1
FHLMC MULTICLASS MTG KG07 A2	3.12%	08/25/2032	475,000	425,292	438,454
FHLMC MULTICLASS MTG KG08 A2	4.13%	05/25/2033	300,000	289,368	293,208
FHLMC MULTICLASS MTG 161 A2	4.90%	10/25/2033	130,000	131,523	133,489
FREDDIE MAC STACR DNA5 M2 144A	6.00%	01/25/2034	101,102	101,386	101,550
US TREASURY NOTE	4.25%	11/15/2034	1	1	1
FHLMC MULTICLASS MTG 169 A2	4.66%	12/25/2034	140,000	138,316	140,812
US TREAS-CPI INFLAT	2.13%	01/15/2035	1,839,684	1,853,508	1,871,566
US TREASURY NOTE	4.25%	05/15/2035	9,436,000	9,354,109	9,453,740
FNMA POOL #OFS7207	6.00%	02/01/2039	54,210	56,548	56,259
FHLMC POOL #SB-1248	6.00%	08/01/2039	203,997	214,133	212,271
FHLMC POOL #SB-1260	6.00%	09/01/2039	184,962	192,679	191,741
COMMIT TO PUR FNMA SF MTG	2.50%	07/01/2040	478,000	443,130	446,074
COMMIT TO PUR FNMA SF MTG	5.00%	07/01/2040	465,000	466,508	468,227
COMMIT TO PUR FNMA SF MTG	5.50%	07/01/2040	505,000	511,476	514,151
COMMIT TO PUR FNMA SF MTG	6.00%	07/01/2040	254,000	260,306	261,181
COMMIT TO PUR FNMA SF MTG	5.00%	08/01/2040	1,776,000	1,776,988	1,787,615
COMMIT TO PUR FNMA SF MTG	5.50%	08/01/2040	1,656,000	1,679,005	1,685,361
COMMIT TO PUR FNMA SF MTG	6.00%	08/01/2040	833,000	853,666	856,257
FREDDIE MAC STACR DNA1 M2 144A	6.85%	01/25/2042	215,000	217,715	218,895
FREDDIE MAC STAC DNA2 M1A 144A	5.65%	02/25/2042	75,957	75,583	76,005
FREDDIE MAC STAC HQA1 M1A 144A	6.45%	03/25/2042	59,374	58,576	59,729
FREDDIE MAC STACR HQA1 M2 144A	9.60%	03/25/2042	200,000	216,000	212,240
US TREASURY BOND	3.38%	08/15/2042	1,793,000	1,561,880	1,506,604
FREDDIE MAC STAC HQA3 M1A 144A	6.65%	08/25/2042	59,410	60,496	60,498
FREDDIE MAC STAC DNA6 M1A 144A	6.50%	09/25/2042	31,906	32,220	32,149
FREDDIE MAC STAC DNA2 M1B 144A	7.60%	04/25/2043	150,000	150,000	157,164
FREDDIE MAC STAC HQA1 M1B 144A	7.85%	05/25/2043	250,000	264,141	264,050
FREDDIE MAC STACR HQA3 A1 144A	6.20%	11/25/2043	90,678	90,678	91,756
FREDDIE MAC STACR DNA2 A1 144A	5.60%	05/25/2044	89,717	89,717	90,095
FREDDIE MAC STACR HQA2 A1 144A	5.60%	08/25/2044	91,667	91,552	91,999
US TREASURY BOND	4.63%	11/15/2044	2,473,000	2,469,041	2,423,936

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2025

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
US TREASURY BOND	4.75%	02/15/2045	1	1	1
FREDDIE MAC STACR HQA1 M1 144A	5.50%	02/25/2045	109,755	109,755	109,687
US TREASURY BOND	5.00%	05/15/2045	1	1	1
FNMA POOL #0FM9416	3.50%	07/01/2045	1,640	1,603	1,523
FHLMC POOL #ZS-9627	3.50%	02/01/2046	161,158	156,506	149,719
FNMA POOL #0FS1456	3.00%	12/01/2048	266,487	258,222	235,913
FNMA POOL #0FS2479	2.50%	01/01/2051	416,357	386,821	351,068
COMMIT TO PUR GNMA II JUMBOS	2.00%	07/01/2051	640,000	511,475	521,626
FNMA POOL #0FM8815	3.50%	09/01/2051	77,921	78,104	71,502
FREDDIE MAC STAC DNA7 M1A 144A	6.85%	03/25/2052	35,674	36,231	36,143
FNMA POOL #0CB3610	4.00%	05/01/2052	201,757	203,373	190,592
FNMA POOL #0CB3611	4.00%	05/01/2052	151,553	152,299	142,933
FNMA POOL #0FS3303	2.50%	05/01/2052	184,042	156,005	154,093
FNMA POOL #0FS2409	5.00%	07/01/2052	109,746	113,394	108,845
FNMA POOL #0FS2458	5.00%	07/01/2052	142,653	148,081	141,582
FHLMC POOL #SD-1358	5.00%	08/01/2052	294,886	309,446	291,819
FHLMC POOL #SD-1466	5.00%	08/01/2052	289,643	298,909	286,576
FNMA POOL #0FS2604	5.00%	08/01/2052	206,751	213,697	204,554
FHLMC POOL #SL-0770	6.00%	06/01/2054	301,947	309,555	310,758
FHLMC POOL #SD-6734	5.50%	10/01/2054	66,627	67,450	67,593
FNMA POOL #0FA0575	6.00%	10/01/2054	61,967	63,990	64,102
FNMA POOL #0FS9503	5.50%	10/01/2054	79,594	80,576	80,554
FHLMC POOL #SD-6957	5.50%	11/01/2054	333,703	338,448	338,542
US TREASURY BOND	4.50%	11/15/2054	1	1	1
FNMA POOL #0FA0414	6.00%	01/01/2055	137,948	142,248	142,317
FHLMC POOL #SL-0599	6.00%	02/01/2055	72,670	75,043	75,174
US TREASURY BOND	4.63%	02/15/2055	542,000	526,672	528,450
US TREASURY BOND	4.75%	05/15/2055	635,000	627,013	632,320
COMMIT TO PUR FNMA SF MTG	2.00%	07/01/2055	85,000	66,330	67,260
COMMIT TO PUR FNMA SF MTG	3.50%	07/01/2055	71,000	63,583	63,942
COMMIT TO PUR FNMA SF MTG	4.00%	07/01/2055	175,000	159,590	162,680
COMMIT TO PUR FNMA SF MTG	5.00%	07/01/2055	83,000	81,119	81,335
COMMIT TO PUR FNMA SF MTG	5.50%	07/01/2055	248,000	247,348	247,955
COMMIT TO PUR FNMA SF MTG	6.00%	07/01/2055	80,000	81,222	81,321
COMMIT TO PUR FNMA SF MTG	6.50%	07/01/2055	24,000	24,737	24,772
COMMIT TO PUR FNMA SF MTG	7.00%	07/01/2055	69,000	71,845	72,610
COMMIT TO PUR GNMA II JUMBOS	3.00%	07/20/2055	133,000	116,015	117,543
COMMIT TO PUR GNMA II JUMBOS	4.50%	07/20/2055	437,000	413,125	418,183
COMMIT TO PUR GNMA II JUMBOS	5.00%	07/20/2055	788,000	764,808	773,934
COMMIT TO PUR GNMA II JUMBOS	5.50%	07/20/2055	1,279,000	1,268,509	1,280,292
COMMIT TO PUR GNMA II JUMBOS	6.00%	07/20/2055	605,000	608,934	613,313
COMMIT TO PUR GNMA II JUMBOS	6.50%	07/20/2055	324,000	332,674	332,567
COMMIT TO PUR FNMA SF MTG	2.00%	08/01/2055	22,000	17,165	17,419
COMMIT TO PUR FNMA SF MTG	2.50%	08/01/2055	57,000	46,505	47,284
COMMIT TO PUR FNMA SF MTG	3.50%	08/01/2055	129,000	115,369	116,150
COMMIT TO PUR FNMA SF MTG	5.00%	08/01/2055	667,000	647,254	653,306
COMMIT TO PUR FNMA SF MTG	5.50%	08/01/2055	1,769,000	1,756,287	1,767,373
COMMIT TO PUR FNMA SF MTG	6.00%	08/01/2055	539,000	544,931	547,414
COMMIT TO PUR FNMA SF MTG	6.50%	08/01/2055	269,000	277,070	277,266
COMMIT TO PUR FNMA SF MTG	7.00%	08/01/2055	276,000	288,428	289,405
COMMIT TO PUR GNMA II JUMBOS	3.00%	08/20/2055	120,000	106,106	106,034
COMMIT TO PUR GNMA II JUMBOS	5.00%	08/20/2055	340,000	333,678	333,785
COMMIT TO PUR GNMA II JUMBOS	6.00%	08/20/2055	6,000	6,074	6,076
COMMIT TO PUR GNMA II JUMBOS	6.50%	08/20/2055	315,000	322,631	322,714

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2025

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
			\$ <u>71,741,858</u>	\$ <u>70,836,603</u>	\$ <u>70,897,288</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, 2025

