

<p><b>Form 5500</b> 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><b>Annual Return/Report of Employee Benefit Plan</b></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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2015</p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2015 or fiscal plan year beginning <u>07/01/2015</u> and ending <u>06/30/2016</u>	
<b>A</b> This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or <input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input checked="" type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

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

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	03/24/2017	CAROL WESTFALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BOARD OF TRUSTEES OF NYCDCC WELFARE FUND  395 HUDSON STREET NEW YORK, NY 10014	<b>3b</b> Administrator's EIN 13-5615576
	<b>3c</b> Administrator's telephone number

<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	20851
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year.....	<b>6a(1)</b>	13693
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	14418
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	7045
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	21463
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>	
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	1258

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4A 4B 4D 4E 4F 4K 4L 4Q 4U

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

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

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**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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 \_\_\_\_\_

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<p align="center"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p align="center">Department of the Treasury Internal Revenue Service</p> <hr/> <p align="center">Department of Labor Employee Benefits Security Administration</p> <hr/> <p align="center">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p align="center">▶ <b>File as an attachment to Form 5500.</b></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><b>2015</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

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

(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>06-6033492</u>	<u>11183</u>	<u>0737511</u>	<u>46247</u>	<u>10/01/2014</u>	<u>09/30/2015</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.

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

**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	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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

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	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies      (2)  group deferred annuity  
(3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration      (2)  immediate participation guarantee  
(3)  guaranteed investment      (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>		
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	<b>7c(2)</b>		
	<b>7c(3)</b>		
	<b>7c(4)</b>		
	<b>7c(5)</b>		
	(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>		
<b>e</b> Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	(2) Administration charge made by carrier .....	<b>7e(2)</b>	
	(3) Transferred to separate account .....	<b>7e(3)</b>	
	(4) Other (specify below)..... ▶	<b>7e(4)</b>	
(5) Total deductions .....	<b>7e(5)</b>		
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>		

**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) ▶

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier.....	<b>10a</b>	8831674
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500.</b></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 style="font-size: 24pt;"><b>2015</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

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

(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>13-5123390</u>	<u>64246</u>	<u>00502033</u>	<u>44628</u>	<u>08/01/2015</u>	<u>07/31/2016</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
<u>0</u>	<u>0</u>

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

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

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

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

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<b>Part II</b>	<b>Investment and Annuity Contract Information</b> 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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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> 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 ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies      (2)  group deferred annuity  
(3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration      (2)  immediate participation guarantee  
(3)  guaranteed investment      (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	(6) Total additions .....	<b>7c(6)</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions:		
	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

**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 & DISMEMBERMENT**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier.....	<b>10a</b>	2199016
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	<b>10b</b>	

Specify nature of costs ▶

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE C</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Service Provider Information</b></p> <p style="font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2015</b></p> <hr/> <p style="font-size: small;"><b>This Form is Open to Public Inspection.</b></p>
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For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

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

**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

GOLDENTREE ASSET MANAGEMENT LP

13-4118850

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

LOOMIS SAYLES FUNDS

04-3219179

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

PACIFIC INVESTMENT MANAGEMENT LLC

33-0629048

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

GENERAL VISION SERVICES LLC

11-3580576

**(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

STANDARD LIFE INVESTMENTS LTD

98-1124754

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

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

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

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

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

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

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

EMPIRE HEALTHCHOICE ASSURANCE INC.

27-7391136

(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 13 15 49 62	NONE	6837959	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)

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	ATTORNEY	1627021	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 16	NONE	1626593	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

EXPRESS SCRIPTS INC

22-3461740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	1232890	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	1134959	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	NONE	1067898	Yes <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	NONE	550668	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HEALTHCARE STRATEGIES INC.

23-2848954

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	432686	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 METROPOLITAN COMPANIES INC.

13-3423067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	306007	Yes <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)

JENNIFER L MENSCHEL

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	219119	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 LLC

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	SECURITY PROVIDER	210463	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MUNICIPAL ASSET MANAGEMENT

13-3751894

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	197428	Yes <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)

MUELLER BLOCK LLP

27-3471876

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	179268	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DAVID JACOBSEN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	174043	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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

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	NONE	173439	Yes <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)

CHARLES JACKSON

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	167041	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 68	NONE	151083	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)

NEIL SANDY

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	145448	Yes <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)

LUKE POWERS

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	135304	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GINO FIACCO

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	130526	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EDMOND OSHANANI

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	130493	Yes <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	124254	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BENJAMIN LAMBERT

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	120926	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KORN FERRY

200 PARK AVENUE  
33RD FLOOR  
NEW YORK, NY 10166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	119362	Yes <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)

MARLENE GROSSMAN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	113885	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DANIA RAMOS

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	111058	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROGER E. MAHER

23 83RD STREET  
BROOKLYN, NY 11209

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	ARBITRATOR	106564	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CARLOS ANDRADE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	98712	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCOTT ROSNER

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	95885	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GINA LACEY

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	90171	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHN P. PIRRONE

256 BEACH AVENUE  
STATEN ISLAND, NY 10306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	88271	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 GRAHAM

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	86980	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SANDY DAVIS

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	86141	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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

KRISTIN O'BRIEN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	85807	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MONICA SCHMIDT

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	83298	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STANDARD DATA CORP

13-1945595

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	COMPUTER SERVICES	83160	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHRISTOPHER OZARD

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	80404	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JILLIAN PADULA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	80247	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	NONE	79474	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"/>

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

TAMMY MOY

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	79016	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KENNEDY JENNIK & MURRAY P.C.

25-1919594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	78274	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCOTT SORGE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	77037	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GERARD MINETELLO

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	76192	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SENADA VELAJ

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	76192	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EDWARD KISLIK

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	76154	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIAM DAVIDIAN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	75519	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MATTHEW MCMAHON

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	75277	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 51	NONE	75213	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"/>

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

EILEEN SCHILLING

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	72942	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OLGA ALISHAYEVA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	70769	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SONYA MITCHELL

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	69214	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JONATHAN WOLSKY

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	68208	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MAUREEN CLARKE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	65038	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOAN HANLEY

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	64228	Yes <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)

SHARON WILLIAMS

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	63609	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHARLES SAUNDERS

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	62769	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VERONICA RODRIGUEZ

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	60551	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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

STEVEN R. SOLAAS

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	59036	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GALLAGHER FIDUCIARY ADVISORS LLC

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	58293	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TOMASINA CABA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	57204	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JAMES SCHNEIDER

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	56588	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MONIQUE ORTIZ

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	55457	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KERRY RYAN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	55304	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AUTOMATIC DATA PROCESSING INC

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	PAYROLL PROCESSOR	54815	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DENISE DINAPOLI

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	54543	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HOPE DINAPOLI

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	52600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DEBORAH DELGADO NESTMAN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	51915	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AIMIE COLLAZO

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	50669	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRIAN MORAN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	50522	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALICIA DAVILA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	49687	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LISA JACKSON

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	49542	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 KALISON

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	49022	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANNA SVINTSITSKAYA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	48393	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GALLAGHER BENEFIT SERVICES INC

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?
16	NONE	47250	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RUYA REN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	46894	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DIANE COLON

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	46707	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GABY MEJIA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	45001	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DOLORES MARTINEZ

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	44820	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SHANIKA NEIL

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	43311	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHERYL EPPES

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	42871	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THERESA ST JEAN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	42791	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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

ADRIANA CORTES

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	41857	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MELESHA DAVIS

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	41838	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LUIS FLORES

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	40664	Yes <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)

RALPH JULIEN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	38755	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STELLE PRINGLE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	37285	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SONIA GARZA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	36440	Yes <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)

NELSON MALLORY

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	36125	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

REINA MORAN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	35338	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KATTY ZAMBRANO

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	35240	Yes <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)

DOLORES CHANDLER

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	34081	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CRYSTAL ROBLES

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	33783	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ISMAEL SANTANA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	33553	Yes <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)

LORRAINE RIVERA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	33071	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JENNIFER ADAMES

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	32507	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRYCE HERNSDORF

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	30217	Yes <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)

MEISHAGAYE SLOLEY

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	29562	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MONIQUE CLARKE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	28551	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MALIHKA HART

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	27987	Yes <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)

JOLENNY CRESPO

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	NONE	26376	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

P. O'CONNOR & SON

THE OLD HOUSE MARKET STREET  
SWINFORD, MAYO 00000 IE

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	25106	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INTERNATIONAL SCHOLARSHIP & TUITION

62-1247492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	14968	Yes <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)

PHONEPRO INC.

35-1658578

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	12642	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	NONE	10800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VIDEO BENEFITS GUY LLC

26-2623312

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	10500	Yes <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)

MARTIN F. SCHEINMAN

11-2592796

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	6016	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	80594	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	15970

(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.
FEDERAL INSURANCE COMPANY  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	34677

(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	12534

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AM WINS BROKERAGE OF NEW YORK  13-3982281	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	17413

(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.
ELUCID SPECIALTY MANAGERS LLC  36-2533337	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 III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**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

**2015**

**This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

<b>A</b> Name of plan <u>NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>501</u>
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<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF NYCDCC WELFARE FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>13-5615576</u>
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**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**  
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET US TIPS INDX NL CTF

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

<b>c</b> EIN-PN <u>02-6138231-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>49715787</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 R INDX NL CTF

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

<b>c</b> EIN-PN <u>04-3393595-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>42781585</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: MSCI ACWI EX USA NL QP CTF

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

<b>c</b> EIN-PN <u>80-6103053-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20167890</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: GOLDENTREE HI YLD VAL FD OS II LTD

**b** Name of sponsor of entity listed in (a): GOLDENTREE ASSET MANAGEMENT LP

<b>c</b> EIN-PN <u>98-1018819-002</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30097100</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD SHORT DURATION MBS

**b** Name of sponsor of entity listed in (a): LAZARD ASSET MANAGEMENT LLC

<b>c</b> EIN-PN <u>47-1385777-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18672346</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

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

**b** Name of sponsor of entity listed in (a):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2015</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2015 or fiscal plan year beginning <b>07/01/2015</b> and ending <b>06/30/2016</b>	
<b>A</b> Name of plan <b>NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES OF NYCDCC WELFARE FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>13-5615576</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	24198654	8627757
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	26212000	28637000
<b>(2)</b> Participant contributions .....		
<b>(3)</b> Other.....	28487964	38555357
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....		
<b>(2)</b> U.S. Government securities.....	67960420	76493187
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	31778578	36156007
<b>(B)</b> All other.....	28950611	42135704
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....		
<b>(B)</b> Common .....		23832915
<b>(5)</b> Partnership/joint venture interests .....	23239966	
<b>(6)</b> Real estate (other than employer real property) .....		
<b>(7)</b> Loans (other than to participants) .....	15851366	20911633
<b>(8)</b> Participant loans .....		
<b>(9)</b> Value of interest in common/collective trusts.....	86621218	112665262
<b>(10)</b> Value of interest in pooled separate accounts.....		
<b>(11)</b> Value of interest in master trust investment accounts .....		
<b>(12)</b> Value of interest in 103-12 investment entities .....	24975435	48769446
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	123477705	139104928
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....		
<b>(15)</b> Other .....	25374951	40797769

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	1547876	2152800
f Total assets (add all amounts in lines 1a through 1e) .....	1f	508676744	618839765

**Liabilities**

g Benefit claims payable .....	1g	53000000	65500000
h Operating payables .....	1h	2828131	2609689
i Acquisition indebtedness .....	1i		
j Other liabilities.....	1j	67743194	79224623
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	123571325	147334312

**Net Assets**

l Net assets (subtract line 1k from line 1f).....	1l	385105419	471505453
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**Part II Income and Expense Statement**

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

**Income**

		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	461788290	
(B) Participants .....	2a(1)(B)	4659336	
(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)		466447626
<b>b Earnings on investments:</b>			
(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)	1250475	
(C) Corporate debt instruments .....	2b(1)(C)	1630299	
(D) Loans (other than to participants) .....	2b(1)(D)	6469	
(E) Participant loans .....	2b(1)(E)		
(F) Other .....	2b(1)(F)	465784	
(G) Total interest. Add lines 2b(1)(A) through (F) .....	2b(1)(G)		
(2) Dividends: (A) Preferred stock.....			
(B) Common stock .....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1910734	
(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 .....			
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)	483031846	
(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.....			
(B) Other .....	2b(5)(B)	692268	
(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)	1042177
(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)	164046
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)	196440
c Other income.....	2c	12085083
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	485173404

**Expenses**

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	377199079
(2) To insurance carriers for the provision of benefits .....	2e(2)	11110181
(3) Other .....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)	388309260
f Corrective distributions (see instructions) .....	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses: (1) Professional fees .....	2i(1)	3709732
(2) Contract administrator fees.....	2i(2)	
(3) Investment advisory and management fees .....	2i(3)	583736
(4) Other .....	2i(4)	6170642
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)	10464110
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	398773370

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d.....	2k	86400034
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)  Unqualified (2)  Qualified (3)  Disclaimer (4)  Adverse

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

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

(1) Name: SCHULTHEIS & PANETTIERI, LLP

(2) EIN: 13-1577780

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	N/A	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		

	Yes	No	N/A	Amount
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
<b>e</b> Was this plan covered by a fidelity bond?	X			10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X			116879490
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X		
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X		
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
<b>o</b> Did the plan trust incur unrelated business taxable income?				
<b>p</b> Were in-service distributions made during the plan year?				

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

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

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

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ....  Yes  No  Not determined

**Part V Trust Information**

<b>6a</b> Name of trust	<b>6b</b> Trust's EIN
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<b>6c</b> Name of trustee or custodian	<b>6d</b> Trustee's or custodian's telephone number
--	---



# Schultheis & Panettieri LLP

Accountants and Consultants

**Please Reply to:**

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Floral Park, NY 11001  
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Jennifer Evans, CPA  
Richard B. Silvestro, CPA

**DIRECTORS**

Stephen Bowen  
Anthony Sgroi  
William R. Shannon  
William Austin

## Independent Auditors' Report

Board of Trustees  
New York City District Council of Carpenters  
Welfare Fund

### Report on the Financial Statements

We have audited the accompanying financial statements of the New York City District Council of Carpenters Welfare Fund (the "Plan") which comprise the statements of net assets available for benefits and plan benefit obligations as of June 30, 2016 and 2015, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

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

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

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

## **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of June 30, 2016 and 2015, and its changes in financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## **Report on Supplemental information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information on pages 25 through 42 is presented for purposes of additional analysis and is not a required part of the financial statements. The supplementary information on pages 25 through 41 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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 combined financial statements as a whole.



Hauppauge, New York  
March 18, 2017



**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 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

**Part I Annual Report Identification Information**

For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016

**A** This return/report is for:  a multiemployer plan;  a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or

a single-employer plan;  a DFE (specify) \_\_\_\_\_

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

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

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

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

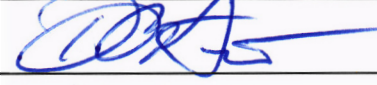
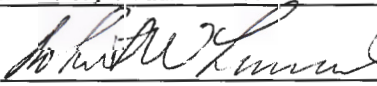
special extension (enter description)

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

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

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

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

<b>SIGN HERE</b> <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> 3/13/2017	<input checked="" type="checkbox"/> David P. Stewart, Executive Director
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b> <input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> 3/15/17	<input checked="" type="checkbox"/> ROBERT W. KONIEWSKI CFO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)	Preparer's telephone number

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BOARD OF TRUSTEES OF NYCDCC WELFARE FUND  395 HUDSON STREET  NEW YORK NY 10014	<b>3b</b> Administrator's EIN 13-5615576 <b>3c</b> Administrator's telephone number _____
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<b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: <b>a</b> Sponsor's name	<b>4b</b> EIN <b>4c</b> PN
---	-------------------------------

<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	20,851
<b>6</b> 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).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	13,693
<b>a(2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	14,418
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	7,045
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.	<b>6d</b>	21,463
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e.	<b>6f</b>	
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g</b>	
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	1,258

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
 4A 4B 4D 4E 4F 4K 4L 4Q 4U

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

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

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



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

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**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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 \_\_\_\_\_

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

**FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2016 AND 2015**

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

**YEARS ENDED JUNE 30, 2016 AND 2015**

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## Independent Auditors' Report

Board of Trustees  
New York City District Council of Carpenters  
Welfare Fund

### Report on the Financial Statements

We have audited the accompanying financial statements of the New York City District Council of Carpenters Welfare Fund (the "Plan") which comprise the statements of net assets available for benefits and plan benefit obligations as of June 30, 2016 and 2015, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

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

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

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

## **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of June 30, 2016 and 2015, and its changes in financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## **Report on Supplemental information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information on pages 25 through 42 is presented for purposes of additional analysis and is not a required part of the financial statements. The supplementary information on pages 25 through 41 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit 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 combined financial statements as a whole.



