

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><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 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;">2018</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2018 or fiscal plan year beginning <u>07/01/2018</u> and ending <u>06/30/2019</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. . . . .	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

<b>Part II Basic Plan Information</b> —enter all requested information	
<p><b>1a</b> Name of plan <u>NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND</u></p> <hr/> <p><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></p> <p><u>395 HUDSON STREET</u> <u>NEW YORK, NY 10014</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p> <hr/> <p><b>1c</b> Effective date of plan <u>07/01/1950</u></p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>13-5615576</u></p> <hr/> <p><b>2c</b> Plan Sponsor's telephone number <u>212-366-7300</u></p> <hr/> <p><b>2d</b> Business code (see instructions) <u>236200</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	02/25/2020	DAVID B. STEWART
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	02/25/2020	ROBERT W. LESNIEWSKI
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	21197
<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>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</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>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6a(1)</b>	14842
	<b>6a(2)</b>	15111
	<b>6b</b>	6426
	<b>6c</b>	
	<b>6d</b>	21537
	<b>6e</b>	
	<b>6f</b>	
	<b>6g</b>	
	<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>	1320

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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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

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**11c** Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><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>▶ <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>2018</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019

<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) ▶ <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>47189</u>	<u>10/01/2017</u>	<u>12/31/2017</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 <u>0</u>	<b>(b)</b> Total amount of fees paid <u>0</u>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

<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..... (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below) .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</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..... (2) Administration charge made by carrier .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</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>	2195748
<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><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><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>▶ <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>2018</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019

<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) ▶ <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  
AMALGAMATED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>13-5501223</u>	<u>60216</u>	<u>260D06</u>	<u>45229</u>	<u>08/01/2017</u>	<u>07/31/2018</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 <u>0</u>	(b) Total amount of fees paid <u>0</u>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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



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

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

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

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(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..... (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below) .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</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..... (2) Administration charge made by carrier .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</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 AND DISMEMBERMENT**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	2285739
<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><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><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>▶ <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>2018</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019

<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) ▶ <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  
SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>94-0734860</u>	<u>71420</u>	<u>H2001</u>	<u>7172</u>	<u>01/01/2018</u>	<u>12/31/2018</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 <u>0</u>	<b>(b)</b> Total amount of fees paid <u>0</u>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<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..... (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below)..... ▶	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<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..... (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below)..... ▶	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<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) **▶ SUPPLEMENTAL MEDICARE**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	9951459
<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><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><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>▶ <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>2018</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019

<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) ▶ <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  
WESCO INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>85-0165753</u>	<u>25011</u>	<u>WDL 10277170</u>	<u>10039</u>	<u>01/01/2018</u>	<u>12/31/2018</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 <u>16771</u>	(b) Total amount of fees paid <u>0</u>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
AMVENTURE INSURANCE AGENCY, INC. 6001 COCHRAN ROAD SUITE 402 SOLON, OH 44139

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>16771</u>			<u>3</u>

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

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



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

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

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

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

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

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

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

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

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

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

<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..... (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account..... (5) Other (specify below)..... ▶	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<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..... (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below)..... ▶	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<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) **▶ PAID FAMILY LEAVE**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	847122
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2018</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2018 or fiscal plan year beginning **07/01/2018** and ending **06/30/2019**

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

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

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

COMPREHENSIVE PROFESSIONAL SYSTEMS

13-3025997

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

GENERAL VISION SERVICES, LLC

11-3580576

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

GOLDENTREE ASSET MANAGEMENT LP

13-4118850

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

GROSVENOR CAPITAL MANAGEMENT LP

36-3795985

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

LOOMIS SAYLES FUNDS

04-3219179

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

PACIFIC INVESTMENT MANAGEMENT LLC

33-0629048

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

STANDARD LIFE INVESTMENTS CORP LTD

98-1124754

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

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

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

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

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

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

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

EMPIRE HEALTHCHOICE ASSURANCE INC.

23-7391136

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 49 50 62	NONE	7913371	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 50	NONE	1989179	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	1633379	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	1170280	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EXPRESS SCRIPTS INC

22-3461740

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	989162	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ADMINISTRATIVE SERVICES ONLY INC

11-2995970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	575165	Yes <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)

DAVID STEWART

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	371568	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KAUFF MCGUIRE & MARGOLIS LLP

13-3573855

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	359419	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INNOVATIVE SOFTWARE SOLUTIONS INC.