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION
CORPORATE DEBT INSTRUMENTS -
PREFERRED

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
PEPSICO INC	5.25%	11/10/2025	\$ 200,000	\$ 199,866	\$ 200,612
NATIONAL RURAL UTILITIES COOPE	4.76%	12/03/2025	200,000	200,000	200,168
JACKSON NATIONAL LIFE GLO 144A	5.50%	01/09/2026	288,000	280,486	289,172
PIONEER NATURAL RESOURCES CO	1.13%	01/15/2026	65,000	60,371	63,865
ATHENE GLOBAL FUNDING 144A	5.68%	02/23/2026	100,000	99,963	100,687
ATHENE GLOBAL FUNDING 144A	5.62%	05/08/2026	308,000	308,000	310,741
HOME DEPOT INC/THE	5.15%	06/25/2026	80,000	79,911	80,741
NISSAN AUTO LEASE TRUST 2 B A3	5.69%	07/15/2026	42,609	42,707	42,664
DLLAA 2023-1 LLC 1A A2 144A	5.93%	07/20/2026	16,088	16,088	16,107
STATE STREET CORP	5.19%	08/03/2026	126,000	126,431	126,815
NEW YORK LIFE GLOBAL FUND 144A	4.94%	08/28/2026	100,000	100,000	100,300
GREATAMERICA LEASING 1 A3 144A	5.08%	09/15/2026	96,541	96,617	96,694
DANSKE BANK A/S 144A	6.26%	09/22/2026	515,000	515,000	516,576
FORD CREDIT AUTO LEASE TRU A C	5.54%	12/15/2026	165,720	165,718	165,783
UNITEDHEALTH GROUP INC	3.45%	01/15/2027	91,000	89,428	90,024
ALLY AUTO RECEIVABLES TRU 1 A2	5.32%	01/15/2027	21,516	21,516	21,526
PNC BANK NA	4.78%	01/15/2027	250,000	250,000	250,395
PRINCIPAL LIFE GLOBAL FUN 144A	5.00%	01/16/2027	20,000	19,992	20,217
PACIFIC LIFE GLOBAL FUNDI 144A	4.82%	02/04/2027	65,000	65,000	65,011
PACIFIC LIFE GLOBAL FUNDI 144A	5.19%	02/05/2027	100,000	100,187	100,651
AMERICAN CREDIT ACCEP 2 A 144A	5.90%	02/12/2027	11,586	11,586	11,593
EXETER AUTOMOBILE RECEIV 3A A2	5.82%	02/15/2027	5,412	5,412	5,415
GM FINANCIAL CONSUMER AU 1 A2B	4.74%	02/16/2027	36,504	36,504	36,512
BRISTOL-MYERS SQUIBB CO	4.90%	02/22/2027	15,000	14,984	15,190
MARS INC 144A	4.45%	03/01/2027	50,000	49,955	50,173
HYUNDAI AUTO LEASE C A2B 144A	4.84%	03/15/2027	163,088	163,088	163,281
GM FINANCIAL CONSUMER AU 2 A2A	5.33%	03/16/2027	60,794	60,790	60,876
GOLDMAN SACHS BANK USA/NEW YOR	5.28%	03/18/2027	90,000	90,000	90,505
ENTERPRISE FLEET FIN 3 A2 144A	5.31%	04/20/2027	154,100	154,079	154,712
SBNA AUTO LEASE TRUS A A2 144A	4.68%	04/20/2027	250,000	249,998	250,098
WALMART INC	4.81%	04/28/2027	80,000	80,000	80,249
CAPITAL ONE PRIME AUTO RE 2 A3	3.66%	05/17/2027	77,171	76,417	76,915
GM FINANCIAL AUTOMOBILE 1 A2A	4.54%	05/20/2027	100,000	100,000	100,121
TRUIST BANK	4.67%	05/20/2027	250,000	250,000	250,355
GOLDMAN SACHS BANK USA/NEW YOR	5.10%	05/21/2027	100,000	100,000	100,283
SFS AUTO RECEIVABLE 1A A2 144A	5.35%	06/21/2027	7,426	7,425	7,430
JOHN DEERE CAPITAL CORP	5.05%	07/15/2027	75,000	75,000	75,429
DELL EQUIPMENT FINAN 1 A2 144A	4.68%	07/22/2027	200,000	199,991	200,786
SANTANDER DRIVE AUTO RECE 1 A2	4.76%	08/16/2027	147,474	147,471	147,518
GLS AUTO RECEIVABLE 3A A2 144A	5.35%	08/16/2027	88,763	88,811	88,855
ONEMAIN DIRECT AUTO 1A A 144A	3.63%	09/14/2027	49,669	49,048	49,501
HYUNDAI AUTO LEASE B A2A 144A	4.58%	09/15/2027	200,000	199,989	200,672
TOYOTA MOTOR CREDIT CORP	4.55%	09/20/2027	67,000	67,163	67,557
BMW VEHICLE LEASE TRUST 1 A2A	4.43%	09/27/2027	100,000	99,989	100,206
GLS AUTO RECEIVABLE 4A A2 144A	4.76%	10/15/2027	128,369	128,363	128,365
CARVANA AUTO RECEIVABLES P2 A2	5.63%	11/10/2027	57,853	57,853	57,959
AMERICAN CREDIT ACCEP 3 A 144A	5.76%	11/12/2027	57,028	57,027	57,135
VOLVO FINANCIAL EQU 1A A2 144A	4.41%	11/15/2027	100,000	99,995	100,053
CITIBANK CREDIT CARD ISS A2 A2	4.97%	12/08/2027	200,000	200,000	200,174
CARMAX AUTO OWNER TRUST 4 A2A	4.67%	12/15/2027	152,978	152,976	153,095
DRIVE AUTO RECEIVABLES TR 2 A2	4.94%	12/15/2027	92,650	92,755	92,731
GLS AUTO RECEIVABLE 1A A2 144A	4.68%	12/15/2027	250,000	249,996	249,920
LAD AUTO RECEIVABLE 1A A2 144A	4.60%	12/15/2027	200,000	199,993	199,992
VOLKSWAGEN AUTO LEASE TR A A2A	4.43%	12/20/2027	200,000	199,990	200,510

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2025

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
COREBRIDGE GLOBAL FUNDING 144A	4.90%	01/07/2028	20,000	20,000	20,302
MMAF EQUIPMENT FINAN A A3 144A	3.20%	01/13/2028	72,303	71,140	71,786
PFS FINANCING CORP A A 144A	5.19%	01/15/2028	200,000	200,000	200,314
EXETER AUTOMOBILE RECEIV 3A A2	4.83%	01/18/2028	100,000	99,995	100,055
GM FINANCIAL CONSUMER AU 1 A2A	4.44%	01/18/2028	97,608	97,599	97,560
HONDA AUTO RECEIVABLES 2 2 A2A	4.30%	01/18/2028	200,000	199,982	199,802
WESTLAKE AUTOMOBIL 1A A2A 144A	4.66%	01/18/2028	200,000	199,988	199,976
VOLKSWAGEN AUTO LOAN ENH 1 A2A	4.51%	01/20/2028	200,000	199,994	200,154
JPMORGAN CHASE & CO	5.04%	01/23/2028	40,000	39,956	40,380
FORD CREDIT AUTO LEASE TRU B B	5.18%	02/15/2028	340,000	339,939	342,526
CITIZENS AUTO RECEIV 2 A3 144A	5.83%	02/15/2028	177,925	179,315	179,253
BANK OF AMERICA AUT 1A A3 144A	5.53%	02/15/2028	77,839	78,581	78,365
GM FINANCIAL CONSUMER AUT 1 A3	4.66%	02/16/2028	160,456	160,507	160,686
AMERICREDIT AUTOMOBILE R 1 A2B	5.43%	02/18/2028	35,913	35,913	35,930
ENTERPRISE FLEET FIN 2 A2 144A	4.51%	02/22/2028	100,000	99,988	100,126
MASTERCARD INC	4.81%	03/15/2028	80,000	80,000	80,146
CITIZENS AUTO RECEIV 1 A3 144A	5.11%	04/17/2028	135,000	135,722	135,729
SANTANDER DRIVE AUTO RECE 4 A3	5.73%	04/17/2028	132,475	133,334	132,839
STATE STREET CORP	5.33%	04/24/2028	50,000	50,000	50,233
CAPITAL ONE MULTI-ASSET B3 B3	5.07%	05/15/2028	245,000	244,684	244,868
US BANK NA/CINCINNATI OH	5.26%	05/15/2028	250,000	250,000	250,655
SFS AUTO RECEIVABLE 1A A2 144A	4.65%	05/22/2028	178,816	178,813	178,888
BANK OF NEW YORK MELLON CORP/T	5.04%	06/09/2028	115,000	115,000	115,112
CARVANA AUTO RECEIVABLES P1 A2	4.50%	06/12/2028	97,483	97,482	97,377
EXETER AUTOMOBILE RECEIVA 2A D	4.56%	07/17/2028	130,000	128,832	129,554
CARMAX AUTO OWNER TRUST 2 A2A	4.59%	07/17/2028	200,000	199,996	200,648
OCTANE RECEIVABLES T 2A B 144A	5.85%	07/20/2028	485,000	484,915	486,392
BANK OF NEW YORK MELLON CORP/T	5.21%	07/21/2028	100,000	100,109	100,379
JPMORGAN CHASE & CO	5.31%	07/22/2028	55,000	55,000	55,212
CARVANA AUTO RECEIVABLES P2 A2	4.56%	08/10/2028	100,000	99,996	100,175
WESTLAKE AUTOMOBILE 1A C 144A	5.74%	08/15/2028	165,000	164,978	166,011
LAD AUTO RECEIVABLES 2A C 144A	5.58%	09/15/2028	85,000	85,724	85,813
CITIBANK NA	5.80%	09/29/2028	925,000	949,883	967,051
HYUNDAI AUTO RECEIVABLES C A4	5.52%	10/16/2028	230,000	233,773	232,889
JPMORGAN CHASE & CO	5.24%	10/22/2028	100,000	100,000	100,301
SBNA AUTO RECEIVABLE A A3 144A	5.32%	12/15/2028	176,749	177,633	177,270
VERIZON MASTER TRUST 1 A1B	4.99%	12/20/2028	200,000	200,000	200,250
JPMORGAN CHASE & CO	4.92%	01/24/2029	35,000	35,000	35,456
BMW VEHICLE OWNER TRUST 2 A A3	5.18%	02/26/2029	110,000	110,941	111,378
CARMAX AUTO OWNER TRUST 20 4 B	6.39%	05/15/2029	230,000	239,991	239,977
GM FINANCIAL CONSUMER AUTO 4 C	6.41%	05/16/2029	320,000	329,950	331,274
ENTERPRISE FLEET FIN 2 A2 144A	4.65%	05/21/2029	1,347	1,336	1,346
BRIGHTHOUSE FINANCIAL GLO 144A	5.65%	06/10/2029	182,000	181,891	186,614
EXETER AUTOMOBILE RECEIVA 1A D	6.69%	06/15/2029	290,000	292,538	294,945
BX TRUST 2024-VLT4 VLT4 A 144A	5.83%	07/15/2029	160,000	159,619	159,950
EXETER AUTOMOBILE RECEIVA 2A D	6.32%	08/15/2029	215,000	219,586	218,797
HYUNDAI AUTO LEASE SE B B 144A	4.94%	08/15/2029	145,000	144,968	146,573
JPMORGAN CHASE & CO	6.09%	10/23/2029	825,000	849,090	866,902
SAMMONS FINANCIAL GROUP G 144A	5.10%	12/10/2029	101,000	100,952	103,123
JACKSON NATIONAL LIFE GLO 144A	5.35%	01/13/2030	185,000	184,824	190,256
WORLD OMNI SELECT AUTO TR A A3	4.98%	02/15/2030	145,000	145,736	145,748
BX TRUST 2025-ROIC ROIC B 144A	5.74%	03/15/2030	160,000	159,600	158,800
WESTLAKE AUTOMOBILE 2A C 144A	5.68%	03/15/2030	250,000	249,992	253,598
VOLKSWAGEN AUTO LEASE TRU A A4	4.56%	03/20/2030	190,000	189,989	191,438