Hauppauge, New York  
March 18, 2017

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**JUNE 30, 2016 AND 2015**

	<u>2016</u>	<u>2015</u>
<b>Assets</b>		
<b>Investments at fair value</b>		
U.S. government securities	\$ 76,493,187	\$ 67,960,420
Corporate debt instruments	78,291,711	60,729,189
Corporate stock	23,832,915	-
Loans (other than participant loans)	20,911,633	15,851,366
Common/collective trust funds	112,665,262	86,621,218
103-12 investment entities	48,769,446	48,215,401
Registered investment companies	139,104,928	123,477,705
Municipal bonds	<u>40,797,769</u>	<u>25,374,951</u>
<b>Total investments</b>	540,866,851	428,230,250
<b>Receivables</b>		
Employers' contributions	28,637,000	26,212,000
Accrued interest/dividends	811,984	598,100
Net trades pending settlement	6,765	2,752
Prescription subsidies and rebates	16,322,000	11,600,000
<b>Cash</b>	8,627,757	24,198,654
<b>Collateral held under securities lending agreement</b>	21,414,608	16,287,112
<b>Other assets</b>	<u>2,152,800</u>	<u>1,547,876</u>
 <b>Total assets</b>	 <u>618,839,765</u>	 <u>508,676,744</u>
 <b>Liabilities</b>		
<b>Accounts payable</b>	2,609,689	2,828,131
<b>Related organizations</b>	54,063,139	47,848,829
<b>Contractor surety bonds</b>	3,746,876	3,607,253
<b>Payable under securities lending agreement</b>	<u>21,414,608</u>	<u>16,287,112</u>
 <b>Total liabilities</b>	 <u>81,834,312</u>	 <u>70,571,325</u>
 <b>Net assets available for benefits</b>	 <u>\$ 537,005,453</u>	 <u>\$ 438,105,419</u>

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEARS ENDED JUNE 30, 2016 AND 2015**

	<b>2016</b>	<b>2015</b>
<b>Additions to net assets attributed to:</b>		
<b>Investment income (loss)</b>		
Net appreciation (depreciation) in fair value of investments	\$ 1,376,934	\$ (4,650,568)
Interest/dividends	<u>5,263,761</u>	<u>4,649,497</u>
<b>Total investment income (loss)</b>	6,640,695	(1,071)
Less investment expenses	<u>(583,736)</u>	<u>(562,802)</u>
<b>Net investment income (loss)</b>	6,056,959	(563,873)
<b>Contributions</b>		
Participants'	4,659,336	5,106,738
Employers'	316,839,974	292,517,118
Employers' - Vacation	144,948,316	129,349,850
<b>Medicare drug subsidy</b>	11,615,876	9,898,906
<b>Other income</b>	<u>469,207</u>	<u>1,362,055</u>
<b>Total additions</b>	<u>484,589,668</u>	<u>437,670,794</u>
<b>Deductions from net assets attributed to:</b>		
<b>Benefits paid to or for participants</b>		
Health care		
Active participants	153,750,431	147,518,633
Retired participants	68,880,954	70,976,355
Group health insurance premiums	11,110,181	9,600,895
Vacation	140,257,598	127,375,425
Disability	1,575,596	1,313,518
Scholarships	<u>234,500</u>	<u>260,750</u>
<b>Total benefits paid</b>	375,809,260	357,045,576
<b>Administrative expenses</b>	<u>9,880,374</u>	<u>9,970,904</u>
<b>Total deductions</b>	<u>385,689,634</u>	<u>367,016,480</u>
<b>Net increase</b>	98,900,034	70,654,314
<b>Net assets available for benefits</b>		
Beginning of year	<u>438,105,419</u>	<u>367,451,105</u>
End of year	<u>\$ 537,005,453</u>	<u>\$ 438,105,419</u>

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

**STATEMENTS OF PLAN BENEFIT OBLIGATIONS**

**JUNE 30, 2016 AND 2015**

	<u>2016</u>	<u>2015</u>
<b>Amounts currently payable</b>		
Claims payable and claims incurred but not reported	\$ 28,000,000	\$ 19,200,000
Vacation benefits payable	<u>37,500,000</u>	<u>33,800,000</u>
	<u>65,500,000</u>	<u>53,000,000</u>
 <b>Postemployment benefit obligations</b>		
Accumulated eligibility credits	<u>135,500,000</u>	<u>106,800,000</u>
 <b>Postretirement benefit obligations, net of amounts currently payable</b>		
Retired participants	1,551,700,000	1,179,300,000
Other participants fully eligible for benefits	896,700,000	787,400,000
Participants not yet fully eligible for benefits	<u>1,271,400,000</u>	<u>905,300,000</u>
	<u>3,719,800,000</u>	<u>2,872,000,000</u>
 <b>Plan's total benefit obligations</b>	 <u>\$ 3,920,800,000</u>	 <u>\$ 3,031,800,000</u>



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

**STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS**

**YEARS ENDED JUNE 30, 2016 AND 2015**

	<u>2016</u>	<u>2015</u>
<b>Amounts currently payable</b>		
Balance at beginning of year	\$ 53,000,000	\$ 53,000,000
Claims reported and approved for payment	388,309,260	357,045,576
Total benefits paid	<u>(375,809,260)</u>	<u>(357,045,576)</u>
<b>Balance at end of year</b>	<u>65,500,000</u>	<u>53,000,000</u>
 <b>Postemployment benefit obligations</b>		
Balance at beginning of year	106,800,000	108,700,000
Net change during year:		
Accumulated eligibility credits	<u>28,700,000</u>	<u>(1,900,000)</u>
<b>Balance at end of year</b>	<u>135,500,000</u>	<u>106,800,000</u>
 <b>Postretirement benefit obligations, net of amounts currently payable</b>		
Balance at beginning of year	2,872,000,000	2,625,800,000
Increase (decrease) in postretirement benefits attributed to:		
Changes in actuarial assumptions	623,900,000	145,700,000
Interest	120,300,000	109,900,000
Expected benefits paid	(86,300,000)	(80,500,000)
Benefits earned	71,700,000	71,100,000
Actuarial loss (gain) experience	228,600,000	-
Plan amendments	<u>(110,400,000)</u>	<u>-</u>
<b>Balance at end of year</b>	<u>3,719,800,000</u>	<u>2,872,000,000</u>
 <b>Plan's total benefit obligations at end of year</b>	<u>\$ 3,920,800,000</u>	<u>\$ 3,031,800,000</u>

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2016 AND 2015

### **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 01, 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 auditors' 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.

Dental benefits were restored, effective October 1, 2014. Vision benefits were restored, effective January 1, 2015.

#### ***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, 2016 AND 2015**

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

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

Active participants and dependents cont'd

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

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

Retired participants and dependents

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

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

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

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

Inactive participants and surviving dependents

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

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2016 AND 2015

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

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

##### Disability participants

A participant achieves initial disability eligibility if they receive short-term disability or Workers' Compensation benefits under applicable state law and are an eligible active employee. The individual must satisfy two new 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) a minimum of 5 Vesting Credits from the Pension Fund.

For the period after the end of the first 24 months of disability, the revised eligibility rules require that, in addition to satisfying already existing requirements, the individual must satisfy two new 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) 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. City workers who also meet the regular eligibility requirements for coverage (250 hours in covered employment within the previous calendar quarter) are eligible to receive certain other benefits.

Retired municipal employees are eligible for limited retiree health benefits if they meet the coverage requirements.

##### ***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, 2016 AND 2015**

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

***Valuation of investments***

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

***Use of estimates***

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

***Administrative expense allocation***

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

Reimbursements received from related organizations for the years ended June 30, 2016 and 2015 were \$11,438,373 and \$10,800,514, respectively.

Reimbursements paid to related organizations for the years ended June 30, 2016 and 2015 were \$578,815 and \$0, respectively.

***Postretirement benefits obligations:***

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

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

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2016 AND 2015**

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

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

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

The 2016 valuation assumption changes increased obligations by \$623,900,000, which is the net result of an (1) increase in obligations due to revising the valuation-year per capita cost health costs and future trend on such costs, (2) increase in obligations due to lowering the discount rate from 4.25% to 3.60%, and (3) increase in obligations due to revising several demographic assumptions.

Secondly, the 2016 valuation includes an actuarial experience loss which increased obligations by \$228,600,000 which was the net result of gains and losses due to demographic changes.

Lastly, the 2016 valuation includes plan amendments which decreased obligations by \$110,400,000 by enrolling Medicare retirees in a Medicare Advantage Plan.

The 2015 valuation assumption change increased obligations by \$145,700,000, which is the result of revising the future trend on prescription drug cost.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2016 AND 2015

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

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

The following were other significant assumptions used in the valuation as of June 30, 2016 and 2015:

Discount rate	2016: 3.60%
	2015: 4.25%
Mortality - healthy	2016: Non-annuitants - 110% of RP-2014 Healthy Employee Mortality Table with generational projection using 75% of the MP-2014 scale
	2016: Annuitants - 110% of RP-2014 Healthy Annuitant Mortality Table with generational projection using 75% of the MP-2014 scale
	2015: RP-2000 Combined Healthy Mortality Table projected to 2020 using Scale AA
Mortality - disabled	2016: 85% of RP-2014 Disabled Annuitant Mortality Table with generational projection using 75% of the MP-2014 scale
	2015: 70% of RP-2000 Disabled Retiree Mortality Table projected to 2020 using Scale AA
Actives' retirement age	2016: Ranging from 14% to 100% for ages 55 through 71 and over
	2015: Ranging from 12.5% to 100.0% for ages 55 through 71 and over
Inactives' retirement age	2016: Ranging from 15% to 100% for ages 55 through 65 and over
	2015: Age 55

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2016 AND 2015

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

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

Health trend rates - hospital and medical	2016 Pre-65: 8.25% in 2017 graded to 4.25% over 8 years
	2016 Post-65 prior to plan amendment: 7.00% in 2017 graded to 4.50% over 5 years
	2016 Post-65 after plan amendment: -4.56% in 2017, 22.70% in 2018, 8.00% in 2019 graded to 4.50% over 7 years
	2015: 8.50% in 2016 graded to 5.00% over 7 years
Health trend rates - prescription drug	2016: 10.0% in 2017 graded to 4.5% over 11 years
	2015: 11.0% in 2016 graded to 5.0% over 12 years
Administrative expense increase rate	5.0%

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

Projected retiree contributions for the covered areas expected to fund a portion of the Plan's estimated cost of providing postretirement benefits as of June 30, 2016 and 2015 were \$47,084,000 and \$94,465,000, respectively. Accumulated postretirement benefit obligations have been reported net of these amounts.

The average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point, it would increase the obligation as of June 30, 2016 and 2015 by \$712,450,000 and \$488,687,000, respectively.



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

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2016 AND 2015**

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

***Other Plan benefits***

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

Plan obligations for accumulated eligibility of active participants are estimated annually at June 30, 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 made prescription drug benefit payments of \$47,007,302 and \$53,974,335 for the years ended June 30, 2016 and 2015, respectively.

Included in receivables at June 30, 2016 and 2015 is \$6,826,000 and \$6,492,000, respectively, which represents Medicare Part D subsidy due to the Plan for benefits paid through June 30, 2016 and 2015, respectively. The total subsidy received for the years ended June 30, 2016 and 2015 was \$11,615,876 and \$9,898,906 respectively.

***Reclassification***

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

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2016 AND 2015

### Note 2 - Fair value measurements

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

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

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

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

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

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

Loaned securities: Value determined by the bank in custody of the securities.

Investments measured at net asset value: The corporate stock, common/collective trust funds and the 103-12 investment entity values are estimated by the management of the trusts/accounts.

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

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

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2016 AND 2015**

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

In accordance with Subtopic 820-10, 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 investments, as of June 30, 2016, with fair value measurements on a recurring basis:

	<u>2016</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<b>Investments at fair value as determined by quoted market price</b>				
U.S. government securities	\$ 76,493,187	\$ 31,942,475	\$ 44,550,712	\$ -
Corporate debt instruments	78,291,711	-	78,291,711	-
Loans (other than participant loans)	20,911,633	19,255,385	1,656,248	-
Registered investment companies	139,104,928	139,104,928	-	-
Municipal bonds	<u>40,797,769</u>	<u>-</u>	<u>40,797,769</u>	<u>-</u>
 Total assets in the fair value hierarchy	 355,599,228	 190,302,788	 165,296,440	 -
 Investments measured at net asset value	 <u>185,267,623</u>	 <u>-</u>	 <u>-</u>	 <u>-</u>
 Investments at fair value	 <u>\$ 540,866,851</u>	 <u>\$ 190,302,788</u>	 <u>\$ 165,296,440</u>	 <u>\$ -</u>

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

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2016 AND 2015**

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

The following table sets forth, by level within the fair value hierarchy, the investments, as of June 30, 2015, with fair value measurements on a recurring basis:

	<u>2015</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
<b>Investments at fair value as determined by quoted market price</b>				
U.S. government securities	\$ 67,960,420	\$ 36,452,230	\$ 31,508,190	\$ -
Corporate debt instruments	60,729,189	-	60,729,189	-
Loans (other than participant loans)	15,851,366	12,559,223	3,292,143	-
Registered investment companies	123,477,705	123,477,705	-	-
Municipal bonds	<u>25,374,951</u>	<u>-</u>	<u>25,374,951</u>	<u>-</u>
 Total assets in the fair value hierarchy	 293,393,631	 172,489,158	 120,904,473	 -
 Investments measured at net asset value	 <u>134,836,619</u>	 <u>-</u>	 <u>-</u>	 <u>-</u>
 Investments at fair value	 <u>\$ 428,230,250</u>	 <u>\$ 172,489,158</u>	 <u>\$ 120,904,473</u>	 <u>\$ -</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.

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED JUNE 30, 2016 AND 2015

#### **Note 4 - Securities lending**

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 2016 and 2015 was \$6,469 and \$3,476 respectively.

The fair value of securities loaned by the Plan is \$20,911,633 and \$15,851,366 as of June 30, 2016 and 2015, respectively. The fair value of the collateral held by the Plan is \$21,414,608 and \$16,287,112 as of June 30, 2016 and 2015, respectively. Securities loaned are reported as loans (other than participant loans) in the investments fair value portion of the balance sheet.

#### **Note 5 - Common/collective trusts funds**

State Street Bank and Trust Company SSGA MSCI ACWI ex USA Index Non-Lending QP Common Trust Fund's ("USA Index NL") investment objective is to approximate as closely as practicable, before expenses, the performance of the MSCI ACWI ex USA Index over the long term. The USA Index NL attempts to achieve its objective by investing in other collective investment funds managed by State Street Bank which have characteristics consistent with the USA Index NL's overall investment objective. The investment valuation policy of the USA Index NL is to value investments at fair value, which is generally determined as the amount that could reasonably be expected to be realized from an orderly disposition of securities and other financial instruments over a reasonable period of time. The per unit net asset value is determined as of the last business day of each month and at least one other business day during the month. Redemptions of the USA Index NL units may be made on such days, based upon the net asset value per unit and the closing market value on the valuation date of the investments bought or sold. The estimated fair value of the Plan's investment as of June 30, 2016 and 2015 was \$20,167,890 and \$16,944,908, respectively.

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2016 AND 2015

### **Note 5 - Common/collective trusts funds (cont'd)**

State Street Bank and Trust Company SSGA Russell 3000 Index Non-Lending Common Trust Fund's ("Russell 3000 NL") investment objective is to approximate as closely as practicable, before expenses, the performance of the Russell 3000 Index over the long term. The investment valuation policy of the Russell 3000 NL is to value investments at fair value, which is generally determined as the amount that could reasonably be expected to be realized from an orderly disposition of securities and other financial instruments over a reasonable period of time. The per unit net asset value of the Russell 3000 NL is determined each business day. Redemptions of Russell 3000 NL units may be made on such days, based upon the closing market value on the valuation date of the investments bought or sold and the net asset value per unit of the Russell 3000 NL. The estimated fair value of the Plan's investment as of June 30, 2016 and 2015 was \$42,781,585 and \$31,823,023, respectively.

State Street Bank and Trust Company SSGA U.S. Treasury Inflation Protected Securities (TIPS) Index Non-Lending QP Common Trust Fund changed its name to State Street Bank and Trust Company State Street U.S. Treasury Inflation Protected Securities (TIPS) Index Non-Lending Common Trust Fund ("TIPS Index NL"), pursuant to an amended Fund Declaration effective September 30, 2014. TIPS Index NL's investment objective is to approximate as closely as practicable, before expenses, the performance of the Barclays Capital U.S. Treasury Inflation Protected Securities (TIPS) Index over the long term. The investment valuation policy of the TIPS Index NL is to value investments at fair value, which is generally determined as the amount that could reasonably be expected to be realized from an orderly disposition of securities and other financial instruments over a reasonable period of time. The per unit net asset value of the TIPS Index NL is determined each business day. Redemptions of TIPS Index NL units may be made on such days, based upon the net asset value per unit and the closing market value on the valuation date of the investments bought or sold. The estimated fair value of the Plan's investment as of June 30, 2016 and 2015 was \$49,715,787 and \$37,853,287, respectively.

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED JUNE 30, 2016 AND 2015

#### **Note 6 - 103-12 Investment entities**

GoldenTree High Yield Value Fund Offshore II, Ltd ("GoldenTree") is a Cayman Islands exempted limited company. The GoldenTree principal investment objective is to seek to achieve superior returns by investing on a long-only basis in primarily public and private high-yield non-investment grade and nonrated debt securities. Shareholders have the right, on the last day of each calendar quarter, upon 90 days' prior written notice, to redeem all or any portion of their shares; provided, however, that no amounts may be redeemed by any such shareholder without the consent of the Board of Directors prior to the end of the 6-month anniversary of the initial subscription for shares by such shareholders. The Board of Directors may declare a suspension of the determination of the net asset value, subscription for shares, redemption of shares or payment of any amount to a redeeming shareholder if in their opinion a state of affairs where the disposal of the GoldenTree's assets, or the determination of the net asset value would not be reasonably practicable or would be seriously prejudicial to the GoldenTree's shareholders. The estimated fair value of the Plan's investment as of June 30, 2016 and 2015 was \$30,097,100 and \$24,975,435, respectively. The Plan's proportionate share in the GoldenTree High Yield Value Fund Offshore II, Ltd as of June 30, 2016 and 2015 was 21% and 19%, respectively.