23-2182079

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	327121	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



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

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

THE SEGAL COMPANY (EASTERN STATES)

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	325195	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROBERT LESNIEWSKI

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	319035	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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	279936	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WESTERN ASSET MANAGEMENT COMPANY

52-1200960

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	261283	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	258749	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 50	SECURITY PROVIDER	241982	Yes <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)

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 50	NONE	183240	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BMI AUDIT SERVICES LLC

38-4091484

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	181177	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 50	NONE	167809	Yes <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)

ROGER E. MAHER

23 83RD STREET  
BROOKLYN, NY 11209

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ARBITRATOR	158380	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FORD HARRISON LLP

58-1314995

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	148143	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAYDEN & RYGEL

95-3921788

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	147091	Yes <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)

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 50	NONE	140360	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 51 52 59 62	NONE	136507	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)

FRANCES CONSIDINE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	136266	Yes <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 50	NONE	128808	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 52	NONE	124138	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARLENE GROSSMAN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	120612	Yes <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)

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 50	NONE	119485	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 50	NONE	118443	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 50	NONE	115828	Yes <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)

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 50	NONE	112019	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 50	NONE	102290	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 50	NONE	97814	Yes <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)

NICHOLAS VEGA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	95825	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 50	NONE	92502	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 50	NONE	92143	Yes <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)

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 50	NONE	90221	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 50	NONE	88203	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 50	NONE	87904	Yes <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 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 50	NONE	84617	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STEVEN 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 50	NONE	84224	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 50	NONE	83994	Yes <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 50	NONE	83836	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 50	NONE	82401	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIAM 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 50	NONE	81338	Yes <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)

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 28 51 52	NONE	79958	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)

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 50	NONE	79696	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 50	NONE	78658	Yes <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)

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 50	NONE	78462	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JESSICA HERNANDEZ

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	72422	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 50	NONE	72144	Yes <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)

SUZANNE GIMBLET

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	70067	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 50	NONE	69511	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 50	NONE	68451	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE WAGNER LAW GROUP PC

04-3323315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	67694	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 50	NONE	67494	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HUGO SPINDOLA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	66784	Yes <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)

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 50	NONE	66550	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 50	NONE	63358	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 50	NONE	61285	Yes <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)

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 50	NONE	60814	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 50	NONE	60798	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 51	NONE	58299	Yes <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)

ABDOOL ABRAHIM

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	57172	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 50	NONE	55511	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CORY MATTHEW NETTNIN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	55134	Yes <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)

COHEN WEISS AND SIMON LLP

13-1592323

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	54619	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DANIEL RICE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	54242	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARIA CUEVAS

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	53258	Yes <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)

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 50	NONE	53177	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 50	NONE	52916	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	51725	Yes <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)

ROBERT ROSARIO

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	50639	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOCIELY ANTIGUA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	50401	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 50	NONE	49075	Yes <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)

UMER JAVED

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	48583	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOSEPH 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 50	NONE	47876	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARIA TORRES

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	46757	Yes <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)

TERESA 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 50	NONE	46162	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 CORDERO

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	45939	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TIFFANY BROOMES

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	45707	Yes <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)

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 50	NONE	45668	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FRANCESCA LOPICCOLO

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	45505	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JASMINE GOKO

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	45489	Yes <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)

SHANA MORGAN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	43969	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KATHERINE SANCHEZ CIONGOLI

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	43597	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EFRIM 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 50	NONE	42758	Yes <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)

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 50	NONE	41782	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

XANTHIA ALMODOVAR

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	41400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 50	NONE	41341	Yes <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)

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 50	NONE	41024	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KRYSTLE TORRES

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	40928	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHELLE GRIMES

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	40404	Yes <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)

CHRISTOPHER PEPITONE

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	40260	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KENISHA CLARRETT

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	40057	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THURAYA IBRAHIM ELHAG

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	39699	Yes <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)

TIFFANY KEITT

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	38770	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

YESENIA DIAZ

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	38607	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRISCILLA JUSINO

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	38300	Yes <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 50	NONE	38289	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MONIKA DENSON

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	37056	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 50	NONE	35770	Yes <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 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 50	NONE	33818	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CANDACE LEACOCK

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	32635	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANNA GALKA

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	32034	Yes <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)

NICKO YLAGAN

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	31896	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VANESSA BYNUM

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	30791	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOHN ALVIN RONA ANSAY

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	27200	Yes <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)

HEATHER VERAS

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	26541	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHAEL DIMINO

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	NONE	25370	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PAYLOCITY CORPORATION

3850 N WILKE RD  
ARLINGTON HEIGHTS, IL 60004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	20985	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

INTERNATIONAL SCHOLARSHIP & TUITION

62-1247492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	18645	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRIORITY MANAGEMENT ASSOCIATES

22-3399240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	16077	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <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 50	NONE	14322	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

C. HUNT WALKER COMPANY LLC

26-1435151

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

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

HOWARD C. EDELMAN ADR LLC

26-1721708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	7500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEW HORIZONS NYC LLC

236 W 30TH  
6TH FL  
NEW YORK, NY 10001

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	6000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

SPIVAK LIPTON LLP

13-3494495

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY	5738	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	95384	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	10247

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CHUBB  13-1963496	INSURANCE BROKERAGE COMMISSIONS AND FEES	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
SEGAL SELECT INSURANCE SERVICES	53	49838

(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	14022

(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	21277

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

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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



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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**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

**2018**

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

For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019

<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>
<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>