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2025

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)
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DELL EQUIPMENT FINAN 1 A2 144A	5.58%	03/22/2030	39,313	39,311	39,391
ENTERPRISE FLEET FIN 2 A2 144A	5.56%	04/22/2030	93,032	93,704	93,587
GLS AUTO SELECT REC 2A A2 144A	5.58%	06/17/2030	165,071	165,053	166,620
SANTANDER DRIVE AUTO RECEI 3 C	5.64%	08/15/2030	110,000	111,886	112,242
DELL EQUIPMENT FINAN 2 A2 144A	4.69%	08/22/2030	250,000	250,176	250,178
CARMAX AUTO OWNER TRUST 20 3 D	5.67%	01/15/2031	230,000	229,957	234,791
CPS AUTO RECEIVABLES D C 144A	4.76%	01/15/2031	205,000	203,991	204,766
VERIZON MASTER TRUST 3 A 144A	4.73%	04/21/2031	164,000	164,737	166,393
CARMAX AUTO OWNER TRUST 20 2 D	5.74%	10/15/2031	160,000	159,952	164,056
MARS INC 144A	5.00%	03/01/2032	127,000	126,743	128,741
M&T EQUIPMENT 2025- 1A A4 144A	4.91%	03/16/2032	245,000	244,996	248,481
GA GLOBAL FUNDING TRUST 144A	5.50%	04/01/2032	186,000	185,903	189,041
AUTOMATIC DATA PROCESSING INC	4.75%	05/08/2032	825,000	823,688	837,095
UNITEDHEALTH GROUP INC	5.35%	02/15/2033	100,000	99,999	103,056
UNITEDHEALTH GROUP INC	4.50%	04/15/2033	114,000	109,175	111,115
FORD CREDIT AUTO OWNE 1 A 144A	1.37%	10/17/2033	435,000	422,477	424,447
US BANCORP	4.84%	02/01/2034	160,000	155,801	158,016
NUVEEN LLC 144A	5.85%	04/15/2034	82,000	81,888	85,358
LENDMARK FUNDING TRU 1A A 144A	4.94%	09/20/2034	205,000	204,956	206,568
DOMINION ENERGY SOUTH CAROLINA	5.30%	01/15/2035	115,000	114,795	117,601
MARS INC 144A	5.20%	03/01/2035	131,000	130,771	132,487
EVERGY KANSAS CENTRAL INC	5.25%	03/15/2035	183,000	182,310	185,086
ONCOR ELECTRIC DELIVERY C 144A	5.35%	04/01/2035	110,000	109,980	112,074
ENTERGY TEXAS INC	5.25%	04/15/2035	74,000	74,002	74,618
UNION ELECTRIC CO	5.25%	04/15/2035	92,000	91,977	93,956
JAPAN TOBACCO INC 144A	5.85%	06/15/2035	173,000	172,523	180,925
CHILE ELECTRICITY LUX MPC 144A	5.58%	10/20/2035	195,501	195,503	196,088
JPMORGAN CHASE & CO	4.95%	10/22/2035	304,000	301,845	301,173
BENEFIT STREET PART 33A B 144A	6.62%	01/25/2036	250,000	251,375	250,983
COMM 2016-787S MOR 787S A 144A	3.55%	02/10/2036	500,000	550,728	491,200
CHESAPEAKE FUNDING 1A A2 144A	5.11%	05/15/2036	66,048	66,048	65,987
LOANCORE 2022-CRE7 CRE7 A 144A	5.89%	01/17/2037	163,699	163,520	163,745
NEUBERGER BERMAN L 46A CR 144A	6.08%	01/20/2037	250,000	250,000	250,252
CANYON CLO 2023-2 LT 2A B 144A	6.37%	05/15/2037	250,000	250,875	251,007
AB BSL CLO 3 LTD 3A BR 144A	5.88%	04/20/2038	400,000	400,000	401,520
TOYOTA AUTO LOAN EXT 1A A 144A	4.65%	05/25/2038	165,000	164,951	167,176
PFP 2023-10 LTD 10 A 144A	6.71%	09/16/2038	161,046	162,556	161,344
MANHATTAN WEST 2020 1MW A 144A	2.13%	09/10/2039	625,000	643,715	590,988
KIND COMMERCIAL MORTG 1 A 144A	6.23%	08/15/2041	110,000	109,769	110,138
WELLS FARGO COMME MGP A12 144A	6.03%	08/15/2041	180,000	179,550	179,100
CONNECTICUT AVENU R03 1M1 144A	5.20%	12/25/2041	36,493	36,185	36,422
CONNECTICUT AVENU R06 1M1 144A	7.10%	05/25/2042	95,267	97,738	97,492
LOANCORE 2025 2025 CRE8 A 144A	5.73%	08/17/2042	150,000	149,625	149,666
CONNECTICUT AVENU R01 1M1 144A	6.75%	12/25/2042	131,082	134,359	134,458
CONNECTICUT AVENU R04 1M1 144A	6.65%	05/25/2043	163,910	164,934	167,342
CONNECTICUT AVENU R05 1M1 144A	6.25%	06/25/2043	56,490	56,490	57,035
CONNECTICUT AVENU R06 1M1 144A	6.05%	07/25/2043	52,565	52,680	52,861
CONNECTICUT AVENU R01 1M1 144A	5.40%	01/25/2044	58,474	58,474	58,438
CONNECTICUT AVENU R02 1M1 144A	5.45%	02/25/2044	56,097	56,097	56,080
CONNECTICUT AVENU R05 2A1 144A	5.35%	07/25/2044	94,874	94,874	94,698
CONNECTICUT AVENU R06 1A1 144A	5.50%	09/25/2044	44,367	44,367	44,519
CONNECTICUT AVENU R03 2A1 144A	5.80%	03/25/2045	45,623	45,869	45,900
CIM TRUST 2021-J1 J1 A1 144A	2.50%	03/25/2051	173,078	147,224	140,925
TRP 2021 LLC 1 A 144A	2.07%	06/19/2051	587,744	587,622	556,693

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

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

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TRP - TRIP RAIL MASTE 2 A 144A	2.15%	06/19/2051	561,424	561,194	531,725
CIM TRUST 2021-IN INV1 A2 144A	2.50%	07/01/2051	185,827	149,125	151,815
BAYVIEW OPPORTUNITY 6 A2 144A	2.50%	10/25/2051	196,957	165,810	160,435
JP MORGAN MORTGAGE 10 A3 144A	2.50%	12/25/2051	384,164	328,731	313,005
JP MORGAN MORTGAG INV1 A3 144A	3.00%	03/25/2052	240,563	207,332	205,119
GS MORTGAGE-BACKED MM1 A2 144A	2.50%	04/25/2052	121,856	97,675	99,260
JP MORGAN MORTGAG INV6 A2 144A	3.00%	04/25/2052	142,892	120,141	121,653
J.P. MORGAN MORTG INV8 A2 144A	3.00%	05/25/2052	125,709	105,694	107,187
GS MORTGAGE-BACKED HP1 A2 144A	3.00%	09/25/2052	82,947	69,429	70,518
ENTERGY LOUISIANA LLC	5.70%	03/15/2054	47,000	46,932	46,437
ENTERGY MISSISSIPPI LLC	5.80%	04/15/2055	106,000	105,961	106,211
MARS INC 144A	5.70%	05/01/2055	84,000	83,546	83,908
DTE ELECTRIC CO	5.85%	05/15/2055	24,000	23,939	24,617
BENCHMARK 2024-V7 MORTGA V7 A3	6.23%	05/15/2056	190,000	196,326	200,072
BMO 2023-C5 MORTGAGE TRU C5 A4	5.49%	06/15/2056	207,000	209,070	212,784
BMO 2024-5C5 MORTGAGE T 5C5 A3	5.86%	02/15/2057	120,000	124,139	125,112
WELLS FARGO COMMERCIAL 5C1 A3	5.93%	07/15/2057	110,000	114,030	114,754
BENCHMARK 2024-V12 MORT V12 A3	5.74%	12/15/2057	160,000	164,999	166,619
BMO 2024-5C8 MORTGAGE T 5C8 A3	5.63%	12/15/2057	450,000	463,772	466,893
WELLS FARGO COMMERCIAL 5C3 A3	6.10%	01/15/2058	170,000	176,277	179,478
MORGAN STANLEY BANK OF 5C1 A3	5.64%	03/15/2058	120,000	123,593	124,661
BBCMS MORTGAGE TRUST 2 5C34 A3	5.66%	05/15/2058	80,000	82,397	83,423
CF HIPPOLYTA ISSUER 1A A1 144A	1.53%	03/15/2061	612,591	612,474	589,368
NEW ECONOMY ASSETS - 1 A1 144A	1.91%	10/20/2061	600,000	589,122	564,852
OBX 2024-NQM12 T NQM12 A1 144A	5.48%	07/25/2064	83,399	83,243	83,393
OBX 2024-NQM14 T NQM14 A1 144A	4.94%	09/25/2064	84,619	84,619	84,124
OBX 2024-NQM16 T NQM16 A1 144A	5.53%	10/25/2064	84,041	84,041	84,138
OBX 2024-NQM18 T NQM18 A1 144A	5.41%	10/25/2064	119,174	118,515	119,265
OBX 2024-NQM17 T NQM17 A1 144A	5.61%	11/25/2064	91,311	91,311	91,555
OBX 2025-NQM3 TRU NQM3 A1 144A	5.65%	12/01/2064	95,680	95,679	96,187
CHASE HOME LENDI RPL4 A1A 144A	3.38%	12/25/2064	84,868	78,242	75,855
OBX 2025-NQM1 TRU NQM1 A1 144A	5.55%	12/25/2064	91,897	91,895	92,211
FLORIDA POWER & LIGHT CO	5.80%	03/15/2065	56,000	55,849	56,879
NEW RESIDENTIAL M NQM3 A1 144A	5.53%	05/25/2065	198,281	198,277	199,437
JP MORGAN MORTGAG DSC1 A1 144A	5.58%	09/25/2065	198,464	198,460	199,746
VERUS SECURITIZATION 9 A1 144A	5.44%	11/25/2069	93,347	93,347	93,480
EFMT 2025-INV2 INV2 A1 144A	5.39%	05/26/2070	185,193	185,190	185,419
BENCHMARK 2019-B15 MORT B15 A5	2.93%	12/15/2072	575,000	488,215	531,208
			\$ 33,774,231	\$ 33,575,018	\$ 33,570,819