Lazard MBS Focus Funds, LLC is a Delaware Limited Liability Company, and is divided into multiple series. The Plan is invested in one series, the Lazard Short Duration Strategy MBS Portfolio (the "portfolio"). The portfolio's investment objective is to provide unitholders exposure to mortgage-related and asset-backed securities as part of an overall short-duration strategy that seeks total return and preservation of capital. The portfolio seeks to achieve its investment objective by investing its assets primarily in mortgage-related and asset-backed fixed income securities within the investment manager's short-duration strategy. The net asset value of the portfolio will generally be determined as of the close of regular trading on the New York Stock Exchange on any date on which contributions or redemptions from the portfolio are effected and any other date determined by the investment manager in its sole discretion. Unitholders will have no ability to dispose of their units unless Lazard Asset Management LLC (the "investment manager") determines, in its sole discretion, to redeem a unitholder from the portfolio. The units are not transferable without the prior written consent of the investment manager, which consent may be withheld in its sole and absolute discretion. The estimated fair value of the Plan's investment as of June 30, 2016 and 2015 were \$18,672,346 and \$23,239,966, respectively. The Plan's proportionate share in the Lazard Short Duration Strategy MBS Portfolio as of June 30, 2016 and 2015 was 42% and 33%, respectively.

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED JUNE 30, 2016 AND 2015

#### **Note 7 - Other significant investments**

Standard Life Investments Global Absolute Return Strategies Offshore Feeder Fund Ltd. ("GARS Offshore Feeder"), a Cayman Islands Limited Liability Company, was incorporated on June 5, 2009 and commenced operations on July 1, 2009. The GARS Offshore Feeder is a feeder fund that invests substantially all of its investable assets through a "master-feeder" structure in the Standard Life Investments Global Absolute Return Strategies Master Fund Ltd. ("GARS Master Fund"). The GARS Master Fund's investment objective is to deliver a positive absolute return in the form of capital growth over the medium to long term in all market conditions. Shareholders have the right, upon five business days prior written notice, to redeem all or a portion of its shares as of the last business day of each month, subject to certain restrictions. Redemptions ordinarily will be permitted only as of the last business day of a month. Any shareholder giving notice that it elects to make a redemption that would reduce such shareholder's investment below \$1 million may be required to redeem entirely from the GARS Offshore Feeder. A voluntary partial redemption is required to be a minimum of \$500,000. Shares are redeemed at the net asset value per share at the time of redemption. The GARS Offshore Feeder will generally pay 100% of the net proceeds of shares redeemed within 15 business days after redemption. Redemptions are generally paid in cash, but may be paid in securities. The estimated fair value of the Plan's investment, included in corporate stock, as of June 30, 2016 was \$23,832,915.

#### **Note 8 - Risks and uncertainties**

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

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

#### **Note 9 - Weekly loss of time benefit**

The Plan self insures the disability benefits for eligible participants who work in New York and New Jersey. The agencies require escrow deposits which are included in other assets. The New York State Department of Labor deposit as of June 30, 2016 and 2015 was \$387,000. The State of New Jersey Department of Labor deposit as of June 30, 2016 and 2015 was \$50,000.



# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED JUNE 30, 2016 AND 2015

#### **Note 10 - Lease commitments**

The New York City District Council of Carpenters Pension Fund (the "Pension Fund"), a related organization, is party to a lease agreement, expiring on July 31, 2027, with 395 Hudson New York, LLC. The Pension Fund formally transferred the deed to the real property and leases to 395 Hudson New York, LLC on July 1, 2013. Under the terms of the agreement, the Pension Fund will pay rent plus escalation charges for real estate taxes and occupancy expenses for office space on the ninth floor at 395 Hudson Street, New York. Effective May 1, 2016, the lease was amended to include office space on the fifth floor.

The Plan's portion of occupancy expenses for the years ended June 30, 2016 and 2015 were \$604,374 and \$741,634, respectively.

Rent and escalation charges are allocated between the Plan, the Pension Fund and all other related organizations based on the estimated benefit received. For the years ended June 30, 2016 and 2015, the Plan's share of total occupancy expenses was 39.11% and 42.72%, respectively.

#### **Note 11 - Retiree contributions**

Retirees and their dependents are required to pay a monthly premium to maintain coverage. Total retiree contributions received for the years ended June 30, 2016 and 2015, included in the participant contributions on the Statement of Changes in Net Assets Available for Benefits, were \$3,217,143 and \$3,348,434, respectively. Effective September 1, 2014, the monthly rate ranged from \$14 to \$117. Prior to September 1, 2014, the monthly rate ranged from \$28 to \$234.

#### **Note 12 - Employer contributions**

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

For the years ended June 30, 2016 and 2015, the City of New York made contributions at an annual rate per participant of \$1,690 and \$1,640, respectively.

#### **Note 13 - Contingencies**

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

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

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2016 AND 2015**

**Note 14 - Benefit obligations compared to net assets available for benefits**

	<u>2016</u>	<u>2015</u>
Net assets available for benefits	\$ 537,005,453	\$ 438,105,419
Plan's total benefit obligations	<u>3,920,800,000</u>	<u>3,031,800,000</u>
 Plan's total benefit obligations over net assets available for benefits	 <u>\$ (3,383,794,547)</u>	 <u>\$ (2,593,694,581)</u>

The Plan's benefit obligations over net assets available for benefits as of June 30, 2016 and 2015 relate primarily to the postretirement benefit obligation, the funding of which is not explicitly covered by the contribution rate provided by the current bargaining agreement. Such postretirement benefits have been historically funded from current contributions for active participants, and the Trustees may choose to continue this "pay as you go" funding, or the Trustees may seek to increase contributions or reduce benefits.

**Note 15 - Reconciliation of financial statements to Form 5500**

For financial statement purposes, claims payable and claims incurred but not reported are presented on the Statement of Plan's Benefit 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.

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>2016</u>	<u>2015</u>
Net assets available for benefits per the financial statements	\$ 537,005,453	\$ 438,105,419
Less amounts currently payable	<u>65,500,000</u>	<u>53,000,000</u>
 Net assets available for benefits as reported on Form 5500	 <u>\$ 471,505,453</u>	 <u>\$ 385,105,419</u>

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

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2016 AND 2015**

**Note 15 - Reconciliation of financial statements to Form 5500 (cont'd)**

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.

The following is a reconciliation of the reclassifications:

	<u>Per Financial</u> <u>Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
Investment income (loss)	\$ 6,056,959	\$ 583,736	\$ 6,640,695
Contributions	466,447,626	-	466,447,626
Medicare drug subsidy	11,615,876	(11,615,876)	-
Other income	<u>469,207</u>	<u>11,615,876</u>	<u>12,085,083</u>
 Total additions	 <u>484,589,668</u>	 <u>583,736</u>	 <u>485,173,404</u>
 Benefits paid to or for participants	 375,809,260	 12,500,000	 388,309,260
Administrative expenses	<u>9,880,374</u>	<u>583,736</u>	<u>10,464,110</u>
 Total deductions	 <u>385,689,634</u>	 <u>13,083,736</u>	 <u>398,773,370</u>
 Net increase (decrease)	 <u>\$ 98,900,034</u>	 <u>\$ (12,500,000)</u>	 <u>\$ 86,400,034</u>

**Note 16 - Tax status**

The trust funding the Plan has received an exemption letter from the IRS dated November 01, 1951, stating that the trust is tax exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code ("IRC"). The Plan and trust are required to operate in conformity with the IRC to maintain the tax exempt status of the trust. The Trustees believe that the Plan, including amendments, is being operated in compliance with the applicable requirements of the IRC and, therefore, believe the related trust is tax exempt.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2016

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	COST	CURRENT VALUE
FEDERAL NATL MTG ASSN DISC NTS	0.00%	07/18/2016	\$ 15,000,000	\$ 14,996,517	\$ 14,996,517
FEDERAL HOME LN BKCONS DISC NT	0.00%	08/05/2016	9,000,000	8,995,632	8,995,632
FEDERAL HOME LN BK CONS DISC	0.00%	08/12/2016	4,000,000	3,996,713	3,996,713
U S TREASURY BOND	7.50%	11/15/2016	50,000	67,202	51,325
U S TREASURY NOTE	0.50%	02/28/2017	5,000,000	4,999,409	5,001,320
U S TREASURY BILL	0.00%	04/27/2017	4,000,000	3,975,728	3,975,708
GNMA POOL #0589304	6.00%	07/15/2017	3,429	3,601	3,485
FEDERAL HOME LN BK CONS BD	0.75%	07/20/2017	1,490,000	1,490,000	1,491,326
FEDERAL FARM CR BK CONS BD	0.59%	08/01/2017	1,500,000	1,500,960	1,500,855
FEDERAL FARM CR BK CONS BD	0.50%	08/29/2017	1,000,000	999,700	999,530
U S TREASURY NOTE	4.25%	11/15/2017	125,000	127,786	131,289
FNMA POOL #0555085	5.00%	12/01/2017	959	953	984
FEDERAL FARM CR BK CONS BD	0.51%	01/02/2018	700,000	699,961	699,153
FEDERAL HOME LN MTG CORP	1.05%	02/26/2018	750,000	750,000	750,188
FEDERAL FARM CR BK CONS BD	0.66%	03/02/2018	2,000,000	2,000,324	1,999,480
U S TREASURY NOTE	1.00%	03/15/2018	14,195,000	14,237,201	14,292,662
FEDERAL HOME LN BK CONS BD	0.88%	03/19/2018	780,000	779,758	782,746
U S TREASURY NOTE	0.88%	03/31/2018	1	1	1
FEDERAL FARM CR BK CONS BD	0.53%	04/16/2018	2,500,000	2,497,483	2,495,950
FEDERAL HOME LN MTG CORP	1.05%	04/26/2018	1,520,000	1,519,292	1,520,684
FEDERAL HOME LN MTG CORP	1.00%	06/29/2018	630,000	630,000	630,725
U S TREASURY NOTE	2.75%	02/15/2019	582,000	562,325	613,463
FEDERAL FARM CR BK CONS BD	0.68%	06/20/2019	750,000	750,000	748,680
FNMA POOL #0735010	5.00%	11/01/2019	3,946	3,906	4,084
U S TREASURY NOTE	3.63%	02/15/2020	694,000	722,292	763,671
U S TREASURY NOTE	2.63%	11/15/2020	490,000	528,232	524,991
U S TREASURY NOTE	2.13%	08/15/2021	345,000	356,010	363,571
U S TREASURY NOTE	2.00%	11/15/2021	1,383,000	1,389,991	1,449,716
GNMA POOL #0563624	6.50%	08/15/2022	9,749	10,226	10,468
GNMA II POOL #0004014	7.00%	08/20/2022	6,633	6,782	7,193
U S TREASURY BOND	1.63%	11/15/2022	1	1	1
U S TREASURY NOTE	2.00%	02/15/2023	3,902,000	3,884,793	4,087,033
FNMA POOL #0983326	5.00%	07/01/2023	1,874	1,833	1,997
FNMA POOL #0303823	2.56%	04/01/2024	1,588	1,653	1,669
FNMA POOL #0395122	2.87%	05/01/2025	2,317	2,416	2,468
FNMA POOL #0342042	2.46%	06/01/2025	1,213	1,242	1,264
FNMA POOL #0303824	2.61%	07/01/2025	805	825	842
U S TREASURY BOND	6.00%	02/15/2026	300,000	338,781	422,496
GNMA II POOL #0008989	2.00%	10/20/2026	2,084	2,106	2,157
GNMA II POOL #0008991	2.00%	10/20/2026	69,526	70,297	71,998
GNMA II POOL #0080012	2.00%	11/20/2026	2,311	2,352	2,395
GNMA II POOL #0080093	1.88%	07/20/2027	431	432	447
GNMA II POOL #0080120	2.00%	10/20/2027	5,337	5,321	5,533
GNMA II POOL #0002604	7.00%	06/20/2028	15,397	16,151	18,729
GNMA II POOL #0002687	6.00%	12/20/2028	15,353	15,622	17,646
GNMA POOL #0538312	6.00%	02/15/2032	10,994	11,484	12,851
GNMA II POOL #0003199	5.50%	02/20/2032	5,300	5,276	5,869
GNMA II POOL #0003200	6.00%	02/20/2032	23,614	23,520	27,917
GNMA II POOL #0003215	6.50%	03/20/2032	2,121	2,196	2,558
GNMA II POOL #0003227	6.00%	04/20/2032	6,535	6,596	7,724
FNMA POOL #0679885	6.00%	07/01/2032	17,657	17,984	20,376
GNMA II POOL #0003273	6.00%	08/20/2032	16,345	16,676	19,271
FNMA POOL #0254477	5.50%	10/01/2032	17,503	16,822	19,838
FNMA POOL #0254548	5.50%	12/01/2032	26,268	26,523	29,792

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2016

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	COST	CURRENT VALUE
FNMA POOL #0687718	5.50%	02/01/2033	6,022	6,097	6,828
GNMA POOL #0604013	5.50%	02/15/2033	2,039	2,029	2,291
FNMA POOL #0555281	6.00%	03/01/2033	27,055	27,400	31,349
FNMA POOL #0695643	6.00%	03/01/2033	6,337	6,456	7,328
GNMA II POOL #0003359	5.00%	03/20/2033	22,444	22,416	25,249
GNMA II POOL #0003360	5.50%	03/20/2033	3,140	3,146	3,541
GNMA II POOL #0003362	6.00%	03/20/2033	30,253	31,024	35,749
FNMA POOL #0555528	6.00%	04/01/2033	44,091	43,319	51,115
FNMA POOL #0684610	6.00%	04/01/2033	29,228	29,650	33,466
GNMA POOL #0611542	5.50%	05/15/2033	5,678	5,654	6,537
GNMA II POOL #0003391	6.00%	05/20/2033	26,674	26,466	31,520
FNMA POOL #0254766	5.00%	06/01/2033	29,844	29,150	33,319
FNMA POOL #0555531	5.50%	06/01/2033	6,253	6,699	7,091
GNMA II POOL #0003403	5.50%	06/20/2033	42,511	42,166	47,940
FNMA POOL #0555592	5.50%	07/01/2033	28,710	28,665	32,567
GNMA II POOL #0003416	6.00%	07/20/2033	36,898	37,766	43,462
FNMA POOL #0254869	5.50%	09/01/2033	50,538	50,527	57,353
FNMA POOL #0555967	5.50%	11/01/2033	108,736	109,584	123,302
FNMA POOL #0725027	5.00%	11/01/2033	55,252	54,139	61,681
FNMA POOL #0254983	5.50%	12/01/2033	38,938	39,041	44,195
FNMA POOL #0255116	6.50%	02/01/2034	44,689	45,918	54,761
FNMA POOL #0725162	6.00%	02/01/2034	35,005	34,617	40,646
FNMA POOL #0725424	5.50%	04/01/2034	173,755	172,213	197,107
FNMA POOL #0725425	5.50%	04/01/2034	244,804	243,527	277,424
FNMA POOL #0725705	5.00%	08/01/2034	69,532	67,571	77,584
FNMA POOL #0255364	6.00%	09/01/2034	19,206	19,192	22,049
FNMA POOL #0255412	6.00%	10/01/2034	35,374	38,473	40,634
FNMA POOL #0735061	6.00%	11/01/2034	40,615	41,034	46,715
FNMA POOL #0735502	6.00%	04/01/2035	54,080	54,267	62,253
FNMA POOL #0735896	6.00%	09/01/2035	14,451	14,478	16,638
FNMA POOL #0255900	6.00%	10/01/2035	17,564	17,564	20,194
FNMA POOL #0849088	2.42%	11/01/2035	20,086	20,773	20,988
GNMA II POOL #0003786	5.50%	11/20/2035	91,284	89,282	102,492
FNMA POOL #0256023	6.00%	12/01/2035	10,780	10,845	12,367
GNMA II POOL #0003796	5.50%	12/20/2035	18,719	18,635	20,935
FNMA POOL #0745275	5.00%	02/01/2036	7,437	7,014	8,278
FNMA POOL #0888022	5.00%	02/01/2036	16,802	16,550	18,704
FHLMC POOL #1Q-1363	2.73%	02/01/2036	64,460	68,328	68,093
FNMA POOL #0745327	6.00%	03/01/2036	6,576	6,546	7,547
FNMA POOL #0745355	5.00%	03/01/2036	25,170	25,895	28,009
GNMA II POOL #0003840	5.00%	04/20/2036	22,264	21,780	24,717
FNMA POOL #0745932	6.50%	11/01/2036	29,061	29,885	33,628
FNMA POOL #0906140	2.57%	01/01/2037	117,806	126,089	124,022
FNMA POOL #0888811	6.50%	03/01/2037	11,941	12,282	14,089
FNMA POOL #0256674	6.00%	04/01/2037	4,514	4,499	5,172
GNMA II POOL #0004028	6.00%	09/20/2037	9,715	9,682	11,233
GNMA II POOL #0004040	6.50%	10/20/2037	23,355	24,079	28,395
GNMA II POOL #0004060	6.00%	12/20/2037	3,443	3,440	3,933
FNMA POOL #0AL4203	2.79%	04/01/2038	370,376	392,599	390,765
GNMA II POOL #0004114	5.50%	04/20/2038	11,930	11,843	13,205
GNMA II POOL #0004144	5.50%	05/20/2038	41,988	43,329	46,604
FNMA POOL #0995243	4.50%	08/01/2038	21,256	21,638	23,210
GNMA II POOL #0004561	6.00%	10/20/2039	13,748	14,637	15,895
FNMA POOL #0AE0193	2.71%	07/01/2040	74,537	79,056	78,809