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

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	CORPORATE DEBT INSTRUMENTS - OTHER				
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
ARES CAPITAL CORP	3.25%	07/15/2025	\$ 25,000	\$ 24,263	\$ 24,984
PENSKE TRUCK LEASING CO L 144A	4.00%	07/15/2025	100,000	96,510	99,977
CVS HEALTH CORP	3.88%	07/20/2025	80,000	77,470	79,944
MORGAN STANLEY	4.00%	07/23/2025	267,000	273,694	266,749
ENTERGY CORP	0.90%	09/15/2025	367,000	332,840	364,255
WEC ENERGY GROUP INC	5.00%	09/27/2025	100,000	99,784	99,990
BLACKSTONE PRIVATE CREDIT FUND	7.05%	09/29/2025	50,000	50,562	50,277
INTERNATIONAL FLAVORS & F 144A	1.23%	10/01/2025	151,000	130,312	149,535
AMERICAN ELECTRIC POWER CO INC	1.00%	11/01/2025	100,000	91,278	98,767
DUPONT DE NEMOURS INC	4.49%	11/15/2025	100,000	98,964	99,852
CUBESMART LP	4.00%	11/15/2025	125,000	124,369	124,639
PENSKE TRUCK LEASING CO L 144A	1.20%	11/15/2025	100,000	93,300	98,691
BAYER US FINANCE II LLC 144A	4.25%	12/15/2025	521,000	596,175	519,505
VISTRA (TXU/TCEH) 6/18	0.00%	12/31/2025	252,584	252,573	253,092
AIR LEASE CORP	2.88%	01/15/2026	100,000	95,659	99,002
NEXTERA ENERGY CAPITAL HOLDING	4.95%	01/29/2026	105,000	104,953	105,278
TRANSCONTINENTAL GAS PIPE LINE	7.85%	02/01/2026	125,000	127,521	126,330
JEFFERIES FINANCIAL GROUP INC	5.00%	02/10/2026	95,000	95,000	95,119
REGAL REXNORD CORP	6.05%	02/15/2026	225,000	224,876	226,292
GILEAD SCIENCES INC	3.65%	03/01/2026	150,000	146,135	149,243
THE CAMPBELL'S COMPANY	5.30%	03/20/2026	10,000	9,992	10,048
TAKE-TWO INTERACTIVE SOFTWARE	5.00%	03/28/2026	100,000	99,658	100,233
GENERAL ELECTRIC CO	4.90%	05/05/2026	100,000	100,100	100,021
EQUINIX INC	1.45%	05/15/2026	100,000	92,049	97,252
MARRIOTT INTERNATIONAL INC/MD	3.13%	06/15/2026	125,000	122,536	123,476
SABINE PASS LIQUEFACTION LLC	5.88%	06/30/2026	100,000	101,143	100,541
ORACLE CORP	2.65%	07/15/2026	100,000	94,555	98,200
GOLDMAN SACHS GROUP INC/THE	5.41%	08/10/2026	100,000	100,000	100,083
FORD MOTOR CREDIT CO LLC	2.70%	08/10/2026	200,000	187,916	194,722
DOMINION ENERGY INC	2.85%	08/15/2026	125,000	121,499	122,850
RYDER SYSTEM INC	1.75%	09/01/2026	100,000	92,619	96,969
BROADCOM INC	3.46%	09/15/2026	125,000	122,873	123,825
HEWLETT PACKARD ENTERPRISE CO	4.45%	09/25/2026	125,000	124,403	125,189
DTE ENERGY CO	2.85%	10/01/2026	150,000	141,317	147,359
NATIONAL FUEL GAS CO	5.50%	10/01/2026	80,000	80,189	80,896
TEVA PHARMACEUTICAL FINANCE NE	3.15%	10/01/2026	55,000	52,906	53,940
SBNA AUTO LEASE TRUS B A2 144A	5.67%	11/20/2026	28,574	28,574	28,609
TESLA ELECTRIC VEHI 1 A2B 144A	4.87%	12/21/2026	27,057	27,057	27,065
BROWN & BROWN INC	4.60%	12/23/2026	30,000	29,998	30,140
VISTRA OPERATIONS CO LLC 144A	5.05%	12/30/2026	10,000	9,995	10,048
PENSKE TRUCK LEASING CO L 144A	5.35%	01/12/2027	20,000	19,987	20,226
CBOE GLOBAL MARKETS INC	3.65%	01/12/2027	115,000	113,559	114,056
UBS GROUP AG 144A	5.71%	01/12/2027	573,000	566,521	576,421
BROADCOM CORP / BROADCOM CAYMA	3.88%	01/15/2027	82,000	81,283	81,424
GENERAL MILLS INC	4.70%	01/30/2027	15,000	14,985	15,085
NCL CORP LTD 144A	5.88%	02/15/2027	112,000	104,108	112,435
GGAM FINANCE LTD 144A	8.00%	02/15/2027	86,000	88,268	88,662
ZIMMER BIOMET HOLDINGS INC	4.70%	02/19/2027	125,000	124,901	125,673
CHASE AUTO OWNER TR AA A2 144A	5.90%	03/25/2027	2,622	2,622	2,624
HORMEL FOODS CORP	4.80%	03/30/2027	50,000	49,952	50,504
SYNOPSIS INC	4.55%	04/01/2027	55,000	54,947	55,266
MAUSER PACKAGING SOLUTION 144A	9.25%	04/15/2027	115,000	99,941	114,194
AMERICREDIT AUTOMOBILE RE 2 A2	6.19%	04/19/2027	20,727	20,727	20,768
GENERAL MOTORS FINANCIAL CO INC	5.40%	05/08/2027	30,000	29,974	30,432
CNO GLOBAL FUNDING 144A	5.88%	06/04/2027	161,000	160,916	165,345

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TRUIST FINANCIAL CORP	6.05%	06/08/2027	100,000	101,468	101,337
GRUBHUB HOLDINGS INC 144A	5.50%	07/01/2027	71,001	67,895	69,618
GENERAL MOTORS FINANCIAL CO IN	5.43%	07/15/2027	70,000	70,000	69,895
AVIS BUDGET CAR RENTAL LL 144A	5.75%	07/15/2027	1	1	1
ROYAL CARIBBEAN CRUISES L 144A	5.38%	07/15/2027	1	1	1
ROYAL CARIBBEAN CRUISES L 144A	5.38%	07/15/2027	125,000	125,375	125,761
AMERICAN EXPRESS CO	5.35%	07/28/2027	100,000	100,000	100,367
ASURION 1/21 B9 TL	0.00%	07/31/2027	1	1	1
ASURION 1/21 B9 TL	0.00%	07/31/2027	82,784	82,473	82,663
ELANCO ANIMAL HEALTH 8/20 COV-	0.00%	08/01/2027	1	1	1
ELANCO ANIMAL HEALTH 8/20 COV-	0.00%	08/01/2027	126,410	126,410	126,268
DIRECTV FINANCING LLC / D 144A	5.88%	08/15/2027	141,001	123,376	126,117
NGPL PIPECO LLC 144A	4.88%	08/15/2027	1	1	1
DIRECTV FINANCING LLC / D 144A	5.88%	08/15/2027	143,000	138,404	142,429
NGPL PIPECO LLC 144A	4.88%	08/15/2027	231,000	251,906	229,820
NATIONAL RURAL UTILITIES COOPE	5.19%	09/16/2027	100,000	100,000	100,346
AG TTMT ESCROW ISSUER LLC 144A	8.63%	09/30/2027	1	1	1
GALAXY PIPELINE ASSETS BI REGS	1.75%	09/30/2027	1	1	1
AG TTMT ESCROW ISSUER LLC 144A	8.63%	09/30/2027	97,000	99,183	100,436
GALAXY PIPELINE ASSETS BI REGS	1.75%	09/30/2027	216,923	208,876	209,345
MARSH & MCLENNAN COS INC	5.04%	11/08/2027	45,000	45,000	45,104
CONSOLIDATED EDISON CO OF NEW	4.87%	11/18/2027	30,000	30,000	30,005
ARTHUR J GALLAGHER & CO	4.60%	12/15/2027	20,000	19,984	20,146
CENTENE CORP	4.25%	12/15/2027	1	1	1
CENTENE CORP	4.25%	12/15/2027	156,000	162,456	153,623
ASPEN DENTAL 12/23 B5 COV-LITE	0.00%	12/23/2027	1	1	1
CITIGROUP INC	3.89%	01/10/2028	250,000	245,530	247,703
NORTHROP GRUMMAN CORP	3.25%	01/15/2028	136,000	132,006	132,845
INTERNATIONAL BUSINESS MACHINE	6.50%	01/15/2028	45,000	47,207	47,571
MORGAN STANLEY	2.48%	01/21/2028	125,000	119,435	121,311
PNC FINANCIAL SERVICES GROUP I	5.30%	01/21/2028	20,000	20,000	20,300
AIRCASTLE LTD 144A	2.85%	01/26/2028	307,000	309,672	292,230
NEXTERA ENERGY CAPITAL HOLDING	5.14%	02/04/2028	55,000	55,000	55,268
ALTRIA GROUP INC	4.88%	02/04/2028	108,000	108,823	109,469
HECLA MINING CO	7.25%	02/15/2028	177,000	178,585	178,389
BAYER CORP/NJ 144A	6.65%	02/15/2028	100,000	117,561	104,583
HCA INC	5.23%	03/01/2028	65,000	65,000	65,374
AMGEN INC	5.15%	03/02/2028	112,000	113,804	114,423
EVERGY KANSAS CENTRAL INC	4.70%	03/13/2028	45,000	44,949	45,502
DISCOVERY COMMUNICATIONS LLC	3.95%	03/20/2028	154,000	147,236	147,167
DANSKE BANK A/S 144A	4.30%	04/01/2028	275,000	266,211	273,988
HUNTINGTON NATIONAL BANK/THE	5.10%	04/12/2028	250,000	250,000	249,800
MORGAN STANLEY	5.40%	04/13/2028	100,000	100,000	100,558
NVENT FINANCE SARL	4.55%	04/15/2028	130,000	135,836	129,899
EPR PROPERTIES	4.95%	04/15/2028	89,000	97,721	88,814
ALLIANT HOLDINGS INTERMED 144A	6.75%	04/15/2028	173,000	174,706	175,730
AMR/AADVANTAGE 2/25 TLB	0.00%	04/20/2028	60,334	61,692	59,872
WELLS FARGO & CO	5.45%	04/22/2028	95,000	95,000	95,636
GOLDMAN SACHS GROUP INC/THE	5.67%	04/23/2028	85,000	85,000	85,513
HEARTLAND DENTAL LLC / HE 144A	10.50%	04/30/2028	99,000	99,000	104,535
CITIGROUP INC	5.49%	05/07/2028	125,000	125,000	125,601
BAITEREK NATIONAL MANAGIN 144A	5.45%	05/08/2028	200,000	201,112	202,312
EQUIPMENTSHARE.COM INC 144A	9.00%	05/15/2028	134,000	130,238	141,539
DELEK LOGISTICS PARTNERS 144A	7.13%	06/01/2028	100,000	93,194	100,368
PACIFIC GAS AND ELECTRIC CO	5.00%	06/04/2028	123,000	122,852	123,353

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2025

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	INTEREST RATE	MATURITY DATE	CORPORATE DEBT INSTRUMENTS - OTHER	COST	CURRENT VALUE
			PAR OR MATURITY VALUE - a		
AVOLON 6/23 B6 COV-LITE TLB	0.00%	06/09/2028	220,890	220,952	220,985
DANSKE BANK A/S 144A	4.38%	06/12/2028	200,000	227,194	199,442
USB AUTO OWNER TRUS 1A A2 144A	4.51%	06/15/2028	100,000	99,997	100,207
DAILYPAY SECURITIZAT 1A A 144A	5.63%	06/26/2028	100,000	99,997	100,697
MANUFACTURERS & TRADERS TRUST	4.76%	07/06/2028	250,000	250,000	251,715
CENTENE CORP	2.45%	07/15/2028	321,000	295,315	298,055
AIRCASTLE LTD 144A	6.50%	07/18/2028	323,000	333,682	337,002
AMERICAN EXPRESS CO	5.31%	07/26/2028	50,000	50,000	50,228
AUSGRID FINANCE PTY LTD 144A	4.35%	08/01/2028	306,000	342,070	304,250
ORACLE CORP	5.10%	08/03/2028	90,000	90,000	90,390
CAPITAL ONE NA	5.97%	08/09/2028	300,000	314,644	307,368
MASTEC INC 144A	4.50%	08/15/2028	139,000	135,430	137,093
BOOZ ALLEN HAMILTON INC 144A	3.88%	09/01/2028	220,000	194,020	212,696
AFFIRM ASSET SECURITI B A 144A	6.82%	09/15/2028	260,000	261,208	260,928
WE SODA INVESTMENTS HOLDI REGS	9.50%	10/06/2028	200,000	206,750	208,640
AMERITEX HOLDCO INTERMEDI 144A	10.25%	10/15/2028	93,000	96,488	98,594
LSB INDUSTRIES INC 144A	6.25%	10/15/2028	165,000	153,661	163,779
EMPRESA GENERADORA DE ELE 144A	5.63%	11/08/2028	200,000	186,900	190,512
SPRINT CAPITAL CORP	6.88%	11/15/2028	156,000	174,281	167,447
JSW INFRASTRUCTURE LTD REGS	4.95%	01/21/2029	200,000	194,000	196,226
BANK OF AMERICA CORP	4.98%	01/24/2029	95,000	95,000	96,316
SBA COMMUNICATIONS CORP	3.13%	02/01/2029	475,000	455,406	448,657
HUSKY INJECTION MOLDING S 144A	9.00%	02/15/2029	89,000	92,671	92,897
AFFIRM ASSET SECURIT A 1A 144A	5.61%	02/15/2029	175,000	174,208	175,791
KENNEDY-WILSON INC	4.75%	03/01/2029	159,000	148,034	148,794
ROCKET MORTGAGE LLC / ROC 144A	3.63%	03/01/2029	133,000	124,309	126,358
ALBERTSONS COS INC / SAFE 144A	3.50%	03/15/2029	475,000	455,406	450,186
WARNERMEDIA HOLDINGS INC	4.05%	03/15/2029	73,000	67,816	67,546
LPL HOLDINGS INC 144A	4.00%	03/15/2029	218,000	190,205	211,737
ANGLO AMERICAN CAPITAL PL 144A	3.88%	03/16/2029	200,000	188,246	195,304
MACQUARIE GROUP LTD 144A	4.65%	03/27/2029	94,000	100,274	94,111
MACQUARIE AIRFINANCE HOLD 144A	8.13%	03/30/2029	109,000	115,050	114,013
MEDLINE BORROWER LP/MEDLI 144A	6.25%	04/01/2029	164,000	166,306	168,459
MORGAN STANLEY	5.76%	04/12/2029	125,000	125,003	126,472
BRANDYWINE OPERATING PARTNERSH	8.88%	04/12/2029	137,000	144,499	148,409
WELLS FARGO & CO	5.75%	04/23/2029	120,000	120,000	121,499
MUTHOOT FINANCE LTD REGS	6.38%	04/23/2029	200,000	196,940	199,614
AMERICAN EXPRESS CO	5.64%	04/25/2029	120,000	120,000	121,079
MEDCO MAPLE TREE PTE LTD 144A	8.96%	04/27/2029	250,000	246,928	260,225
CARNIVAL CORP 144A	6.00%	05/01/2029	97,000	90,724	98,012
BANK OF AMERICA CORP	5.45%	05/09/2029	125,000	125,000	125,800
US ACUTE CARE SOLUTIONS L 144A	9.75%	05/15/2029	96,000	98,129	99,010
BANK OF AMERICA CORP	2.09%	06/14/2029	525,000	485,034	491,736
NRG ENERGY INC 144A	4.45%	06/15/2029	264,000	283,358	259,676
DT MIDSTREAM INC 144A	4.13%	06/15/2029	201,000	190,699	194,126
SUNCOKE ENERGY INC 144A	4.88%	06/30/2029	151,000	145,222	140,502
MERCURY FINANCIAL CR 2A A 144A	6.56%	07/20/2029	175,000	174,999	176,530
WELLS FARGO & CO	5.57%	07/25/2029	157,000	157,000	162,088
SM ENERGY CO 144A	6.75%	08/01/2029	127,000	127,475	126,522
WALGREENS BOOTS ALLIANCE INC	8.13%	08/15/2029	41,000	41,413	43,474
UBER TECHNOLOGIES INC 144A	4.50%	08/15/2029	152,000	147,918	150,886
AMERICAN TOWER CORP	3.80%	08/15/2029	145,000	129,783	140,955
AETHON UNITED BR LP / AET 144A	7.50%	10/01/2029	138,000	139,720	144,748
TGNR INTERMEDIATE HOLDING 144A	5.50%	10/15/2029	100,000	92,592	96,894
WELLS FARGO & CO	6.30%	10/23/2029	825,000	844,470	871,794