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2016

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	COST	CURRENT VALUE
U S TREASURY BOND	3.13%	02/15/2043	<u>225,000</u>	<u>229,593</u>	<u>265,228</u>
			<u>\$ 75,547,255</u>	<u>\$ 75,707,434</u>	<u>\$ 76,493,187</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2016

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION  
CORPORATE DEBT INSTRUMENTS -  
PREFERRED

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
JOHN DEERE CAPITAL CORP	0.95%	10/11/2016	\$ 40,000	\$ 40,000	\$ 40,027
COCA-COLA CO/THE	0.74%	11/01/2016	200,000	200,000	200,066
BERKSHIRE HATHAWAY FINANCE COR	0.81%	01/10/2017	100,000	100,000	99,988
UNITEDHEALTH GROUP INC	1.13%	01/17/2017	100,000	100,000	100,127
NATIONAL RURAL UTILITIES COOPE	1.10%	01/27/2017	100,000	99,941	100,074
MERCK & CO INC	0.75%	02/10/2017	130,000	130,000	130,064
CARMAX AUTO OWNER TRUST 2 1 A1	0.67%	02/15/2017	115,504	115,504	115,504
FORD CREDIT AUTO OWNER TR A A1	0.68%	02/15/2017	28,133	28,133	28,133
CATERPILLAR FINANCIAL SERVICES	0.91%	03/03/2017	150,000	150,000	150,188
CISCO SYSTEMS INC	1.10%	03/03/2017	110,000	109,993	110,273
TEXAS INSTRUMENTS INC	0.88%	03/12/2017	420,000	420,164	420,365
ALLY AUTO RECEIVABLES TRU 2 A1	0.62%	03/15/2017	212,775	212,775	212,775
JOHN DEERE OWNER TRUST 20 A A1	0.64%	03/15/2017	383,098	383,098	383,098
MERCEDES-BENZ AUTO LEASE A A1	0.65%	03/15/2017	420,877	420,877	420,839
WORLD OMNI AUTOMOBILE LE A A2A	0.71%	03/15/2017	109,418	109,413	109,388
WORLD OMNI AUTOMOBILE LE A A2B	0.69%	03/15/2017	109,418	109,243	109,388
ELI LILLY & CO	5.20%	03/15/2017	80,000	78,701	82,362
VOLKSWAGEN AUTO LEASE TRU A A3	0.80%	04/20/2017	22,379	22,377	22,377
NATIONAL RURAL UTILITIES COOPE	0.95%	04/24/2017	100,000	99,937	100,011
SOUTHERN CALIFORNIA EDISON CO	1.13%	05/01/2017	515,000	515,685	516,123
APPLE INC	0.90%	05/12/2017	120,000	119,917	120,221
GENERAL ELECTRIC CO	0.91%	05/15/2017	300,000	300,000	300,432
PFIZER INC	0.78%	05/15/2017	200,000	200,000	200,052
AMGEN INC	1.03%	05/22/2017	150,000	150,000	150,027
WELLS FARGO & CO	0.99%	06/02/2017	90,000	90,000	90,035
CAMERON INTERNATIONAL CORP	1.40%	06/15/2017	30,000	29,985	30,014
HONDA AUTO RECEIVABLES 20 1 A2	0.70%	06/15/2017	101,106	101,100	101,095
ORACLE CORP	0.86%	07/07/2017	200,000	200,000	200,224
UNITEDHEALTH GROUP INC	1.45%	07/17/2017	190,000	190,350	190,948
CAPITAL AUTO RECEIVABLES 1 A1B	0.91%	07/20/2017	93,132	93,132	93,105
PHILIP MORRIS INTERNATIONAL IN	1.25%	08/11/2017	200,000	199,496	200,770
US BANK NA/CINCINNATI OH	0.86%	09/11/2017	250,000	250,000	249,788
ALLY AUTO RECEIVABLES TRU 3 A2	0.81%	09/15/2017	34,279	34,279	34,276
HOME DEPOT INC/THE	1.02%	09/15/2017	100,000	100,000	100,380
NISSAN AUTO RECEIVABLES 2 A A2	0.67%	09/15/2017	162,941	162,932	162,906
GENERAL ELECTRIC CO	5.63%	09/15/2017	610,000	597,134	644,679
ORACLE CORP	1.20%	10/15/2017	20,000	19,965	20,071
HYUNDAI AUTO RECEIVABLES A A2	0.68%	10/16/2017	36,312	36,311	36,306
COCA-COLA CO/THE	0.88%	10/27/2017	36,000	35,984	36,048
CHEVRON CORP	1.34%	11/09/2017	170,000	170,000	170,723
WALT DISNEY CO/THE	1.10%	12/01/2017	55,000	54,609	55,246
USAA AUTO OWNER TRUST 201 1 A3	0.58%	12/15/2017	36,887	36,885	36,870
TARGET CORP	6.00%	01/15/2018	100,000	99,194	107,654
BMW VEHICLE LEASE TRUST 1 A2A	1.17%	01/22/2018	700,000	699,931	700,658
WELLS FARGO BANK NA	1.44%	01/22/2018	250,000	250,000	251,103
BANK OF NEW YORK MELLON CORP/T	1.30%	01/25/2018	60,000	59,914	60,209
US BANK NA/CINCINNATI OH	1.22%	01/29/2018	250,000	250,000	250,728
INTERNATIONAL BUSINESS MACHINE	0.82%	02/06/2018	500,000	500,000	499,565
CARMAX AUTO OWNER TRUST 4 A2A	0.67%	02/15/2018	32,937	32,936	32,934
APPLE INC	1.30%	02/23/2018	50,000	49,979	50,340
CATERPILLAR FINANCIAL SERVICES	1.35%	02/23/2018	180,000	180,000	181,202
CISCO SYSTEMS INC	1.40%	02/28/2018	130,000	130,000	131,178
EXXON MOBIL CORP	1.27%	02/28/2018	125,000	125,000	125,930

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2016

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
EXXON MOBIL CORP	1.44%	03/01/2018	180,000	180,000	181,593
CHEVRON CORP	0.86%	03/02/2018	250,000	250,000	249,100
EXXON MOBIL CORP	1.31%	03/06/2018	75,000	75,000	75,585
BERKSHIRE HATHAWAY FINANCE COR	1.23%	03/07/2018	180,000	180,000	180,920
PACCAR FINANCIAL CORP	1.45%	03/09/2018	100,000	99,906	100,763
WELLS FARGO & CO	1.34%	04/23/2018	70,000	70,000	70,161
APPLE INC	0.89%	05/03/2018	60,000	60,000	60,091
CHEVRON CORP	1.13%	05/16/2018	200,000	200,000	200,210
MERCK & CO INC	0.99%	05/18/2018	80,000	80,000	80,293
PACCAR FINANCIAL CORP	1.40%	05/18/2018	300,000	299,604	302,109
QUALCOMM INC	0.91%	05/18/2018	400,000	400,000	398,772
PFIZER INC	1.20%	06/01/2018	420,000	419,693	421,945
PNC BANK NA	1.09%	06/01/2018	300,000	300,000	299,568
PEPSICO INC	5.00%	06/01/2018	135,000	132,965	145,333
CARMAX AUTO OWNER TRUST 2 A2A	0.82%	06/15/2018	245,994	245,968	245,915
CISCO SYSTEMS INC	0.96%	06/15/2018	200,000	200,000	200,298
JOHN DEERE OWNER TRUST 20 B A2	0.98%	06/15/2018	436,319	436,304	436,393
MERCEDES-BENZ AUTO RECEI 1 A2A	0.82%	06/15/2018	344,493	344,487	344,496
HONDA AUTO RECEIVABLES 20 1 A2	1.01%	06/18/2018	300,000	299,970	300,192
GM FINANCIAL AUTOMOBILE 1 A2A	1.30%	07/20/2018	600,000	599,934	600,684
CITIBANK CREDIT CARD ISS A3 A3	1.11%	07/23/2018	250,000	250,889	250,073
BANK OF NEW YORK MELLON CORP/T	1.20%	08/01/2018	50,000	50,000	50,190
CNH EQUIPMENT TRUST 2015 B A2A	0.84%	08/15/2018	215,485	215,472	215,311
WELLS FARGO & CO	1.06%	09/14/2018	90,000	90,000	89,549
BMW VEHICLE LEASE TRUST 2 2 A3	1.40%	09/20/2018	2,022,000	2,019,845	2,030,007
GM FINANCIAL AUTOMOBILE L 1 A3	1.53%	09/20/2018	575,000	574,917	578,105
CNH EQUIPMENT TRUST 2013- D A3	0.77%	10/15/2018	44,225	44,223	44,191
TOYOTA AUTO RECEIVABLES B A2A	1.02%	10/15/2018	400,000	399,993	400,560
GM FINANCIAL AUTOMOBILE 2 A2A	1.28%	10/22/2018	500,000	499,955	500,735
MICROSOFT CORP	1.30%	11/03/2018	250,000	249,750	252,270
FIFTH THIRD AUTO TRUST 20 2 A3	0.89%	11/15/2018	203,625	203,590	203,411
NISSAN AUTO RECEIVABLES C A2A	0.87%	11/15/2018	481,874	481,838	481,792
CHEVRON CORP	1.14%	11/16/2018	130,000	130,000	129,457
AEP TEXAS CENTRAL TRANSIT 1 A1	0.88%	12/01/2018	66,341	66,341	66,244
PACCAR FINANCIAL CORP	1.28%	12/06/2018	20,000	20,000	20,103
BANK OF AMERICA NA	1.44%	12/07/2018	300,000	300,000	300,192
GM FINANCIAL AUTOMOBILE L 2 A3	1.68%	12/20/2018	1,800,000	1,803,917	1,812,636
JOHN DEERE CAPITAL CORP	1.95%	01/08/2019	100,000	99,994	102,217
HARLEY-DAVIDSON MOTORCYC 1 A2B	0.78%	01/15/2019	171,064	171,064	171,081
NISSAN AUTO RECEIVABLES A A2A	1.06%	02/15/2019	500,000	499,985	500,820
APPLE INC	1.47%	02/22/2019	50,000	50,000	50,716
CITIBANK CREDIT CARD ISS A2 A2	1.02%	02/22/2019	800,000	800,625	800,832
PHILIP MORRIS INTERNATIONAL IN	1.38%	02/25/2019	60,000	59,786	60,467
CISCO SYSTEMS INC	1.17%	03/01/2019	100,000	100,000	100,359
PNC BANK NA	1.95%	03/04/2019	250,000	249,748	253,763
CHASE ISSUANCE TRUST A3 A3	0.73%	04/15/2019	500,000	500,000	500,270
US BANK NA/CINCINNATI OH	1.40%	04/26/2019	250,000	249,305	251,450
BRANCH BANKING & TRUST CO	1.14%	05/01/2019	360,000	360,000	360,094
PACCAR FINANCIAL CORP	1.30%	05/10/2019	260,000	259,847	261,037
WELLS FARGO BANK NA	1.29%	05/24/2019	250,000	250,000	250,238
SANTANDER DRIVE AUTO REC 1 A2B	1.26%	07/15/2019	510,000	510,000	510,510
SANTANDER DRIVE AUTO REC 2 A2A	1.38%	07/15/2019	170,000	169,988	170,044
ALLY AUTO RECEIVABLES TRU 1 A3	1.39%	09/16/2019	625,000	624,922	626,831



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

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED**

**JUNE 30, 2016**

**EIN 13-5615576, PLAN NO. 501**

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	CORPORATE DEBT INSTRUMENTS - PREFERRED			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE		
CITIBANK CREDIT CARD ISS A8 A8	5.65%	09/20/2019	1,725,000	1,867,434	1,823,653
CNH EQUIPMENT TRUST 2016 B A2A	1.31%	10/15/2019	400,000	399,998	400,836
GE DEALER FLOORPLAN MASTER 2 A	0.94%	10/20/2019	500,000	500,000	499,305
CHASE ISSUANCE TRUST A2 A2	1.59%	02/18/2020	800,000	808,063	808,280
ALLY AUTO RECEIVABLES TRU 1 A3	1.47%	04/15/2020	1,475,000	1,474,832	1,485,089
DISCOVER CARD EXECUTION N A5 A	1.39%	04/15/2020	800,000	802,125	804,984
AMERICAN EXPRESS CREDIT AC 4 A	1.43%	06/15/2020	600,000	603,352	604,014
BARCLAYS DRYROCK ISSUANCE 3 A	0.98%	08/17/2020	435,000	435,000	435,357
CHEVRON CORP	1.58%	05/16/2021	215,000	215,000	216,206
BA CREDIT CARD TRUST A1 A	0.86%	06/15/2021	200,000	200,000	199,856
SLM STUDENT LOAN TRUST 20 1 A2	0.87%	07/26/2021	85,634	85,634	85,205
PEPSICO INC	2.75%	03/05/2022	120,000	121,547	125,719
GENERAL ELECTRIC CO	3.15%	09/07/2022	220,000	217,817	236,102
ORACLE CORP	2.50%	10/15/2022	60,000	58,211	61,413
MICROSOFT CORP	2.13%	11/15/2022	50,000	49,641	50,804
AMAZON.COM INC	2.50%	11/29/2022	332,000	320,765	342,382
INTEL CORP	2.70%	12/15/2022	90,000	89,076	94,158
BERKSHIRE HATHAWAY INC	3.000%	02/11/2023	1	1	1
APPLE INC	2.40%	05/03/2023	685,000	668,522	697,570
CHEVRON CORP	2.57%	05/16/2023	180,000	180,000	183,834
WELLS FARGO & CO	3.00%	04/22/2026	300,000	298,971	305,805
ELI LILLY & CO	5.50%	03/15/2027	55,000	52,869	70,944
ABFC 2004-OPT4 TRUST OPT4 A2	1.11%	04/25/2034	51,442	51,302	50,490
PROCTER & GAMBLE CO/THE	5.55%	03/05/2037	75,000	73,340	103,928
GENERAL ELECTRIC CO	6.88%	01/10/2039	75,000	72,600	113,209
			<u>\$ 35,770,693</u>	<u>\$ 35,870,799</u>	<u>\$ 36,156,007</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2016

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	COST	CURRENT VALUE
JPMORGAN CHASE & CO	1.08%	11/18/2016	\$ 250,000	\$ 250,000	\$ 250,223
DEVON ENERGY CORP	1.19%	12/15/2016	150,000	150,187	149,069
ROCKWELL COLLINS INC	1.00%	12/15/2016	100,000	100,000	100,033
JPMORGAN CHASE & CO	1.15%	02/15/2017	150,000	150,000	150,164
SUNTRUST BANK/ATLANTA GA	1.07%	02/15/2017	200,000	200,178	199,900
DOMINION RESOURCES INC/VA	1.25%	03/15/2017	120,000	119,878	120,131
BANK OF AMERICA CORP	3.88%	03/22/2017	20,000	21,223	20,367
FORD MOTOR CREDIT CO LLC	1.27%	03/27/2017	300,000	300,000	300,114
ZIMMER BIOMET HOLDINGS INC	1.45%	04/01/2017	160,000	159,904	160,102
HUNTINGTON NATIONAL BANK/THE	1.38%	04/24/2017	300,000	299,670	300,465
HUNTINGTON NATIONAL BANK/THE	1.14%	04/24/2017	270,000	269,857	269,752
GOLDMAN SACHS GROUP INC/THE	1.32%	05/22/2017	500,000	500,000	500,390
GOLDMAN SACHS GROUP INC/THE	1.32%	05/22/2017	300,000	300,000	300,234
EASTMAN CHEMICAL CO	2.40%	06/01/2017	162,000	163,724	163,499
NEXTERA ENERGY CAPITAL HOLDING	1.59%	06/01/2017	60,000	60,219	60,145
AMERICAN EXPRESS CREDIT CORP	0.95%	06/05/2017	120,000	120,000	119,839
CITIGROUP INC	1.55%	08/14/2017	250,000	249,650	250,813
SYNCHRONY FINANCIAL	1.88%	08/15/2017	150,000	150,305	150,236
BANK OF AMERICA CORP	1.70%	08/25/2017	110,000	109,885	110,411
BANK OF AMERICA CORP	6.40%	08/28/2017	295,000	303,812	311,272
FORD MOTOR CREDIT CO LLC	1.18%	09/08/2017	240,000	240,000	239,261
AMPHENOL CORP	1.55%	09/15/2017	60,000	59,939	60,019
AMERICAN EXPRESS CREDIT CORP	0.95%	09/22/2017	150,000	150,000	149,681
ONEOK PARTNERS LP	2.00%	10/01/2017	525,000	523,815	524,276
AT&T INC	1.40%	12/01/2017	70,000	69,997	70,112
KINDER MORGAN INC/DE	2.00%	12/01/2017	80,000	79,909	79,572
SOUTHERN POWER CO	1.85%	12/01/2017	40,000	39,977	40,316
AETNA INC	1.31%	12/08/2017	350,000	350,000	350,511
BECTON DICKINSON AND CO	1.80%	12/15/2017	440,000	442,724	443,599
BANK OF AMERICA CORP	2.00%	01/11/2018	2,600,000	2,611,310	2,616,614
BANK OF AMERICA CORP	2.00%	01/11/2018	50,000	49,925	50,320
GOLDMAN SACHS GROUP INC/THE	2.38%	01/22/2018	55,000	54,625	55,739
BEAR STEARNS COS LLC/THE	7.25%	02/01/2018	385,000	410,027	419,689
CITIGROUP INC	1.80%	02/05/2018	3,336,000	3,330,473	3,349,678
CITIGROUP INC	1.80%	02/05/2018	1,085,000	1,081,592	1,089,449
CITIGROUP INC	1.80%	02/05/2018	310,000	309,764	311,271
EBAY INC	2.50%	03/09/2018	80,000	79,918	81,460
AMERICREDIT AUTOMOBILE R 1 A2A	0.77%	04/09/2018	43,066	43,064	43,055
MORGAN STANLEY	2.13%	04/25/2018	1,925,000	1,941,132	1,945,155
BANK OF AMERICA CORP	6.88%	04/25/2018	185,000	190,773	201,974
MORGAN STANLEY	2.13%	04/25/2018	20,000	19,095	20,209
MORGAN STANLEY	1.99%	04/25/2018	340,000	342,538	343,284
GOLDMAN SACHS GROUP INC/THE	1.84%	04/30/2018	100,000	100,000	100,519
BANK OF AMERICA CORP	5.65%	05/01/2018	700,000	751,716	750,155
UNITED TECHNOLOGIES CORP	1.78%	05/04/2018	300,000	301,125	302,694
ABBVIE INC	1.80%	05/14/2018	1,675,000	1,676,005	1,686,759
ABBVIE INC	1.80%	05/14/2018	330,000	329,663	332,317
FORD MOTOR CREDIT CO LLC	5.00%	05/15/2018	1,700,000	1,801,660	1,801,201
FIFTH THIRD AUTO TRUST 2 1 A2A	1.02%	05/15/2018	186,089	186,084	186,156
AMERICAN EXPRESS CO	1.24%	05/22/2018	100,000	100,000	99,781
WALGREENS BOOTS ALLIANCE INC	1.75%	05/30/2018	110,000	109,959	110,859
AETNA INC	1.70%	06/07/2018	250,000	249,800	252,008
CVS HEALTH CORP	1.90%	07/20/2018	800,000	802,497	812,104
CITIGROUP INC	2.15%	07/30/2018	75,000	74,981	75,914