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2025

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
GOLDMAN SACHS GROUP INC/THE	6.48%	10/24/2029	825,000	848,975	875,061
ARIS MINING CORP 144A	8.00%	10/31/2029	200,000	200,000	203,498
ARKO CORP 144A	5.13%	11/15/2029	107,000	98,440	90,387
VICI PROPERTIES LP / VICI 144A	4.63%	12/01/2029	305,000	286,628	299,595
IVANHOE MINES LTD 144A	7.88%	01/23/2030	200,000	200,000	199,628
NOVELIS CORP 144A	6.88%	01/30/2030	133,000	134,523	137,724
LAMB WESTON HOLDINGS INC 144A	4.13%	01/31/2030	200,000	200,000	190,674
IMPERIAL BRANDS FINANCE P 144A	5.50%	02/01/2030	310,000	310,294	319,511
KIMMERIDGE TEXAS GAS LLC 144A	8.50%	02/15/2030	173,000	174,376	179,045
RAND PARENT LLC 144A	8.50%	02/15/2030	175,000	170,377	175,744
EXETER AUTOMOBILE RECEIVA 2A D	5.92%	02/15/2030	190,000	189,979	193,583
VSTRONG AUTO RECEIVAB A D 144A	9.31%	02/15/2030	210,000	232,739	228,329
CLARIOS GLOBAL LP / CLARI 144A	6.75%	02/15/2030	29,000	29,435	30,088
ANTERO RESOURCES CORP 144A	5.38%	03/01/2030	218,000	195,655	219,328
CCO HOLDINGS LLC / CCO HO 144A	4.75%	03/01/2030	306,000	275,942	296,419
EXPAND ENERGY CORP	5.38%	03/15/2030	80,000	78,650	80,230
DELL EQUIPMENT FINAN 1 A3 144A	5.39%	03/22/2030	100,000	100,953	100,856
HUDSON RIVER 10/24 TLB	0.00%	03/29/2030	90,656	90,087	90,840
ARIS WATER HOLDINGS LLC 144A	7.25%	04/01/2030	147,000	147,000	151,644
WESTLAKE AUTOMOBILE 2A D 144A	5.91%	04/15/2030	140,000	142,226	142,580
FORD MOTOR CO	9.63%	04/22/2030	77,000	89,512	88,538
ZF NORTH AMERICA CAPITAL 144A	6.75%	04/23/2030	150,000	147,375	144,086
IPALCO ENTERPRISES INC	4.25%	05/01/2030	370,000	376,801	355,241
BOEING CO/THE	5.15%	05/01/2030	207,000	196,174	210,813
VERMILION ENERGY INC 144A	6.88%	05/01/2030	86,000	81,844	82,670
MEXICO GOVERNMENT INTERNATIONA	6.00%	05/13/2030	200,000	198,906	206,760
AVOLON HOLDINGS FUNDING L 144A	5.38%	05/30/2030	132,000	131,476	134,458
EQT CORP 144A	7.50%	06/01/2030	91,000	101,172	100,012
FORD MOTOR CREDIT CO LLC	7.20%	06/10/2030	200,000	212,172	210,234
BANKUNITED INC	5.13%	06/11/2030	191,000	217,117	188,933
CROWN CASTLE INC	3.30%	07/01/2030	185,000	165,675	173,171
ASPEN INSURANCE HOLDINGS LTD	5.75%	07/01/2030	179,000	178,767	181,873
AVIATION CAPITAL GROUP LL 144A	6.38%	07/15/2030	184,000	181,924	195,020
BAT CAPITAL CORP	6.34%	08/02/2030	261,000	260,590	281,233
ATI INC	7.25%	08/15/2030	96,000	99,411	100,564
ARETEC GROUP INC 144A	10.00%	08/15/2030	96,000	101,640	105,504
OCCIDENTAL PETROLEUM CORP	6.63%	09/01/2030	275,000	300,905	290,719
MSCI INC 144A	3.63%	09/01/2030	132,000	122,282	123,812
FREEDOM MORTGAGE CORP 144A	12.25%	10/01/2030	140,000	152,703	155,389
GLENCORE FUNDING LLC 144A	6.38%	10/06/2030	91,000	91,011	97,665
STARWOOD PROPERTY TRUST I 144A	6.50%	10/15/2030	173,000	173,630	178,612
PENNYMAC FINANCIAL SERVIC 144A	7.13%	11/15/2030	99,000	98,134	102,583
BAYER US FINANCE LLC 144A	6.38%	11/21/2030	200,000	199,132	212,358
AMAYA/FLUTTER 12/24 COV-LITE	0.00%	11/30/2030	246,500	246,128	245,576
EXETER AUTOMOBILE RECEIVA 4A D	5.81%	12/16/2030	150,000	151,867	153,095
STANDARD INDUSTRIES INC/N 144A	3.38%	01/15/2031	400,000	395,500	358,648
CONTINENTAL RESOURCES INC 144A	5.75%	01/15/2031	269,000	292,357	271,504
CROCKETT PARTNERS EQ 1C A 144A	6.05%	01/20/2031	166,667	167,457	168,350
FOUNDRY JV HOLDCO LLC 144A	5.50%	01/25/2031	200,000	198,504	205,090
CALPINE 1/24 B10 TL	0.00%	01/31/2031	100,000	100,000	99,925
ALLIED UNIVERSAL HOLDCO L 144A	7.88%	02/15/2031	156,000	156,096	163,047
GLS AUTO SELECT RECE 2A D 144A	8.22%	02/18/2031	281,000	304,040	304,548
BAT CAPITAL CORP	5.83%	02/20/2031	87,000	87,000	91,538
SOLVENTUM CORP	5.45%	03/13/2031	182,000	181,583	188,958
NAVIENT CORP	11.50%	03/15/2031	97,000	109,401	109,738

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2025

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

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	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
BROWN & BROWN INC	2.38%	03/15/2031	193,000	162,261	169,840
MACQUARIE AIRFINANCE HOLD 144A	6.50%	03/26/2031	93,000	96,599	98,412
NRG ENERGY 3/24 COV-LITE TLB	0.00%	03/27/2031	86,272	86,272	86,380
VONTIER CORP	2.95%	04/01/2031	278,000	243,784	248,365
FORTESCUE TREASURY PTY LT 144A	4.38%	04/01/2031	108,000	103,881	100,813
CEDAR FAIR 4/24 TLB	0.00%	05/01/2031	65,834	65,669	65,834
VENTURE GLOBAL LNG INC 144A	8.38%	06/01/2031	80,000	79,337	83,102
TRANSUNION 6/24 B8 COV-LITE TL	0.00%	06/11/2031	31,759	31,759	31,785
WESTERN ALLIANCE BANCORP	3.00%	06/15/2031	121,000	113,891	112,454
TRANSUNION 11/24 B9 COV-LITE T	0.00%	06/24/2031	74,199	74,106	74,245
LADDER CAPITAL FINANCE HO 144A	7.00%	07/15/2031	99,000	101,475	103,614
NGPL PIPECO LLC 144A	3.25%	07/15/2031	138,000	138,767	122,915
EMRLD BORROWER LP / EMERA 144A	6.75%	07/15/2031	101,000	101,899	104,492
ALPHA GENERATION 9/24 COV-LITE	0.00%	09/19/2031	186,530	186,064	186,142
COLUMBIA PIPELINES HOLDIN 144A	5.10%	10/01/2031	82,000	81,997	82,320
VISTRA OPERATIONS CO LLC 144A	7.75%	10/15/2031	93,000	92,653	98,918
NAVOI MINING & METALLURGI 144A	6.95%	10/17/2031	200,000	199,020	204,564
AS MILEAGE PLAN IP LTD 144A	5.31%	10/20/2031	280,000	274,649	275,456
CITADEL SECURITIES 10/24 TLB	0.00%	10/31/2031	86,565	86,565	86,879
MSCI INC 144A	3.63%	11/01/2031	58,000	48,720	53,417
FORD MOTOR CREDIT CO LLC	6.05%	11/05/2031	200,000	200,000	198,834
BROADCOM INC	5.15%	11/15/2031	260,000	259,579	267,465
SEAWORLD/UNITED PARKS 11/24 CO	0.00%	11/19/2031	65,834	65,807	65,670
APPROVIN CORP	5.38%	12/01/2031	130,000	130,354	132,116
JB POINDEXTER & CO INC 144A	8.75%	12/15/2031	82,000	82,958	83,271
JBS USA HOLDING LUX SARL/ JBS	3.63%	01/15/2032	195,000	175,316	178,259
ARCOS DORADOS BV 144A	6.38%	01/29/2032	200,000	203,500	207,150
CHENIERE ENERGY PARTNERS LP	3.25%	01/31/2032	75,000	67,918	67,235
HUB INTERNATIONAL LTD 144A	7.38%	01/31/2032	86,000	88,157	89,984
PROTECTION ONE/ADT 2/25 COV-LI	0.00%	02/07/2032	124,688	123,441	123,493
MINERA MEXICO SA DE CV 144A	5.63%	02/12/2032	200,000	198,768	203,116
ARTHUR J GALLAGHER & CO	5.00%	02/15/2032	66,000	66,036	66,877
REYNOLDS GROUP 3/25 TLB	0.00%	03/04/2032	76,475	76,475	76,730
IRB INFRASTRUCTURE DEVELO 144A	7.11%	03/11/2032	200,000	199,834	200,512
SPRINT CAPITAL CORP	8.75%	03/15/2032	81,000	103,963	98,270
SYNOPTIS INC	5.00%	04/01/2032	193,000	192,181	195,468
WORKDAY INC	3.80%	04/01/2032	126,000	106,614	118,393
BROADCOM INC 144A	4.15%	04/15/2032	86,000	82,402	82,919
CLYDESDALE ACQUISITION HO 144A	6.75%	04/15/2032	166,000	167,845	170,225
PAYCHEX INC	5.35%	04/15/2032	254,000	253,002	260,731
CHERRY SECURITIZATIO 1A A 144A	5.70%	04/15/2032	200,000	200,290	201,798
QXO BUILDING PRODUCTS INC 144A	6.75%	04/30/2032	162,000	162,078	166,803
WINDFALL MINING GROUP INC 144A	5.85%	05/13/2032	200,000	200,000	204,244
COLONIAL PIPELINE 6/25 TLB	0.00%	06/11/2032	131,000	130,345	130,050
HOST HOTELS & RESORTS LP	5.70%	06/15/2032	121,000	120,931	122,725
BROWN & BROWN INC	5.25%	06/23/2032	21,000	20,966	21,416
IRON MOUNTAIN INFORMATION 144A	5.00%	07/15/2032	108,000	98,460	103,562
GOLDMAN SACHS GROUP INC/THE	2.38%	07/21/2032	139,000	119,389	121,361
WATCO COS LLC / WATCO FIN 144A	7.13%	08/01/2032	67,000	67,000	70,025
LIGHTNING POWER LLC 144A	7.25%	08/15/2032	79,000	80,455	83,079
ALPHA GENERATION LLC 144A	6.75%	10/15/2032	100,000	100,381	103,036
PNC FINANCIAL SERVICES GROUP I	4.81%	10/21/2032	179,000	179,000	178,961
JANE STREET GROUP / JSG F 144A	6.13%	11/01/2032	135,000	130,781	136,266
BROADCOM INC	4.30%	11/15/2032	156,000	148,125	151,350
MAGNOLIA OIL & GAS OPERAT 144A	6.88%	12/01/2032	136,000	136,042	136,974

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

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(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
CRESCENT ENERGY FINANCE L 144A	7.38%	01/15/2033	177,000	176,764	169,244
FOUNDRY JV HOLDCO LLC 144A	5.90%	01/25/2033	200,000	204,826	207,230
NRG ENERGY INC 144A	6.00%	02/01/2033	98,000	98,000	98,976
CARNIVAL CORP 144A	6.13%	02/15/2033	137,000	135,875	140,174
SINCLAIR TELEVISION GROUP 144A	8.13%	02/15/2033	124,000	123,688	125,500
JACOBS ENGINEERING GROUP INC	5.90%	03/01/2033	107,000	107,382	111,323
FIRST QUANTUM MINERALS LT 144A	8.00%	03/01/2033	200,000	200,000	205,128
WELLS FARGO & CO	3.35%	03/02/2033	171,000	153,734	156,251
ALBERTSONS COS INC / SAFE 144A	6.25%	03/15/2033	52,000	52,000	53,593
AXON ENTERPRISE INC 144A	6.25%	03/15/2033	91,000	91,600	93,769
ROCKIES EXPRESS PIPELINE 144A	6.75%	03/15/2033	87,000	87,000	90,764
CAPSTONE COPPER CORP 144A	6.75%	03/31/2033	136,000	136,066	139,260
JBS USA HOLDING LUX SARL/ JBS	5.75%	04/01/2033	159,000	159,981	163,427
MATADOR RESOURCES CO 144A	6.25%	04/15/2033	135,000	132,525	134,002
JANE STREET GROUP / JSG F 144A	6.75%	05/01/2033	104,000	104,000	106,946
VERDANT RECEIVABLES 1A A3 144A	4.96%	05/12/2033	210,000	209,985	212,455
FAIR ISAAC CORP 144A	6.00%	05/15/2033	135,000	135,000	136,343
RENAISSANCERE HOLDINGS LTD	5.75%	06/05/2033	108,000	111,083	111,333
VISTA ENERGY ARGENTINA SA 144A	8.50%	06/10/2033	85,000	85,000	85,723
BACARDI LTD / BACARDI-MAR 144A	5.40%	06/15/2033	235,000	234,123	233,851
CACI INTERNATIONAL INC 144A	6.38%	06/15/2033	72,000	72,000	74,218
HERC HOLDINGS INC 144A	7.25%	06/15/2033	74,000	74,000	77,532
GLOBAL ATLANTIC FIN CO 144A	7.95%	06/15/2033	55,000	60,685	62,316
INTESA SANPAOLO SPA 144A	6.63%	06/20/2033	380,000	379,753	412,631
BANK OF AMERICA CORP	5.02%	07/22/2033	875,000	873,351	885,246
ROCKET COS INC 144A	6.38%	08/01/2033	103,000	103,000	105,296
PAGAYA POINT OF SALE 1 A 144A	5.72%	01/20/2034	100,000	100,000	100,596
SOFI CONSUMER LOAN PR 1 A 144A	4.80%	02/27/2034	78,373	78,370	78,515
FORD MOTOR CREDIT CO LLC	6.13%	03/08/2034	252,000	251,740	245,478
SOLVENTUM CORP	5.60%	03/23/2034	165,000	164,889	169,826
APPALACHIAN POWER CO	5.65%	04/01/2034	142,000	141,567	146,136
HCA INC	5.60%	04/01/2034	272,000	272,601	278,365
GLENORE FUNDING LLC 144A	5.63%	04/04/2034	91,000	91,000	92,927
BOEING CO/THE	6.53%	05/01/2034	82,000	82,000	89,184
ANTOFAGASTA PLC 144A	6.25%	05/02/2034	200,000	198,828	209,660
OCP SA REGS	6.75%	05/02/2034	200,000	202,300	207,166
GXO LOGISTICS INC	6.50%	05/06/2034	243,000	246,330	254,217
ATLISSIAN CORP	5.50%	05/15/2034	118,000	117,195	121,145
COCA-COLA CONSOLIDATED INC	5.45%	06/01/2034	71,000	70,924	73,170
TRUIST FINANCIAL CORP	5.87%	06/08/2034	188,000	191,147	196,379
HUNGARY GOVERNMENT INTERN REGS	5.50%	06/16/2034	200,000	197,500	196,443
SOFI CONSUMER LOAN PR 2 A 144A	4.82%	06/25/2034	100,000	99,992	100,152
IMPERIAL BRANDS FINANCE P 144A	5.88%	07/01/2034	200,000	201,372	205,194
ROYALTY PHARMA PLC	5.40%	09/02/2034	131,000	128,689	132,750
INTERSTATE POWER AND LIGHT CO	4.95%	09/30/2034	71,000	70,852	69,633
GOODMAN US FINANCE SIX LL 144A	5.13%	10/07/2034	150,000	149,590	149,523
UNIVERSAL HEALTH SERVICES INC	5.05%	10/15/2034	54,000	53,830	51,544
VISTRA OPERATIONS CO LLC 144A	5.70%	12/30/2034	176,000	175,055	179,128
FIRSTENERGY TRANSMISSION LLC	5.00%	01/15/2035	68,000	67,884	67,285
PROLOGIS TARGETED US LOGI 144A	5.25%	01/15/2035	104,000	103,330	104,480
FOUNDRY JV HOLDCO LLC 144A	6.25%	01/25/2035	200,000	206,144	210,072
PIEDMONT NATURAL GAS CO INC	5.10%	02/15/2035	195,000	194,889	195,973
ROLLINS INC	5.25%	02/24/2035	184,000	183,090	184,705
HEXCEL CORP	5.88%	02/26/2035	93,000	93,138	94,627
KEYCORP	6.40%	03/06/2035	105,000	111,317	112,034

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2025

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
NATIONAL FUEL GAS CO	5.95%	03/15/2035	166,000	166,254	169,713
AIB GROUP PLC 144A	5.87%	03/28/2035	200,000	200,000	206,224
CITIZENS FINANCIAL GROUP INC	6.65%	04/25/2035	256,000	263,648	275,889
PSEG POWER LLC 144A	5.75%	05/15/2035	67,000	66,749	69,011
CAPITAL POWER US HOLDINGS 144A	6.19%	06/01/2035	109,000	109,442	112,508
AEP TRANSMISSION CO LLC	5.38%	06/15/2035	60,000	59,654	61,260
LPL HOLDINGS INC	5.75%	06/15/2035	104,000	103,614	105,228
BX TRUST 2025-TAIL TAIL C 144A	6.24%	06/15/2035	100,000	100,000	100,022
BROWN & BROWN INC	5.55%	06/23/2035	43,000	42,870	43,835
INTERSTATE POWER AND LIGHT CO	5.60%	06/29/2035	127,000	126,512	130,593
ECOPETROL SA	8.38%	01/19/2036	100,000	99,887	96,435
AMERICAN EXPRESS CO	5.67%	04/25/2036	81,000	81,000	83,893
UBS GROUP AG 144A	5.58%	05/09/2036	213,000	213,000	217,844
SRI LANKA GOVERNMENT INTE 144A	3.60%	05/15/2036	107,000	87,205	86,938
MORGAN STANLEY	5.30%	04/20/2037	131,000	126,320	130,540
SIXTH STREET CLO XX 24A A 144A	5.84%	04/23/2037	380,000	381,330	381,598
REGATTA XXVIII FUND 2A A2 144A	6.07%	04/25/2037	250,000	250,563	250,682
MADISON PARK FUNDI 69A A2 144A	6.03%	07/25/2037	250,000	250,688	250,727
CEDAR FUNDING XIX 19A A1 144A	5.65%	01/23/2038	250,000	250,000	250,433
OVINTIV INC	6.50%	02/01/2038	26,000	29,035	26,250
READY CAPITAL MORT FL12 A 144A	6.69%	05/25/2038	36,842	36,658	36,849
SILVER POINT CLO 10 10A B 144A	6.07%	07/15/2038	250,000	250,000	250,479
WARWICK CAPITAL CLO 6A B 144A	6.02%	07/20/2038	250,000	250,000	250,479
MF1 2024-FL14 LLC FL14 A 144A	6.09%	03/19/2039	120,000	119,700	120,488
TRICON RESIDENTIAL SFR1 A 144A	3.86%	04/17/2039	498,337	498,335	491,271
PROTECTIVE LIFE CORP	8.45%	10/15/2039	184,000	278,800	224,857
OGLETHORPE POWER CORP	5.95%	11/01/2039	115,000	149,239	118,335
FIRST CITIZENS BANCSHARES INC/ ALA TRUST 2025-OAN OANA A 144A	6.25%	03/12/2040	191,000	191,000	189,959
FIEMEX ENERGIA - BANCO AC 144A	6.08%	06/15/2040	140,000	139,650	140,743
CONE TRUST 2024-DF DFW1 B 144A	7.25%	01/31/2041	198,850	196,325	201,664
ROCK TRUST 2024-CN CNTR A 144A	6.63%	08/15/2041	100,000	99,750	100,334
SWCH COMMERCIAL MO DATA A 144A	5.39%	11/13/2041	270,000	270,937	275,951
SWCH COMMERCIAL MO DATA D 144A	5.78%	02/15/2042	100,000	99,250	99,260
TEXAS COMMERCIAL MO TWR D 144A	6.98%	02/15/2042	130,000	129,675	128,660
CONNECTICUT AVENU R01 1M2 144A	7.43%	04/15/2042	100,000	99,750	100,125
FORD MOTOR CO	8.10%	12/25/2042	100,000	106,969	105,461
CONNECTICUT AVENU R03 2M2 144A	4.75%	01/15/2043	1,100,000	872,004	846,285
GENERAL MOTORS CO	8.25%	04/25/2043	160,000	170,175	170,150
STREAM INNOVATIONS 2 2A A 144A	6.25%	10/02/2043	525,000	537,511	515,429
CONNECTICUT AVENU R02 1M1 144A	5.21%	02/15/2045	217,001	216,948	219,375
GENERAL MOTORS CO	5.50%	02/25/2045	133,759	133,759	133,843
RIDE 2025-SHRE SHRE A 144A	5.20%	04/01/2045	500,000	451,587	428,905
BAYVIEW OPPORTUNIT EDU1 C 144A	5.44%	02/14/2047	210,000	211,188	214,866
UBS GROUP AG 144A	6.15%	06/25/2047	201,348	201,348	200,663
ENERGY TRANSFER LP	7.00%	12/31/2049	200,000	200,000	198,890
PLAINS ALL AMERICAN PIPELINE L	6.50%	12/31/2049	230,000	230,000	231,410
BARCLAYS PLC	8.70%	12/31/2049	69,000	68,957	69,146
BOEING CO/THE	6.13%	12/31/2049	219,000	219,272	219,059
PROSUS NV REGS	5.81%	05/01/2050	950,000	908,727	913,093
REGENERON PHARMACEUTICALS INC	4.03%	08/03/2050	200,000	147,000	133,854
FLAGSTAR MORTGAGE TR 4 A1 144A	2.80%	09/15/2050	122,000	70,087	72,933
GS MORTGAGE-BACKED PJ2 A2 144A	2.50%	06/01/2051	509,178	427,232	415,719
CAJUN GLOBAL LLC 1 A2 144A	2.50%	07/25/2051	181,358	145,880	147,843
DICK'S SPORTING GOODS INC	3.93%	11/20/2051	111,119	107,121	108,760
	4.10%	01/15/2052	151,000	102,707	107,995