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2016

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	COST	CURRENT VALUE
CELGENE CORP	2.13%	08/15/2018	60,000	59,996	60,897
FIFTH THIRD BANK/CINCINNATI OH	1.55%	08/20/2018	300,000	300,000	300,396
LOWE'S COS INC	1.26%	09/14/2018	50,000	50,000	50,429
GOLDMAN SACHS GROUP INC/THE	1.73%	11/15/2018	150,000	150,477	150,366
MORGAN STANLEY	2.20%	12/07/2018	125,000	124,904	126,646
THERMO FISHER SCIENTIFIC INC	2.15%	12/14/2018	40,000	39,999	40,454
SYNCHRONY FINANCIAL	2.60%	01/15/2019	70,000	69,982	70,766
JPMORGAN CHASE & CO	2.35%	01/28/2019	20,000	19,991	20,493
ANHEUSER-BUSCH INBEV FINANCE I	1.90%	02/01/2019	80,000	79,783	81,358
BB&T CORP	1.30%	02/01/2019	150,000	150,000	150,351
MORGAN STANLEY	2.45%	02/01/2019	130,000	129,913	132,441
GOLDMAN SACHS GROUP INC/THE	7.50%	02/15/2019	2,775,000	3,182,231	3,173,518
AT&T INC	2.30%	03/11/2019	280,000	285,088	285,958
CONSOLIDATED EDISON CO OF NEW	6.65%	04/01/2019	65,000	64,905	74,203
BANK OF AMERICA CORP	1.52%	04/01/2019	100,000	100,000	99,784
SYSCO CORP	1.90%	04/01/2019	50,000	49,973	50,602
LOWE'S COS INC	1.15%	04/15/2019	150,000	149,838	150,230
JPMORGAN CHASE & CO	6.30%	04/23/2019	2,650,000	2,990,711	2,978,918
GOLDMAN SACHS GROUP INC/THE	1.75%	04/25/2019	250,000	250,000	249,435
FORD MOTOR CREDIT CO LLC	2.02%	05/03/2019	210,000	210,000	211,787
MORGAN STANLEY	7.30%	05/13/2019	315,000	334,032	361,922
VERIZON COMMUNICATIONS INC	1.43%	06/17/2019	120,000	120,000	120,607
DOMINION RESOURCES INC/VA	2.96%	07/01/2019	50,000	50,050	50,902
EBAY INC	1.12%	08/01/2019	300,000	300,000	294,948
MORGAN STANLEY	5.50%	01/26/2020	250,000	243,257	278,053
GOLDMAN SACHS GROUP INC/THE	2.60%	04/23/2020	140,000	139,737	142,330
MORGAN STANLEY	2.80%	06/16/2020	200,000	200,708	204,922
BANK OF AMERICA CORP	5.88%	01/05/2021	40,000	39,706	45,887
GOLDMAN SACHS GROUP INC/THE	2.88%	02/25/2021	65,000	64,892	66,639
GOLDMAN SACHS GROUP INC/THE	5.25%	07/27/2021	210,000	206,252	236,981
GOLDMAN SACHS GROUP INC/THE	5.75%	01/24/2022	60,000	59,919	69,658
ANHEUSER-BUSCH INBEV WORLDWIDE	2.50%	07/15/2022	1,000,000	965,477	1,017,360
EBAY INC	2.60%	07/15/2022	50,000	48,973	49,510
AT&T INC	2.63%	12/01/2022	430,000	418,120	430,538
BANK OF AMERICA CORP	3.30%	01/11/2023	1,180,000	1,170,390	1,214,397
GOLDMAN SACHS GROUP INC/THE	3.63%	01/22/2023	110,000	107,796	115,386
ANHEUSER-BUSCH INBEV FINANCE I	3.30%	02/01/2023	80,000	79,697	84,294
AT&T INC	3.60%	02/17/2023	250,000	260,008	260,795
JPMORGAN CHASE & CO	2.70%	05/18/2023	140,000	139,628	141,424
GOLDMAN SACHS GROUP INC/THE	4.00%	03/03/2024	65,000	64,618	69,490
AT&T INC	3.90%	03/11/2024	1	1	1
CLOROX CO/THE	3.50%	12/15/2024	525,000	523,387	562,128
JPMORGAN CHASE & CO	3.13%	01/23/2025	2,210,000	2,170,663	2,259,349
GOLDMAN SACHS GROUP INC/THE	3.50%	01/23/2025	1,710,000	1,679,921	1,757,042
GOLDMAN SACHS GROUP INC/THE	3.75%	02/25/2026	35,000	34,919	36,837
GOLDMAN SACHS GROUP INC/THE	5.95%	01/15/2027	125,000	124,091	144,064
CONTIMORTGAGE HOME EQUITY 4 A8	7.22%	01/15/2028	8,289	8,599	8,009
VERIZON PENNSYLVANIA LLC	6.00%	12/01/2028	60,000	66,833	67,861
VERIZON COMMUNICATIONS INC	6.40%	09/15/2033	125,000	124,875	159,550
BELLA VISTA MORTGAGE TRUS 1 3A	2.92%	02/22/2035	76,634	76,448	68,803
AT&T INC	4.50%	05/15/2035	75,000	73,112	76,724
VERIZON COMMUNICATIONS INC	5.85%	09/15/2035	245,000	240,258	297,391

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2016

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	<u>CORPORATE DEBT INSTRUMENTS - OTHER</u>			<u>COST</u>	<u>CURRENT VALUE</u>
	<u>INTEREST RATE</u>	<u>MATURITY DATE</u>	<u>PAR OR MATURITY VALUE</u>		
			\$ <u>40,617,079</u>	\$ <u>41,476,737</u>	\$ <u>42,135,704</u>

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

**SCHEDULE OF CORPORATE STOCK - COMMON**

**JUNE 30, 2016**

**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
STANDARD LIFE INVESTMENTS GLOBAL ABSOLUTE RETURN STRATEGIES OFFSHORE FEEDER FUND LTD.	19,482	\$ 24,687,169	\$ 23,832,915
		\$ 24,687,169	\$ 23,832,915

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF NON-PARTICIPANT LOANS

JUNE 30, 2016

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)

<u>ISSUER</u>	<u>TERM</u>	<u>INTEREST RATE</u>	<u>PAR OR MATURITY VALUE</u>	<u>COST</u>	<u>CURRENT VALUE</u>
U S TREASURY NOTE	03/31/2018	0.88%	\$ 17,964,999	\$ 17,977,411	\$ 18,052,668
U S TREASURY NOTE	11/15/2022	1.63%	1,174,999	1,147,454	1,202,717
BERKSHIRE HATHAWAY INC	02/11/2023	3.00%	19,999	19,830	21,121
AT&T INC	03/11/2024	3.90%	14,999,999	1,528,795	1,587,764
GOLDMAN SACHS GROUP INC/THE	02/25/2026	3.75%	<u>45,000</u>	<u>44,896</u>	<u>47,363</u>
			<u>\$ 34,204,996</u>	<u>\$ 20,718,386</u>	<u>\$ 20,911,633</u>

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

**SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS**

**JUNE 30, 2016**

**EIN 13-5615576, PLAN NO. 501**

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON TRUST FUNDS	(d)	(e)
<u>ISSUER</u>	<u>NO. OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
SSGA RUSSELL 3000 INDEX NON-LENDING COMMON TRUST FUND	2,422,788	\$ 24,702,643	\$ 42,781,585
SSGA MSCI ACWI EX USA INDEX NON-LENDING QP COMMON TRUST FUND	1,350,558	18,758,965	20,167,890
STATE STREET U.S. TREASURY INFLATION PROTECTED SECURITIES INDEX NON-LENDING COMMON TRUST FUND	3,470,803	<u>45,710,243</u>	<u>49,715,787</u>
		<u>\$ 89,171,851</u>	<u>\$ 112,665,262</u>

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

**SCHEDULE OF 103-12 INVESTMENT ENTITIES**

**JUNE 30, 2016**

**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>103-12 INVESTMENT ENTITIES</u>	(d)	(e)
<u>ISSUER</u>	<u>NO. OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
GOLDENTREE HIGH YIELD VALUE FUND OFFSHORE II LTD	21,536	\$ 24,250,000	\$ 30,097,100
LAZARD MBS FOCUS FUNDS LLC - LAZARD SHORT DURATION STRATEGY MBS PORTFOLIO	1,851,730	<u>18,554,979</u>	<u>18,672,346</u>
		<u>\$ 42,804,979</u>	<u>\$ 48,769,446</u>



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

**SCHEDULE OF REGISTERED INVESTMENT COMPANIES**

**JUNE 30, 2016**

**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 REGISTERED INVESTMENT COMPANIES	(d)	(e)
<u>ISSUER</u>	<u>NO. OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
DREYFUS INS RSRV PRI MONE 6546	69,644,402	\$ 69,644,402	\$ 69,644,402
LOOMIS SAYLES INVESTMENT GRADE FIXED INCOME FUND	4,781,752	59,985,900	58,528,641
PIMCO ALL ASSET FUND	988,416	<u>11,891,775</u>	<u>10,931,885</u>
		\$ <u>141,522,077</u>	\$ <u>139,104,928</u>

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

**SCHEDULE OF OTHER INVESTMENTS**

**JUNE 30, 2016**

**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			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE	
FLORIDA ST HURRICANE CATASTROP	1.30%	07/01/16	\$ 60,000	\$ 60,000	\$ 60,002	
ILLINOIS ST	5.37%	03/01/17	85,000	92,042	87,126	
KENTUCKY ST ASSET/LIABILITY CO	3.17%	04/01/18	920,052	952,378	940,431	
ILLINOIS ST	5.55%	04/01/19	185,000	199,588	196,746	
LAS VEGAS NV COPS	6.08%	09/01/19	45,000	51,097	51,285	
ILLINOIS ST	5.83%	04/01/21	20,000	22,315	22,308	
NEW YORK NY	0.70%	11/01/21	3,990,000	3,990,000	3,990,000	
NEW YORK ST DORM AUTH ST PERSO	4.99%	03/15/22	120,000	142,249	139,696	
NEW YORK CITY NY TRANSITIONAL	0.54%	11/01/22	500,000	500,000	500,000	
NEW YORK CITY NY TRANSITIONAL	0.65%	11/01/22	4,900,000	4,900,000	4,900,000	
NEW YORK CITY NY TRANSITIONAL	0.59%	08/01/23	900,000	900,000	900,000	
NEW YORK CITY NY TRANSITIONAL	4.73%	11/01/23	70,000	82,600	81,199	
ONTARIO CA MONTCLAIR SCH DIST	6.68%	08/01/24	50,000	50,000	57,007	
LAS VEGAS NV COPS	7.05%	09/01/24	85,000	84,725	99,845	
NEW YORK NY	5.15%	10/01/25	55,000	64,122	66,743	
COLORADO SPRINGS CO UTILITIESR	0.45%	11/01/25	330,000	330,000	330,000	
TEXAS ST TRANSPRTN COMMISSION	0.65%	04/01/26	525,000	525,000	525,000	
CALIFORNIA ST	6.88%	11/01/26	115,000	115,807	155,423	
NEW YORK NY	0.59%	11/01/26	735,000	735,000	735,000	
NEW YORK NY	0.84%	08/01/27	270,000	270,000	269,779	
NEW YORK CITY NY HSG DEV CORPM	4.03%	11/01/28	80,000	80,000	83,162	
NEW JERSEY ST TRANSPRTN TRUST	6.10%	12/15/28	980,000	1,067,102	1,069,258	
LAS VEGAS NV COPS	7.75%	09/01/29	100,000	98,026	119,545	
MOULTON-NIGUEL CA WTR DIST COP	6.79%	09/01/29	75,000	75,000	84,251	
PHILADELPHIA PA SCH DIST	6.62%	06/01/30	50,000	50,000	54,301	
NEW JERSEY ST EDUCTNL FACS AUT	7.23%	07/01/30	57,000	57,000	64,060	
NEW YORK CITY NY TRANSITIONAL	7.13%	07/15/30	80,000	80,000	94,515	
NEW YORK CITY NY TRANSITIONAL	5.81%	08/01/30	85,000	85,000	96,487	
HIDALGO CNTY TX	6.30%	08/15/30	100,000	100,000	114,380	
CALIFORNIA ST	7.70%	11/01/30	185,000	193,209	227,495	
MET TRANSPRTN AUTH NY REVENUE	7.13%	11/15/30	135,000	136,101	163,165	
NEW YORK NY	6.27%	03/01/31	120,000	122,053	137,932	
SAN DIEGO CA UNIF SCH DIST	0.00%	07/01/31	100,000	27,850	66,087	
SAN DIEGO CA UNIF SCH DIST	0.00%	07/01/31	235,000	60,945	157,154	
NEW YORK NY	0.45%	08/01/31	2,500,000	2,500,000	2,500,000	
NEW YORK CITY NY TRANSITIONAL	0.54%	08/01/31	350,000	350,000	350,000	
NEW YORK NY	5.82%	10/01/31	150,000	146,366	172,763	
NEW YORK CITY NY TRANSITIONAL	5.88%	11/01/31	100,000	100,000	113,284	
NEW YORK NY	6.65%	12/01/31	450,000	507,313	536,949	
TEXAS ST TRANSPRTN COMMISSION	0.79%	04/01/32	250,000	250,000	249,795	
NEW YORK CITY NY MUNI WTR FIN	0.50%	06/15/32	225,000	225,000	225,000	
SAN MATEO CA FOSTER CITY SCH D	0.00%	08/01/32	100,000	43,967	100,092	
NEW YORK CITY NY HSG DEV CORPM	4.40%	11/01/32	40,000	40,000	41,622	
CLOVIS CA UNIF SCH DIST	0.00%	08/01/33	100,000	32,338	49,525	
NEW YORK NY	0.59%	03/01/34	250,000	250,000	250,000	
IDAHO ST HSG & FIN ASSN SF MTG	0.54%	07/01/34	1,400,000	1,400,000	1,400,000	
LOS ANGELES CA UNIF SCH DIST	6.76%	07/01/34	55,000	55,000	79,277	
ONTARIO CA MONTCLAIR SCH DIST	7.54%	08/01/34	70,000	70,000	80,539	
NORTH CAROLINA ST MED CARE COM	0.52%	11/01/34	340,000	340,000	340,000	
CALIFORNIA ST PUBLIC WKS BRD L	8.00%	03/01/35	255,000	264,240	295,986	
CALIFORNIA ST PUBLIC WKS BRD L	7.80%	03/01/35	100,000	100,000	144,806	
CALIFORNIA ST	7.95%	03/01/36	700,000	835,493	850,787	
LAS VEGAS VLY NV WTR DIST	0.47%	06/01/36	3,150,000	3,150,000	3,150,000	
LAS VEGAS VLY NV WTR DIST	0.51%	06/01/36	2,120,000	2,120,000	2,120,000	