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2025

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 - OTHER			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
SEB FUNDING LLC 1A A2 144A	4.97%	01/30/2052	224,438	220,578	220,229
INTEL CORP	4.90%	08/05/2052	450,000	382,837	372,681
J.P. MORGAN MORT INV3 A3B 144A	3.00%	09/25/2052	155,785	130,202	132,349
J.P. MORGAN MORTGAGE 4 A3 144A	3.00%	10/25/2052	119,781	93,748	101,534
INTEL CORP	5.60%	02/21/2054	475,000	447,683	436,765
BOEING CO/THE	6.86%	05/01/2054	100,000	100,000	109,616
ENERGY TRANSFER LP	5.95%	05/15/2054	450,000	465,577	428,216
VELOCITY COMMERCIAL C 3 A 144A	6.65%	06/25/2054	122,464	122,460	124,433
HCA INC	5.95%	09/15/2054	450,000	475,458	437,913
EASTERN ENERGY GAS HOLDINGS LL	5.65%	10/15/2054	134,000	130,685	128,317
DOMINION ENERGY INC	6.88%	02/01/2055	63,000	63,000	66,304
PETRONAS CAPITAL LTD 144A	5.85%	04/03/2055	200,000	200,000	202,982
JP MORGAN MORTGAG NQM1 A1 144A	5.59%	02/25/2064	85,991	85,990	86,444
JBS USA HOLDING LUX SARL 144A	6.38%	04/15/2066	118,000	117,270	118,543
COLT 2024-6 MORTGAGE 6 A1 144A	5.39%	11/25/2069	90,677	90,675	90,730
EMERA INC	6.75%	06/15/2076	288,000	291,298	289,669
ENBRIDGE INC	8.50%	01/15/2084	213,000	228,176	237,186
TORONTO-DOMINION BANK/THE HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND VIII LP - CORPORATE DEBT INSTRUMENTS	7.25%	07/31/2084	295,000	295,000	302,739
			-	600,259	606,872
			\$ 64,625,196	\$ 64,443,437	\$ 64,763,978

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

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 CORPORATE STOCK - COMMON

JUNE 30, 2025

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	-	\$ 23,814,386	\$ 38,529,765
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND VIII LP - COMMON STOCK	-	<u>98,548</u>	<u>99,750</u>
		<u>\$ 23,912,934</u>	<u>\$ 38,629,515</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, 2025

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>
COLUMBUS UNCONSTRAINED BOND FUND LLC		\$ 36,748,961	\$ 43,045,264
CRESCENT CREDIT SOLUTIONS VIII A-2 L.P.		17,519,295	18,357,450
US REAL ESTATE INVESTMENT FUND		41,004,387	37,746,517
GROSVENOR INSTITUTIONAL PARTNERS LP - PARTNERSHIPS		2,330,198	3,770,074
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND V (SERIES 2019) LP - PARTNERSHIPS		4,392,212	6,131,675
HAMILTON LANE STRATEGIC OPPORTUNITIES OFFSHORE FUND VIII LP - PARTNERSHIPS		<u>17,767,200</u>	<u>17,962,949</u>
		<u>\$ 119,762,253</u>	<u>\$ 127,013,929</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, 2025

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	
US TREASURY NOTE	3.75%	04/30/2027	155,899	\$ 155,789	\$ 155,863	
GRUBHUB HOLDINGS INC 144A	5.50%	07/01/2027	142,999	133,523	138,755	
AVIS BUDGET CAR RENTAL LL 144A	5.75%	07/15/2027	401,999	421,094	400,889	
NISSAN MOTOR ACCEPTANCE C 144A	7.05%	09/15/2028	159,999	163,790	163,441	
TRANSDIGM INC	4.63%	01/15/2029	141,999	135,787	139,233	
GOODYEAR TIRE & RUBBER CO/THE	5.00%	07/15/2029	181,999	172,635	177,726	
LGI HOMES INC 144A	4.00%	07/15/2029	999	874	894	
RAIN CARBON INC 144A	12.25%	09/01/2029	91,999	92,948	98,647	
US TREASURY NOTE	4.00%	05/31/2030	5,664,999	5,674,826	5,718,986	
UNIVISION COMMUNICATIONS 144A	8.50%	07/31/2031	101,999	100,427	102,033	
JETBLUE AIRWAYS CORP / JE 144A	9.88%	09/20/2031	86,999	86,445	84,607	
LONG RIDGE ENERGY LLC 144A	8.75%	02/15/2032	85,999	86,646	89,217	
US TREASURY NOTE	4.13%	05/31/2032	1,504,999	1,502,124	1,517,701	
CITIGROUP INC	6.17%	05/25/2034	159,999	159,999	167,477	
US TREASURY NOTE	4.25%	11/15/2034	570,999	561,734	572,963	
US TREASURY NOTE	4.25%	05/15/2035	289,000	286,492	289,543	
US TREASURY BOND	4.75%	02/15/2045	1,580,999	1,532,107	1,574,327	
US TREASURY BOND	5.00%	05/15/2045	1,754,999	1,762,677	1,805,174	
US TREASURY BOND	4.50%	11/15/2054	1,275,999	1,215,625	1,217,979	
				<u>\$ 14,245,542</u>	<u>\$ 14,415,455</u>	

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS

JUNE 30, 2025

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	368,603	\$ 89,491,010	\$ 180,353,770
NHIT CORE PLUS FULL DISCRETION TRUST	5,546,004	65,910,818	83,300,988
STATE STREET MSCI ACWI EX USA INDEX NON-LENDING COMMON TRUST FUND	3,057,919	53,013,054	91,676,426
STATE STREET U.S. TREASURY INFLATION PROTECTED SECURITIES INDEX NON-LENDING COMMON TRUST FUND	621,621	<u>8,318,669</u>	<u>11,106,509</u>
		<u>\$ 216,733,551</u>	<u>\$ 366,437,693</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF REGISTERED INVESTMENT COMPANIES

JUNE 30, 2025

EIN 13-5615576, PLAN NO. 501

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

(a)	(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
*	DREYFUS INSTITUTIONAL PREFERRED GOVERNMENT MONEY MARKET FUND	59,829,722	\$ <u>59,829,722</u>	\$ <u>59,829,722</u>
			\$ <u>59,829,722</u>	\$ <u>59,829,722</u>

* PARTY-IN-INTEREST

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF OTHER INVESTMENTS

JUNE 30, 2025

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
NEW YORK NY	5.99%	12/1/2036	\$ 375,000	\$ 402,788	\$ 389,483
CALIFORNIA ST	5.88%	10/1/2041	950,000	931,808	973,209
NEW YORK NY	5.26%	10/1/2044	<u>400,000</u>	<u>400,752</u>	<u>387,860</u>
			\$ <u>1,725,000</u>	\$ <u>1,735,348</u>	\$ <u>1,750,552</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2025

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	\$ 782,577,834	\$ -	\$ -	\$ -	\$ -	\$ 782,577,834	\$ -
*	DREYFUS INS RSRV PR MONEY 6546	-	776,775,781	-	-	776,775,781	776,775,781	-

* PARTY-IN-INTEREST

Form **5558**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► Go to www.irs.gov/Form5558 for the latest information.

OMB No. 1545-1610

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	B Employer identification number (EIN) 13-5615576
<input type="checkbox"/> 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	
C Name of plan NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	D Three-digit plan number (PN) 501
E Plan year end date 06/30/2025	

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

- 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, item C above.
- I request an extension of time until 4 / 15 / 2026 to file Form 5500 series. See instructions.
- I request an extension of time until / / to file Form 8955-SSA. See instructions.

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.

Certified Article Number

9414 7266 9904 2241 3993 44

SENDER'S RECORD