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

**SCHEDULE OF OTHER INVESTMENTS**

**JUNE 30, 2016**

**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)

(b) ISSUER	(c) - DESCRIPTION OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
NEW YORK ST HSG FIN AGY	0.50%	11/15/36	400,000	400,000	400,000
NEW YORK CITY NY HSG DEV CORP	0.50%	12/01/36	1,600,000	1,600,000	1,600,000
MICHIGAN ST HSG DEV AUTH	0.62%	10/01/37	3,690,000	3,690,000	3,690,000
PASADENA CA PUBLIC FING AUTH L	0.45%	06/01/38	2,750,000	2,750,000	2,750,000
CALIFORNIA ST	6.51%	04/01/39	50,000	50,000	60,297
UNIV OF CALIFORNIA CA REVENUES	0.97%	07/01/41	530,000	530,018	530,080
N TX TOLLWAY AUTH REVENUE	0.01%	09/01/43	70,000	29,945	77,585
SALEM CNTY NJ POLL CONTROL FIN	0.70%	04/01/46	2,000,000	2,000,000	2,000,000
			<u>\$ 40,137,052</u>	<u>\$ 40,128,889</u>	<u>\$ 40,797,769</u>

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

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2016**

**EIN 13-5615576, PLAN NO. 501**

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

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	U S TREASURY NOTE 0.750% 01/31/2018 DD 01/31/16	\$ 37,612,897	\$ -	\$ -	\$ -	\$ -	\$ 37,612,897	\$ -
N/A	U S TREASURY NOTE 0.750% 01/31/2018 DD 01/31/16	-	37,636,671	-	-	37,612,897	37,636,671	23,774
N/A	U S TREASURY NOTE 1.000% 03/15/2018 DD 03/15/15	21,469,529	-	-	-	-	21,469,529	-
N/A	U S TREASURY NOTE 1.000% 03/15/2018 DD 03/15/15	-	7,242,346	-	-	7,232,328	7,242,346	10,018
N/A	U S TREASURY NOTE 0.750% 10/31/2017 DD 10/31/12	16,318,445	-	-	-	-	16,318,445	-
N/A	U S TREASURY NOTE 0.750% 10/31/2017 DD 10/31/12	-	16,324,702	-	-	16,318,445	16,324,702	6,257
N/A	DREYFUS INS RSRV PR MONEY 6546	838,171,500	-	-	-	-	838,171,500	-
NA	DREYFUS INS RSRV PR MONEY 6546	-	834,510,713	-	-	834,510,713	834,510,713	-

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

**SCHEDULES OF ADMINISTRATIVE EXPENSES**

**YEARS ENDED JUNE 30, 2016 AND 2015**

	<u>2016</u>	<u>2015</u>
Payroll	\$ 2,058,335	\$ 2,509,673
Payroll taxes	163,231	198,286
Employee benefits	1,603,734	1,711,809
Occupancy	604,374	741,634
Telephone	62,537	52,864
Office	86,243	236,310
Printing and postage	222,651	386,481
Legal and collection	1,605,773	1,242,577
Accounting	65,400	65,400
Payroll audits	1,359,909	1,227,628
Consulting	703,176	771,687
Outside services	217,014	261,052
Insurance	174,521	192,209
Conferences and meetings	22,169	46,731
Repairs and maintenance	128,680	133,906
Scholarship administrative expenses	14,654	27,300
Data processing	42,387	37,751
Depreciation	166,771	127,606
Reimbursements to related organizations	<u>578,815</u>	<u>-</u>
Total administrative expenses	<u>\$ 9,880,374</u>	<u>\$ 9,970,904</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2016

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	COST	CURRENT VALUE
FEDERAL NATL MTG ASSN DISC NTS	0.00%	07/18/2016	\$ 15,000,000	\$ 14,996,517	\$ 14,996,517
FEDERAL HOME LN BKCONS DISC NT	0.00%	08/05/2016	9,000,000	8,995,632	8,995,632
FEDERAL HOME LN BK CONS DISC	0.00%	08/12/2016	4,000,000	3,996,713	3,996,713
U S TREASURY BOND	7.50%	11/15/2016	50,000	67,202	51,325
U S TREASURY NOTE	0.50%	02/28/2017	5,000,000	4,999,409	5,001,320
U S TREASURY BILL	0.00%	04/27/2017	4,000,000	3,975,728	3,975,708
GNMA POOL #0589304	6.00%	07/15/2017	3,429	3,601	3,485
FEDERAL HOME LN BK CONS BD	0.75%	07/20/2017	1,490,000	1,490,000	1,491,326
FEDERAL FARM CR BK CONS BD	0.59%	08/01/2017	1,500,000	1,500,960	1,500,855
FEDERAL FARM CR BK CONS BD	0.50%	08/29/2017	1,000,000	999,700	999,530
U S TREASURY NOTE	4.25%	11/15/2017	125,000	127,786	131,289
FNMA POOL #0555085	5.00%	12/01/2017	959	953	984
FEDERAL FARM CR BK CONS BD	0.51%	01/02/2018	700,000	699,961	699,153
FEDERAL HOME LN MTG CORP	1.05%	02/26/2018	750,000	750,000	750,188
FEDERAL FARM CR BK CONS BD	0.66%	03/02/2018	2,000,000	2,000,324	1,999,480
U S TREASURY NOTE	1.00%	03/15/2018	14,195,000	14,237,201	14,292,662
FEDERAL HOME LN BK CONS BD	0.88%	03/19/2018	780,000	779,758	782,746
U S TREASURY NOTE	0.88%	03/31/2018	1	1	1
FEDERAL FARM CR BK CONS BD	0.53%	04/16/2018	2,500,000	2,497,483	2,495,950
FEDERAL HOME LN MTG CORP	1.05%	04/26/2018	1,520,000	1,519,292	1,520,684
FEDERAL HOME LN MTG CORP	1.00%	06/29/2018	630,000	630,000	630,725
U S TREASURY NOTE	2.75%	02/15/2019	582,000	562,325	613,463
FEDERAL FARM CR BK CONS BD	0.68%	06/20/2019	750,000	750,000	748,680
FNMA POOL #0735010	5.00%	11/01/2019	3,946	3,906	4,084
U S TREASURY NOTE	3.63%	02/15/2020	694,000	722,292	763,671
U S TREASURY NOTE	2.63%	11/15/2020	490,000	528,232	524,991
U S TREASURY NOTE	2.13%	08/15/2021	345,000	356,010	363,571
U S TREASURY NOTE	2.00%	11/15/2021	1,383,000	1,389,991	1,449,716
GNMA POOL #0563624	6.50%	08/15/2022	9,749	10,226	10,468
GNMA II POOL #0004014	7.00%	08/20/2022	6,633	6,782	7,193
U S TREASURY BOND	1.63%	11/15/2022	1	1	1
U S TREASURY NOTE	2.00%	02/15/2023	3,902,000	3,884,793	4,087,033
FNMA POOL #0983326	5.00%	07/01/2023	1,874	1,833	1,997
FNMA POOL #0303823	2.56%	04/01/2024	1,588	1,653	1,669
FNMA POOL #0395122	2.87%	05/01/2025	2,317	2,416	2,468
FNMA POOL #0342042	2.46%	06/01/2025	1,213	1,242	1,264
FNMA POOL #0303824	2.61%	07/01/2025	805	825	842
U S TREASURY BOND	6.00%	02/15/2026	300,000	338,781	422,496
GNMA II POOL #0008989	2.00%	10/20/2026	2,084	2,106	2,157
GNMA II POOL #0008991	2.00%	10/20/2026	69,526	70,297	71,998
GNMA II POOL #0080012	2.00%	11/20/2026	2,311	2,352	2,395
GNMA II POOL #0080093	1.88%	07/20/2027	431	432	447
GNMA II POOL #0080120	2.00%	10/20/2027	5,337	5,321	5,533
GNMA II POOL #0002604	7.00%	06/20/2028	15,397	16,151	18,729
GNMA II POOL #0002687	6.00%	12/20/2028	15,353	15,622	17,646
GNMA POOL #0538312	6.00%	02/15/2032	10,994	11,484	12,851
GNMA II POOL #0003199	5.50%	02/20/2032	5,300	5,276	5,869
GNMA II POOL #0003200	6.00%	02/20/2032	23,614	23,520	27,917
GNMA II POOL #0003215	6.50%	03/20/2032	2,121	2,196	2,558
GNMA II POOL #0003227	6.00%	04/20/2032	6,535	6,596	7,724
FNMA POOL #0679885	6.00%	07/01/2032	17,657	17,984	20,376
GNMA II POOL #0003273	6.00%	08/20/2032	16,345	16,676	19,271
FNMA POOL #0254477	5.50%	10/01/2032	17,503	16,822	19,838
FNMA POOL #0254548	5.50%	12/01/2032	26,268	26,523	29,792

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2016

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)		(c) - DESCRIPTION			(d)	(e)
		U.S. GOVERNMENT SECURITIES				
ISSUER		INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
FNMA	POOL #0687718	5.50%	02/01/2033	6,022	6,097	6,828
GNMA	POOL #0604013	5.50%	02/15/2033	2,039	2,029	2,291
FNMA	POOL #0555281	6.00%	03/01/2033	27,055	27,400	31,349
FNMA	POOL #0695643	6.00%	03/01/2033	6,337	6,456	7,328
GNMA II	POOL #0003359	5.00%	03/20/2033	22,444	22,416	25,249
GNMA II	POOL #0003360	5.50%	03/20/2033	3,140	3,146	3,541
GNMA II	POOL #0003362	6.00%	03/20/2033	30,253	31,024	35,749
FNMA	POOL #0555528	6.00%	04/01/2033	44,091	43,319	51,115
FNMA	POOL #0684610	6.00%	04/01/2033	29,228	29,650	33,466
GNMA	POOL #0611542	5.50%	05/15/2033	5,678	5,654	6,537
GNMA II	POOL #0003391	6.00%	05/20/2033	26,674	26,466	31,520
FNMA	POOL #0254766	5.00%	06/01/2033	29,844	29,150	33,319
FNMA	POOL #0555531	5.50%	06/01/2033	6,253	6,699	7,091
GNMA II	POOL #0003403	5.50%	06/20/2033	42,511	42,166	47,940
FNMA	POOL #0555592	5.50%	07/01/2033	28,710	28,665	32,567
GNMA II	POOL #0003416	6.00%	07/20/2033	36,898	37,766	43,462
FNMA	POOL #0254869	5.50%	09/01/2033	50,538	50,527	57,353
FNMA	POOL #0555967	5.50%	11/01/2033	108,736	109,584	123,302
FNMA	POOL #0725027	5.00%	11/01/2033	55,252	54,139	61,681
FNMA	POOL #0254983	5.50%	12/01/2033	38,938	39,041	44,195
FNMA	POOL #0255116	6.50%	02/01/2034	44,689	45,918	54,761
FNMA	POOL #0725162	6.00%	02/01/2034	35,005	34,617	40,646
FNMA	POOL #0725424	5.50%	04/01/2034	173,755	172,213	197,107
FNMA	POOL #0725425	5.50%	04/01/2034	244,804	243,527	277,424
FNMA	POOL #0725705	5.00%	08/01/2034	69,532	67,571	77,584
FNMA	POOL #0255364	6.00%	09/01/2034	19,206	19,192	22,049
FNMA	POOL #0255412	6.00%	10/01/2034	35,374	38,473	40,634
FNMA	POOL #0735061	6.00%	11/01/2034	40,615	41,034	46,715
FNMA	POOL #0735502	6.00%	04/01/2035	54,080	54,267	62,253
FNMA	POOL #0735896	6.00%	09/01/2035	14,451	14,478	16,638
FNMA	POOL #0255900	6.00%	10/01/2035	17,564	17,564	20,194
FNMA	POOL #0849088	2.42%	11/01/2035	20,086	20,773	20,988
GNMA II	POOL #0003786	5.50%	11/20/2035	91,284	89,282	102,492
FNMA	POOL #0256023	6.00%	12/01/2035	10,780	10,845	12,367
GNMA II	POOL #0003796	5.50%	12/20/2035	18,719	18,635	20,935
FNMA	POOL #0745275	5.00%	02/01/2036	7,437	7,014	8,278
FNMA	POOL #0888022	5.00%	02/01/2036	16,802	16,550	18,704
FHLMC	POOL #1Q-1363	2.73%	02/01/2036	64,460	68,328	68,093
FNMA	POOL #0745327	6.00%	03/01/2036	6,576	6,546	7,547
FNMA	POOL #0745355	5.00%	03/01/2036	25,170	25,895	28,009
GNMA II	POOL #0003840	5.00%	04/20/2036	22,264	21,780	24,717
FNMA	POOL #0745932	6.50%	11/01/2036	29,061	29,885	33,628
FNMA	POOL #0906140	2.57%	01/01/2037	117,806	126,089	124,022
FNMA	POOL #0888811	6.50%	03/01/2037	11,941	12,282	14,089
FNMA	POOL #0256674	6.00%	04/01/2037	4,514	4,499	5,172
GNMA II	POOL #0004028	6.00%	09/20/2037	9,715	9,682	11,233
GNMA II	POOL #0004040	6.50%	10/20/2037	23,355	24,079	28,395
GNMA II	POOL #0004060	6.00%	12/20/2037	3,443	3,440	3,933
FNMA	POOL #0AL4203	2.79%	04/01/2038	370,376	392,599	390,765
GNMA II	POOL #0004114	5.50%	04/20/2038	11,930	11,843	13,205
GNMA II	POOL #0004144	5.50%	05/20/2038	41,988	43,329	46,604
FNMA	POOL #0995243	4.50%	08/01/2038	21,256	21,638	23,210
GNMA II	POOL #0004561	6.00%	10/20/2039	13,748	14,637	15,895
FNMA	POOL #0AE0193	2.71%	07/01/2040	74,537	79,056	78,809

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2016

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	COST	CURRENT VALUE
U S TREASURY BOND	3.13%	02/15/2043	<u>225,000</u>	<u>229,593</u>	<u>265,228</u>
			<u>\$ 75,547,255</u>	<u>\$ 75,707,434</u>	<u>\$ 76,493,187</u>



NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2016

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION  
CORPORATE DEBT INSTRUMENTS -  
PREFERRED

(d)

(e)

ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
JOHN DEERE CAPITAL CORP	0.95%	10/11/2016	\$ 40,000	\$ 40,000	\$ 40,027
COCA-COLA CO/THE	0.74%	11/01/2016	200,000	200,000	200,066
BERKSHIRE HATHAWAY FINANCE COR	0.81%	01/10/2017	100,000	100,000	99,988
UNITEDHEALTH GROUP INC	1.13%	01/17/2017	100,000	100,000	100,127
NATIONAL RURAL UTILITIES COOPE	1.10%	01/27/2017	100,000	99,941	100,074
MERCK & CO INC	0.75%	02/10/2017	130,000	130,000	130,064
CARMAX AUTO OWNER TRUST 2 1 A1	0.67%	02/15/2017	115,504	115,504	115,504
FORD CREDIT AUTO OWNER TR A A1	0.68%	02/15/2017	28,133	28,133	28,133
CATERPILLAR FINANCIAL SERVICES	0.91%	03/03/2017	150,000	150,000	150,188
CISCO SYSTEMS INC	1.10%	03/03/2017	110,000	109,993	110,273
TEXAS INSTRUMENTS INC	0.88%	03/12/2017	420,000	420,164	420,365
ALLY AUTO RECEIVABLES TRU 2 A1	0.62%	03/15/2017	212,775	212,775	212,775
JOHN DEERE OWNER TRUST 20 A A1	0.64%	03/15/2017	383,098	383,098	383,098
MERCEDES-BENZ AUTO LEASE A A1	0.65%	03/15/2017	420,877	420,877	420,839
WORLD OMNI AUTOMOBILE LE A A2A	0.71%	03/15/2017	109,418	109,413	109,388
WORLD OMNI AUTOMOBILE LE A A2B	0.69%	03/15/2017	109,418	109,243	109,388
ELI LILLY & CO	5.20%	03/15/2017	80,000	78,701	82,362
VOLKSWAGEN AUTO LEASE TRU A A3	0.80%	04/20/2017	22,379	22,377	22,377
NATIONAL RURAL UTILITIES COOPE	0.95%	04/24/2017	100,000	99,937	100,011
SOUTHERN CALIFORNIA EDISON CO	1.13%	05/01/2017	515,000	515,685	516,123
APPLE INC	0.90%	05/12/2017	120,000	119,917	120,221
GENERAL ELECTRIC CO	0.91%	05/15/2017	300,000	300,000	300,432
PFIZER INC	0.78%	05/15/2017	200,000	200,000	200,052
AMGEN INC	1.03%	05/22/2017	150,000	150,000	150,027
WELLS FARGO & CO	0.99%	06/02/2017	90,000	90,000	90,035
CAMERON INTERNATIONAL CORP	1.40%	06/15/2017	30,000	29,985	30,014
HONDA AUTO RECEIVABLES 20 1 A2	0.70%	06/15/2017	101,106	101,100	101,095
ORACLE CORP	0.86%	07/07/2017	200,000	200,000	200,224
UNITEDHEALTH GROUP INC	1.45%	07/17/2017	190,000	190,350	190,948
CAPITAL AUTO RECEIVABLES 1 A1B	0.91%	07/20/2017	93,132	93,132	93,105
PHILIP MORRIS INTERNATIONAL IN	1.25%	08/11/2017	200,000	199,496	200,770
US BANK NA/CINCINNATI OH	0.86%	09/11/2017	250,000	250,000	249,788
ALLY AUTO RECEIVABLES TRU 3 A2	0.81%	09/15/2017	34,279	34,279	34,276
HOME DEPOT INC/THE	1.02%	09/15/2017	100,000	100,000	100,380
NISSAN AUTO RECEIVABLES 2 A A2	0.67%	09/15/2017	162,941	162,932	162,906
GENERAL ELECTRIC CO	5.63%	09/15/2017	610,000	597,134	644,679
ORACLE CORP	1.20%	10/15/2017	20,000	19,965	20,071
HYUNDAI AUTO RECEIVABLES A A2	0.68%	10/16/2017	36,312	36,311	36,306
COCA-COLA CO/THE	0.88%	10/27/2017	36,000	35,984	36,048
CHEVRON CORP	1.34%	11/09/2017	170,000	170,000	170,723
WALT DISNEY CO/THE	1.10%	12/01/2017	55,000	54,609	55,246
USAA AUTO OWNER TRUST 201 1 A3	0.58%	12/15/2017	36,887	36,885	36,870
TARGET CORP	6.00%	01/15/2018	100,000	99,194	107,654
BMW VEHICLE LEASE TRUST 1 A2A	1.17%	01/22/2018	700,000	699,931	700,658
WELLS FARGO BANK NA	1.44%	01/22/2018	250,000	250,000	251,103
BANK OF NEW YORK MELLON CORP/T	1.30%	01/25/2018	60,000	59,914	60,209
US BANK NA/CINCINNATI OH	1.22%	01/29/2018	250,000	250,000	250,728
INTERNATIONAL BUSINESS MACHINE	0.82%	02/06/2018	500,000	500,000	499,565
CARMAX AUTO OWNER TRUST 4 A2A	0.67%	02/15/2018	32,937	32,936	32,934
APPLE INC	1.30%	02/23/2018	50,000	49,979	50,340
CATERPILLAR FINANCIAL SERVICES	1.35%	02/23/2018	180,000	180,000	181,202
CISCO SYSTEMS INC	1.40%	02/28/2018	130,000	130,000	131,178
EXXON MOBIL CORP	1.27%	02/28/2018	125,000	125,000	125,930

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2016

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
EXXON MOBIL CORP	1.44%	03/01/2018	180,000	180,000	181,593
CHEVRON CORP	0.86%	03/02/2018	250,000	250,000	249,100
EXXON MOBIL CORP	1.31%	03/06/2018	75,000	75,000	75,585
BERKSHIRE HATHAWAY FINANCE COR	1.23%	03/07/2018	180,000	180,000	180,920
PACCAR FINANCIAL CORP	1.45%	03/09/2018	100,000	99,906	100,763
WELLS FARGO & CO	1.34%	04/23/2018	70,000	70,000	70,161
APPLE INC	0.89%	05/03/2018	60,000	60,000	60,091
CHEVRON CORP	1.13%	05/16/2018	200,000	200,000	200,210
MERCK & CO INC	0.99%	05/18/2018	80,000	80,000	80,293
PACCAR FINANCIAL CORP	1.40%	05/18/2018	300,000	299,604	302,109
QUALCOMM INC	0.91%	05/18/2018	400,000	400,000	398,772
PFIZER INC	1.20%	06/01/2018	420,000	419,693	421,945
PNC BANK NA	1.09%	06/01/2018	300,000	300,000	299,568
PEPSICO INC	5.00%	06/01/2018	135,000	132,965	145,333
CARMAX AUTO OWNER TRUST 2 A2A	0.82%	06/15/2018	245,994	245,968	245,915
CISCO SYSTEMS INC	0.96%	06/15/2018	200,000	200,000	200,298
JOHN DEERE OWNER TRUST 20 B A2	0.98%	06/15/2018	436,319	436,304	436,393
MERCEDES-BENZ AUTO RECEI 1 A2A	0.82%	06/15/2018	344,493	344,487	344,496
HONDA AUTO RECEIVABLES 20 1 A2	1.01%	06/18/2018	300,000	299,970	300,192
GM FINANCIAL AUTOMOBILE 1 A2A	1.30%	07/20/2018	600,000	599,934	600,684
CITIBANK CREDIT CARD ISS A3 A3	1.11%	07/23/2018	250,000	250,889	250,073
BANK OF NEW YORK MELLON CORP/T	1.20%	08/01/2018	50,000	50,000	50,190
CNH EQUIPMENT TRUST 2015 B A2A	0.84%	08/15/2018	215,485	215,472	215,311
WELLS FARGO & CO	1.06%	09/14/2018	90,000	90,000	89,549
BMW VEHICLE LEASE TRUST 2 2 A3	1.40%	09/20/2018	2,022,000	2,019,845	2,030,007
GM FINANCIAL AUTOMOBILE L 1 A3	1.53%	09/20/2018	575,000	574,917	578,105
CNH EQUIPMENT TRUST 2013- D A3	0.77%	10/15/2018	44,225	44,223	44,191
TOYOTA AUTO RECEIVABLES B A2A	1.02%	10/15/2018	400,000	399,993	400,560
GM FINANCIAL AUTOMOBILE 2 A2A	1.28%	10/22/2018	500,000	499,955	500,735
MICROSOFT CORP	1.30%	11/03/2018	250,000	249,750	252,270
FIFTH THIRD AUTO TRUST 20 2 A3	0.89%	11/15/2018	203,625	203,590	203,411
NISSAN AUTO RECEIVABLES C A2A	0.87%	11/15/2018	481,874	481,838	481,792
CHEVRON CORP	1.14%	11/16/2018	130,000	130,000	129,457
AEP TEXAS CENTRAL TRANSIT 1 A1	0.88%	12/01/2018	66,341	66,341	66,244
PACCAR FINANCIAL CORP	1.28%	12/06/2018	20,000	20,000	20,103
BANK OF AMERICA NA	1.44%	12/07/2018	300,000	300,000	300,192
GM FINANCIAL AUTOMOBILE L 2 A3	1.68%	12/20/2018	1,800,000	1,803,917	1,812,636
JOHN DEERE CAPITAL CORP	1.95%	01/08/2019	100,000	99,994	102,217
HARLEY-DAVIDSON MOTORCYC 1 A2B	0.78%	01/15/2019	171,064	171,064	171,081
NISSAN AUTO RECEIVABLES A A2A	1.06%	02/15/2019	500,000	499,985	500,820
APPLE INC	1.47%	02/22/2019	50,000	50,000	50,716
CITIBANK CREDIT CARD ISS A2 A2	1.02%	02/22/2019	800,000	800,625	800,832
PHILIP MORRIS INTERNATIONAL IN	1.38%	02/25/2019	60,000	59,786	60,467
CISCO SYSTEMS INC	1.17%	03/01/2019	100,000	100,000	100,359
PNC BANK NA	1.95%	03/04/2019	250,000	249,748	253,763
CHASE ISSUANCE TRUST A3 A3	0.73%	04/15/2019	500,000	500,000	500,270
US BANK NA/CINCINNATI OH	1.40%	04/26/2019	250,000	249,305	251,450
BRANCH BANKING & TRUST CO	1.14%	05/01/2019	360,000	360,000	360,094
PACCAR FINANCIAL CORP	1.30%	05/10/2019	260,000	259,847	261,037
WELLS FARGO BANK NA	1.29%	05/24/2019	250,000	250,000	250,238
SANTANDER DRIVE AUTO REC 1 A2B	1.26%	07/15/2019	510,000	510,000	510,510
SANTANDER DRIVE AUTO REC 2 A2A	1.38%	07/15/2019	170,000	169,988	170,044
ALLY AUTO RECEIVABLES TRU 1 A3	1.39%	09/16/2019	625,000	624,922	626,831

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2016

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
CITIBANK CREDIT CARD ISS A8 A8	5.65%	09/20/2019	1,725,000	1,867,434	1,823,653
CNH EQUIPMENT TRUST 2016 B A2A	1.31%	10/15/2019	400,000	399,998	400,836
GE DEALER FLOORPLAN MASTER 2 A	0.94%	10/20/2019	500,000	500,000	499,305
CHASE ISSUANCE TRUST A2 A2	1.59%	02/18/2020	800,000	808,063	808,280
ALLY AUTO RECEIVABLES TRU 1 A3	1.47%	04/15/2020	1,475,000	1,474,832	1,485,089
DISCOVER CARD EXECUTION N A5 A	1.39%	04/15/2020	800,000	802,125	804,984
AMERICAN EXPRESS CREDIT AC 4 A	1.43%	06/15/2020	600,000	603,352	604,014
BARCLAYS DRYROCK ISSUANCE 3 A	0.98%	08/17/2020	435,000	435,000	435,357
CHEVRON CORP	1.58%	05/16/2021	215,000	215,000	216,206
BA CREDIT CARD TRUST A1 A	0.86%	06/15/2021	200,000	200,000	199,856
SLM STUDENT LOAN TRUST 20 1 A2	0.87%	07/26/2021	85,634	85,634	85,205
PEPSICO INC	2.75%	03/05/2022	120,000	121,547	125,719
GENERAL ELECTRIC CO	3.15%	09/07/2022	220,000	217,817	236,102
ORACLE CORP	2.50%	10/15/2022	60,000	58,211	61,413
MICROSOFT CORP	2.13%	11/15/2022	50,000	49,641	50,804
AMAZON.COM INC	2.50%	11/29/2022	332,000	320,765	342,382
INTEL CORP	2.70%	12/15/2022	90,000	89,076	94,158
BERKSHIRE HATHAWAY INC	3.000%	02/11/2023	1	1	1
APPLE INC	2.40%	05/03/2023	685,000	668,522	697,570
CHEVRON CORP	2.57%	05/16/2023	180,000	180,000	183,834
WELLS FARGO & CO	3.00%	04/22/2026	300,000	298,971	305,805
ELI LILLY & CO	5.50%	03/15/2027	55,000	52,869	70,944
ABFC 2004-OPT4 TRUST OPT4 A2	1.11%	04/25/2034	51,442	51,302	50,490
PROCTER & GAMBLE CO/THE	5.55%	03/05/2037	75,000	73,340	103,928
GENERAL ELECTRIC CO	6.88%	01/10/2039	75,000	72,600	113,209
			<u>\$ 35,770,693</u>	<u>\$ 35,870,799</u>	<u>\$ 36,156,007</u>

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2016

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	COST	CURRENT VALUE
JPMORGAN CHASE & CO	1.08%	11/18/2016	\$ 250,000	\$ 250,000	\$ 250,223
DEVON ENERGY CORP	1.19%	12/15/2016	150,000	150,187	149,069
ROCKWELL COLLINS INC	1.00%	12/15/2016	100,000	100,000	100,033
JPMORGAN CHASE & CO	1.15%	02/15/2017	150,000	150,000	150,164
SUNTRUST BANK/ATLANTA GA	1.07%	02/15/2017	200,000	200,178	199,900
DOMINION RESOURCES INC/VA	1.25%	03/15/2017	120,000	119,878	120,131
BANK OF AMERICA CORP	3.88%	03/22/2017	20,000	21,223	20,367
FORD MOTOR CREDIT CO LLC	1.27%	03/27/2017	300,000	300,000	300,114
ZIMMER BIOMET HOLDINGS INC	1.45%	04/01/2017	160,000	159,904	160,102
HUNTINGTON NATIONAL BANK/THE	1.38%	04/24/2017	300,000	299,670	300,465
HUNTINGTON NATIONAL BANK/THE	1.14%	04/24/2017	270,000	269,857	269,752
GOLDMAN SACHS GROUP INC/THE	1.32%	05/22/2017	500,000	500,000	500,390
GOLDMAN SACHS GROUP INC/THE	1.32%	05/22/2017	300,000	300,000	300,234
EASTMAN CHEMICAL CO	2.40%	06/01/2017	162,000	163,724	163,499
NEXTERA ENERGY CAPITAL HOLDING	1.59%	06/01/2017	60,000	60,219	60,145
AMERICAN EXPRESS CREDIT CORP	0.95%	06/05/2017	120,000	120,000	119,839
CITIGROUP INC	1.55%	08/14/2017	250,000	249,650	250,813
SYNCHRONY FINANCIAL	1.88%	08/15/2017	150,000	150,305	150,236
BANK OF AMERICA CORP	1.70%	08/25/2017	110,000	109,885	110,411
BANK OF AMERICA CORP	6.40%	08/28/2017	295,000	303,812	311,272
FORD MOTOR CREDIT CO LLC	1.18%	09/08/2017	240,000	240,000	239,261
AMPHENOL CORP	1.55%	09/15/2017	60,000	59,939	60,019
AMERICAN EXPRESS CREDIT CORP	0.95%	09/22/2017	150,000	150,000	149,681
ONEOK PARTNERS LP	2.00%	10/01/2017	525,000	523,815	524,276
AT&T INC	1.40%	12/01/2017	70,000	69,997	70,112
KINDER MORGAN INC/DE	2.00%	12/01/2017	80,000	79,909	79,572
SOUTHERN POWER CO	1.85%	12/01/2017	40,000	39,977	40,316
AETNA INC	1.31%	12/08/2017	350,000	350,000	350,511
BECTON DICKINSON AND CO	1.80%	12/15/2017	440,000	442,724	443,599
BANK OF AMERICA CORP	2.00%	01/11/2018	2,600,000	2,611,310	2,616,614
BANK OF AMERICA CORP	2.00%	01/11/2018	50,000	49,925	50,320
GOLDMAN SACHS GROUP INC/THE	2.38%	01/22/2018	55,000	54,625	55,739
BEAR STEARNS COS LLC/THE	7.25%	02/01/2018	385,000	410,027	419,689
CITIGROUP INC	1.80%	02/05/2018	3,336,000	3,330,473	3,349,678
CITIGROUP INC	1.80%	02/05/2018	1,085,000	1,081,592	1,089,449
CITIGROUP INC	1.80%	02/05/2018	310,000	309,764	311,271
EBAY INC	2.50%	03/09/2018	80,000	79,918	81,460
AMERICREDIT AUTOMOBILE R 1 A2A	0.77%	04/09/2018	43,066	43,064	43,055
MORGAN STANLEY	2.13%	04/25/2018	1,925,000	1,941,132	1,945,155
BANK OF AMERICA CORP	6.88%	04/25/2018	185,000	190,773	201,974
MORGAN STANLEY	2.13%	04/25/2018	20,000	19,095	20,209
MORGAN STANLEY	1.99%	04/25/2018	340,000	342,538	343,284
GOLDMAN SACHS GROUP INC/THE	1.84%	04/30/2018	100,000	100,000	100,519
BANK OF AMERICA CORP	5.65%	05/01/2018	700,000	751,716	750,155
UNITED TECHNOLOGIES CORP	1.78%	05/04/2018	300,000	301,125	302,694
ABBVIE INC	1.80%	05/14/2018	1,675,000	1,676,005	1,686,759
ABBVIE INC	1.80%	05/14/2018	330,000	329,663	332,317
FORD MOTOR CREDIT CO LLC	5.00%	05/15/2018	1,700,000	1,801,660	1,801,201
FIFTH THIRD AUTO TRUST 2 1 A2A	1.02%	05/15/2018	186,089	186,084	186,156
AMERICAN EXPRESS CO	1.24%	05/22/2018	100,000	100,000	99,781
WALGREENS BOOTS ALLIANCE INC	1.75%	05/30/2018	110,000	109,959	110,859
AETNA INC	1.70%	06/07/2018	250,000	249,800	252,008
CVS HEALTH CORP	1.90%	07/20/2018	800,000	802,497	812,104
CITIGROUP INC	2.15%	07/30/2018	75,000	74,981	75,914

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2016

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	COST	CURRENT VALUE
CELGENE CORP	2.13%	08/15/2018	60,000	59,996	60,897
FIFTH THIRD BANK/CINCINNATI OH	1.55%	08/20/2018	300,000	300,000	300,396
LOWE'S COS INC	1.26%	09/14/2018	50,000	50,000	50,429
GOLDMAN SACHS GROUP INC/THE	1.73%	11/15/2018	150,000	150,477	150,366
MORGAN STANLEY	2.20%	12/07/2018	125,000	124,904	126,646
THERMO FISHER SCIENTIFIC INC	2.15%	12/14/2018	40,000	39,999	40,454
SYNCHRONY FINANCIAL	2.60%	01/15/2019	70,000	69,982	70,766
JPMORGAN CHASE & CO	2.35%	01/28/2019	20,000	19,991	20,493
ANHEUSER-BUSCH INBEV FINANCE I	1.90%	02/01/2019	80,000	79,783	81,358
BB&T CORP	1.30%	02/01/2019	150,000	150,000	150,351
MORGAN STANLEY	2.45%	02/01/2019	130,000	129,913	132,441
GOLDMAN SACHS GROUP INC/THE	7.50%	02/15/2019	2,775,000	3,182,231	3,173,518
AT&T INC	2.30%	03/11/2019	280,000	285,088	285,958
CONSOLIDATED EDISON CO OF NEW	6.65%	04/01/2019	65,000	64,905	74,203
BANK OF AMERICA CORP	1.52%	04/01/2019	100,000	100,000	99,784
SYSCO CORP	1.90%	04/01/2019	50,000	49,973	50,602
LOWE'S COS INC	1.15%	04/15/2019	150,000	149,838	150,230
JPMORGAN CHASE & CO	6.30%	04/23/2019	2,650,000	2,990,711	2,978,918
GOLDMAN SACHS GROUP INC/THE	1.75%	04/25/2019	250,000	250,000	249,435
FORD MOTOR CREDIT CO LLC	2.02%	05/03/2019	210,000	210,000	211,787
MORGAN STANLEY	7.30%	05/13/2019	315,000	334,032	361,922
VERIZON COMMUNICATIONS INC	1.43%	06/17/2019	120,000	120,000	120,607
DOMINION RESOURCES INC/VA	2.96%	07/01/2019	50,000	50,050	50,902
EBAY INC	1.12%	08/01/2019	300,000	300,000	294,948
MORGAN STANLEY	5.50%	01/26/2020	250,000	243,257	278,053
GOLDMAN SACHS GROUP INC/THE	2.60%	04/23/2020	140,000	139,737	142,330
MORGAN STANLEY	2.80%	06/16/2020	200,000	200,708	204,922
BANK OF AMERICA CORP	5.88%	01/05/2021	40,000	39,706	45,887
GOLDMAN SACHS GROUP INC/THE	2.88%	02/25/2021	65,000	64,892	66,639
GOLDMAN SACHS GROUP INC/THE	5.25%	07/27/2021	210,000	206,252	236,981
GOLDMAN SACHS GROUP INC/THE	5.75%	01/24/2022	60,000	59,919	69,658
ANHEUSER-BUSCH INBEV WORLDWIDE	2.50%	07/15/2022	1,000,000	965,477	1,017,360
EBAY INC	2.60%	07/15/2022	50,000	48,973	49,510
AT&T INC	2.63%	12/01/2022	430,000	418,120	430,538
BANK OF AMERICA CORP	3.30%	01/11/2023	1,180,000	1,170,390	1,214,397
GOLDMAN SACHS GROUP INC/THE	3.63%	01/22/2023	110,000	107,796	115,386
ANHEUSER-BUSCH INBEV FINANCE I	3.30%	02/01/2023	80,000	79,697	84,294
AT&T INC	3.60%	02/17/2023	250,000	260,008	260,795
JPMORGAN CHASE & CO	2.70%	05/18/2023	140,000	139,628	141,424
GOLDMAN SACHS GROUP INC/THE	4.00%	03/03/2024	65,000	64,618	69,490
AT&T INC	3.90%	03/11/2024	1	1	1
CLOROX CO/THE	3.50%	12/15/2024	525,000	523,387	562,128
JPMORGAN CHASE & CO	3.13%	01/23/2025	2,210,000	2,170,663	2,259,349
GOLDMAN SACHS GROUP INC/THE	3.50%	01/23/2025	1,710,000	1,679,921	1,757,042
GOLDMAN SACHS GROUP INC/THE	3.75%	02/25/2026	35,000	34,919	36,837
GOLDMAN SACHS GROUP INC/THE	5.95%	01/15/2027	125,000	124,091	144,064
CONTIMORTGAGE HOME EQUITY 4 A8	7.22%	01/15/2028	8,289	8,599	8,009
VERIZON PENNSYLVANIA LLC	6.00%	12/01/2028	60,000	66,833	67,861
VERIZON COMMUNICATIONS INC	6.40%	09/15/2033	125,000	124,875	159,550
BELLA VISTA MORTGAGE TRUS 1 3A	2.92%	02/22/2035	76,634	76,448	68,803
AT&T INC	4.50%	05/15/2035	75,000	73,112	76,724
VERIZON COMMUNICATIONS INC	5.85%	09/15/2035	245,000	240,258	297,391

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2016

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	<u>CORPORATE DEBT INSTRUMENTS - OTHER</u>			<u>COST</u>	<u>CURRENT VALUE</u>
	<u>INTEREST RATE</u>	<u>MATURITY DATE</u>	<u>PAR OR MATURITY VALUE</u>		
			\$ <u>40,617,079</u>	\$ <u>41,476,737</u>	\$ <u>42,135,704</u>

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

**SCHEDULE OF CORPORATE STOCK - COMMON**

**JUNE 30, 2016**

**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
STANDARD LIFE INVESTMENTS GLOBAL ABSOLUTE RETURN STRATEGIES OFFSHORE FEEDER FUND LTD.	19,482	\$ 24,687,169	\$ 23,832,915
		\$ 24,687,169	\$ 23,832,915

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF NON-PARTICIPANT LOANS

JUNE 30, 2016

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)

<u>ISSUER</u>	<u>TERM</u>	<u>INTEREST RATE</u>	<u>PAR OR MATURITY VALUE</u>	<u>COST</u>	<u>CURRENT VALUE</u>
U S TREASURY NOTE	03/31/2018	0.88%	\$ 17,964,999	\$ 17,977,411	\$ 18,052,668
U S TREASURY NOTE	11/15/2022	1.63%	1,174,999	1,147,454	1,202,717
BERKSHIRE HATHAWAY INC	02/11/2023	3.00%	19,999	19,830	21,121
AT&T INC	03/11/2024	3.90%	14,999,999	1,528,795	1,587,764
GOLDMAN SACHS GROUP INC/THE	02/25/2026	3.75%	<u>45,000</u>	<u>44,896</u>	<u>47,363</u>
			<u>\$ 34,204,996</u>	<u>\$ 20,718,386</u>	<u>\$ 20,911,633</u>



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

**SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS**

**JUNE 30, 2016**

**EIN 13-5615576, PLAN NO. 501**

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON TRUST FUNDS	(d)	(e)
<u>ISSUER</u>	<u>NO. OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
SSGA RUSSELL 3000 INDEX NON-LENDING COMMON TRUST FUND	2,422,788	\$ 24,702,643	\$ 42,781,585
SSGA MSCI ACWI EX USA INDEX NON-LENDING QP COMMON TRUST FUND	1,350,558	18,758,965	20,167,890
STATE STREET U.S. TREASURY INFLATION PROTECTED SECURITIES INDEX NON-LENDING COMMON TRUST FUND	3,470,803	<u>45,710,243</u>	<u>49,715,787</u>
		<u>\$ 89,171,851</u>	<u>\$ 112,665,262</u>

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

**SCHEDULE OF 103-12 INVESTMENT ENTITIES**

**JUNE 30, 2016**

**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>103-12 INVESTMENT ENTITIES</u>	(d)	(e)
<u>ISSUER</u>	<u>NO. OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
GOLDENTREE HIGH YIELD VALUE FUND OFFSHORE II LTD	21,536	\$ 24,250,000	\$ 30,097,100
LAZARD MBS FOCUS FUNDS LLC - LAZARD SHORT DURATION STRATEGY MBS PORTFOLIO	1,851,730	<u>18,554,979</u>	<u>18,672,346</u>
		<u>\$ 42,804,979</u>	<u>\$ 48,769,446</u>

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

**SCHEDULE OF REGISTERED INVESTMENT COMPANIES**

**JUNE 30, 2016**

**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 REGISTERED INVESTMENT COMPANIES	(d)	(e)
<u>ISSUER</u>	<u>NO. OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
DREYFUS INS RSRV PRI MONE 6546	69,644,402	\$ 69,644,402	\$ 69,644,402
LOOMIS SAYLES INVESTMENT GRADE FIXED INCOME FUND	4,781,752	59,985,900	58,528,641
PIMCO ALL ASSET FUND	988,416	<u>11,891,775</u>	<u>10,931,885</u>
		\$ <u>141,522,077</u>	\$ <u>139,104,928</u>

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

**SCHEDULE OF OTHER INVESTMENTS**

**JUNE 30, 2016**

**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			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE	
FLORIDA ST HURRICANE CATASTROP	1.30%	07/01/16	\$ 60,000	\$ 60,000	\$ 60,002	
ILLINOIS ST	5.37%	03/01/17	85,000	92,042	87,126	
KENTUCKY ST ASSET/LIABILITY CO	3.17%	04/01/18	920,052	952,378	940,431	
ILLINOIS ST	5.55%	04/01/19	185,000	199,588	196,746	
LAS VEGAS NV COPS	6.08%	09/01/19	45,000	51,097	51,285	
ILLINOIS ST	5.83%	04/01/21	20,000	22,315	22,308	
NEW YORK NY	0.70%	11/01/21	3,990,000	3,990,000	3,990,000	
NEW YORK ST DORM AUTH ST PERSO	4.99%	03/15/22	120,000	142,249	139,696	
NEW YORK CITY NY TRANSITIONAL	0.54%	11/01/22	500,000	500,000	500,000	
NEW YORK CITY NY TRANSITIONAL	0.65%	11/01/22	4,900,000	4,900,000	4,900,000	
NEW YORK CITY NY TRANSITIONAL	0.59%	08/01/23	900,000	900,000	900,000	
NEW YORK CITY NY TRANSITIONAL	4.73%	11/01/23	70,000	82,600	81,199	
ONTARIO CA MONTCLAIR SCH DIST	6.68%	08/01/24	50,000	50,000	57,007	
LAS VEGAS NV COPS	7.05%	09/01/24	85,000	84,725	99,845	
NEW YORK NY	5.15%	10/01/25	55,000	64,122	66,743	
COLORADO SPRINGS CO UTILITIESR	0.45%	11/01/25	330,000	330,000	330,000	
TEXAS ST TRANSPRTN COMMISSION	0.65%	04/01/26	525,000	525,000	525,000	
CALIFORNIA ST	6.88%	11/01/26	115,000	115,807	155,423	
NEW YORK NY	0.59%	11/01/26	735,000	735,000	735,000	
NEW YORK NY	0.84%	08/01/27	270,000	270,000	269,779	
NEW YORK CITY NY HSG DEV CORPM	4.03%	11/01/28	80,000	80,000	83,162	
NEW JERSEY ST TRANSPRTN TRUST	6.10%	12/15/28	980,000	1,067,102	1,069,258	
LAS VEGAS NV COPS	7.75%	09/01/29	100,000	98,026	119,545	
MOULTON-NIGUEL CA WTR DIST COP	6.79%	09/01/29	75,000	75,000	84,251	
PHILADELPHIA PA SCH DIST	6.62%	06/01/30	50,000	50,000	54,301	
NEW JERSEY ST EDUCTNL FACS AUT	7.23%	07/01/30	57,000	57,000	64,060	
NEW YORK CITY NY TRANSITIONAL	7.13%	07/15/30	80,000	80,000	94,515	
NEW YORK CITY NY TRANSITIONAL	5.81%	08/01/30	85,000	85,000	96,487	
HIDALGO CNTY TX	6.30%	08/15/30	100,000	100,000	114,380	
CALIFORNIA ST	7.70%	11/01/30	185,000	193,209	227,495	
MET TRANSPRTN AUTH NY REVENUE	7.13%	11/15/30	135,000	136,101	163,165	
NEW YORK NY	6.27%	03/01/31	120,000	122,053	137,932	
SAN DIEGO CA UNIF SCH DIST	0.00%	07/01/31	100,000	27,850	66,087	
SAN DIEGO CA UNIF SCH DIST	0.00%	07/01/31	235,000	60,945	157,154	
NEW YORK NY	0.45%	08/01/31	2,500,000	2,500,000	2,500,000	
NEW YORK CITY NY TRANSITIONAL	0.54%	08/01/31	350,000	350,000	350,000	
NEW YORK NY	5.82%	10/01/31	150,000	146,366	172,763	
NEW YORK CITY NY TRANSITIONAL	5.88%	11/01/31	100,000	100,000	113,284	
NEW YORK NY	6.65%	12/01/31	450,000	507,313	536,949	
TEXAS ST TRANSPRTN COMMISSION	0.79%	04/01/32	250,000	250,000	249,795	
NEW YORK CITY NY MUNI WTR FIN	0.50%	06/15/32	225,000	225,000	225,000	
SAN MATEO CA FOSTER CITY SCH D	0.00%	08/01/32	100,000	43,967	100,092	
NEW YORK CITY NY HSG DEV CORPM	4.40%	11/01/32	40,000	40,000	41,622	
CLOVIS CA UNIF SCH DIST	0.00%	08/01/33	100,000	32,338	49,525	
NEW YORK NY	0.59%	03/01/34	250,000	250,000	250,000	
IDAHO ST HSG & FIN ASSN SF MTG	0.54%	07/01/34	1,400,000	1,400,000	1,400,000	
LOS ANGELES CA UNIF SCH DIST	6.76%	07/01/34	55,000	55,000	79,277	
ONTARIO CA MONTCLAIR SCH DIST	7.54%	08/01/34	70,000	70,000	80,539	
NORTH CAROLINA ST MED CARE COM	0.52%	11/01/34	340,000	340,000	340,000	
CALIFORNIA ST PUBLIC WKS BRD L	8.00%	03/01/35	255,000	264,240	295,986	
CALIFORNIA ST PUBLIC WKS BRD L	7.80%	03/01/35	100,000	100,000	144,806	
CALIFORNIA ST	7.95%	03/01/36	700,000	835,493	850,787	
LAS VEGAS VLY NV WTR DIST	0.47%	06/01/36	3,150,000	3,150,000	3,150,000	
LAS VEGAS VLY NV WTR DIST	0.51%	06/01/36	2,120,000	2,120,000	2,120,000	

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

**SCHEDULE OF OTHER INVESTMENTS**

**JUNE 30, 2016**

**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)

(b) ISSUER	(c) - DESCRIPTION OTHER			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
NEW YORK ST HSG FIN AGY	0.50%	11/15/36	400,000	400,000	400,000
NEW YORK CITY NY HSG DEV CORP	0.50%	12/01/36	1,600,000	1,600,000	1,600,000
MICHIGAN ST HSG DEV AUTH	0.62%	10/01/37	3,690,000	3,690,000	3,690,000
PASADENA CA PUBLIC FING AUTH L	0.45%	06/01/38	2,750,000	2,750,000	2,750,000
CALIFORNIA ST	6.51%	04/01/39	50,000	50,000	60,297
UNIV OF CALIFORNIA CA REVENUES	0.97%	07/01/41	530,000	530,018	530,080
N TX TOLLWAY AUTH REVENUE	0.01%	09/01/43	70,000	29,945	77,585
SALEM CNTY NJ POLL CONTROL FIN	0.70%	04/01/46	2,000,000	2,000,000	2,000,000
			<u>\$ 40,137,052</u>	<u>\$ 40,128,889</u>	<u>\$ 40,797,769</u>

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

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2016**

**EIN 13-5615576, PLAN NO. 501**

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

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	U S TREASURY NOTE 0.750% 01/31/2018 DD 01/31/16	\$ 37,612,897	\$ -	\$ -	\$ -	\$ -	\$ 37,612,897	\$ -
N/A	U S TREASURY NOTE 0.750% 01/31/2018 DD 01/31/16	-	37,636,671	-	-	37,612,897	37,636,671	23,774
N/A	U S TREASURY NOTE 1.000% 03/15/2018 DD 03/15/15	21,469,529	-	-	-	-	21,469,529	-
N/A	U S TREASURY NOTE 1.000% 03/15/2018 DD 03/15/15	-	7,242,346	-	-	7,232,328	7,242,346	10,018
N/A	U S TREASURY NOTE 0.750% 10/31/2017 DD 10/31/12	16,318,445	-	-	-	-	16,318,445	-
N/A	U S TREASURY NOTE 0.750% 10/31/2017 DD 10/31/12	-	16,324,702	-	-	16,318,445	16,324,702	6,257
N/A	DREYFUS INS RSRV PR MONEY 6546	838,171,500	-	-	-	-	838,171,500	-
NA	DREYFUS INS RSRV PR MONEY 6546	-	834,510,713	-	-	834,510,713	834,510,713	-

# Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.  
 ▶ Information about Form 5558 and its instructions is at [www.irs.gov/form5558](http://www.irs.gov/form5558)

**File With IRS Only**

## Part I Identification

<b>A</b> Name of filer, plan administrator, or plan sponsor (see instructions) BOARD OF TRUSTEES OF NYCDCC WELFARE FUND  Number, street, and room or suite no. (If a P.O. box, see instructions) 395 HUDSON STREET  City or town, state, and ZIP code NEW YORK NY 10014	<b>B</b> Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 13-5615576  Social security number (SSN) (9 digits XXX-XX-XXXX)													
<b>C</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 60%;">Plan name</th> <th rowspan="2" style="width: 10%;">Plan number</th> <th colspan="3" style="width: 30%;">Plan year ending—</th> </tr> <tr> <th style="width: 10%;">MM</th> <th style="width: 10%;">DD</th> <th style="width: 10%;">YYYY</th> </tr> </thead> <tbody> <tr> <td>NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND</td> <td style="text-align: center;">5 0 1</td> <td style="text-align: center;">6</td> <td style="text-align: center;">30</td> <td style="text-align: center;">2016</td> </tr> </tbody> </table>	Plan name	Plan number	Plan year ending—			MM	DD	YYYY	NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	5 0 1	6	30	2016	
Plan name			Plan number	Plan year ending—										
	MM	DD		YYYY										
NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND	5 0 1	6	30	2016										

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

- 1  Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.
- 2 I request an extension of time until 4 / 15 / 2017 to file Form 5500 series (see instructions).  
**Note.** A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until           /          /           to file Form 8955-SSA (see instructions).  
**Note.** A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

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

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

- 4 I request an extension of time until           /          /           to file Form 5330.  
 You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.
- a Enter the Code section(s) imposing the tax . . . . . ▶ 

a
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- b Enter the payment amount attached . . . . . ▶ 

b
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- c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ 

c
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**5 State in detail why you need the extension:**

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

Signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