**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)

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS U.S. TIPS INDX NL CTF</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS AND TRUST COMPANY</u>	
<b>c</b> EIN-PN <u>02-6138231-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>66269541</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS RUSSELL 3000(R) INDX NL CTF</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS AND TRUST COMPANY</u>	
<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>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS MSCI ACWI EX USA INDX NL CTF</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS AND TRUST COMPANY</u>	
<b>c</b> EIN-PN <u>80-6103053-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>41305247</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDENTREE MS FD OFFSHORE ERISA LTD</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>GOLDENTREE ASSET MANAGEMENT</u>	
<b>c</b> EIN-PN <u>98-1018819-002</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36267249</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LAZARD SHORT DURATION STRATEGY MBS</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>LAZARD ASSET MANAGEMENT LLC</u>	
<b>c</b> EIN-PN <u>20-4571006-001</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>6693892</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WESTERN ASSET TRU BOND, LLC</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>WESTERN ASSET MANAGEMENT COMPANY</u>	
<b>c</b> EIN-PN <u>20-1226970-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>52905707</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NHIT CORE PLUS FULL DISCRETION TRST</u>	<b>b</b> Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>	
<b>c</b> EIN-PN <u>20-8080381-022</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>112232135</u>

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

Schedule D (Form 5500) 2018  
v.171027

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW BROAD MARKET 3000 INDEX FD		
<b>b</b> Name of sponsor of entity listed in (a): AMALGAMATED BANK		
<b>c</b> EIN-PN 46-2044954-020	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66545397
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)

**Part II** Information on Participating Plans (to be completed by DFEs)  
(Complete as many entries as needed to report all participating plans)

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2018**

**This Form is Open to Public Inspection**

For calendar plan year 2018 or fiscal plan year beginning **07/01/2018** and ending **06/30/2019**

<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>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>	

**Part I Asset and Liability Statement**

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

<b>Assets</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	14578057	8759388
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>	23834000	27201000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other.....	<b>1b(3)</b>	43747144	17483477
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>		2082826
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	77684155	132967942
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	39856145	46958247
<b>(B)</b> All other.....	<b>1c(3)(B)</b>	71407812	66210861
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common.....	<b>1c(4)(B)</b>	27351213	26504358
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		1233428
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	26039521	6335102
<b>(8)</b> Participant loans.....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	156187723	286352320
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>	93299028	95866848
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	182865358	98540975
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	27297064	26024197

		(a) Beginning of Year	(b) End of Year
<b>1d</b>	Employer-related investments:		
(1)	Employer securities .....	<b>1d(1)</b>	
(2)	Employer real property .....	<b>1d(2)</b>	
<b>e</b>	Buildings and other property used in plan operation .....	<b>1e</b>	1689562 1510048
<b>f</b>	Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	785836782 844031017
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable .....	<b>1g</b>	65900000 67800000
<b>h</b>	Operating payables .....	<b>1h</b>	2407031 2460409
<b>i</b>	Acquisition indebtedness .....	<b>1i</b>	
<b>j</b>	Other liabilities .....	<b>1j</b>	82300269 59197888
<b>k</b>	Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	150607300 129458297
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	635229482 714572720

**Part II Income and Expense Statement**

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

		(a) Amount	(b) Total
<b>Income</b>			
<b>a</b>	<b>Contributions:</b>		
(1)	Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	484534631
	<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	4435581
	<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	
(2)	Noncash contributions .....	<b>2a(2)</b>	
(3)	Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>	488970212
<b>b</b>	<b>Earnings on investments:</b>		
(1)	Interest:		
	<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	
	<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	2718323
	<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	3827764
	<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>	4446
	<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	
	<b>(F)</b> Other .....	<b>2b(1)(F)</b>	1032274
	<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>	7582807
(2)	Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>	
	<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	
	<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	3099290
	<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>	3099290
(3)	Rents .....	<b>2b(3)</b>	
(4)	Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	591943587
	<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	591356229
	<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>	587358
(5)	Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>	
	<b>(B)</b> Other .....	<b>2b(5)(B)</b>	2945945
	<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>	2945945

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		7928491
(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)		4974820
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		8639362
c Other income.....	2c		6181652
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		530909937

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	427365430	
(2) To insurance carriers for the provision of benefits .....	2e(2)	12253339	
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		439618769
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)	3504309	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	1298761	
(4) Other .....	2i(4)	7144860	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		11947930
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		451566699

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		79343238
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:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....	4c	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.).....	4d	X	
<b>e</b> Was this plan covered by a fidelity bond? .....	4e	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? .....	4f	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? .....	4g	X	157817320
<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? .....	4h	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.) .....	4i	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.) .....	4j	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? .....	4k	X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....	4l	X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	4m	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. ....	4n		

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

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

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

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





# Schultheis & Panettieri LLP

Accountants and Consultants

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## Independent Auditor's Report

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

### Report on the Financial Statements

We have audited the accompanying financial statements of the New York City District Council of Carpenters Welfare Fund (the "Plan") which comprise the statements of net assets available for benefits and plan benefit obligations as of June 30, 2019 and 2018, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended June 30, 2019 and 2018, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

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

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

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

## **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of June 30, 2019 and 2018, and the changes in financial status for the years ended June 30, 2019 and 2018 in accordance with accounting principles generally accepted in the United States of America.

## **Report on Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 26 through 51 is presented for purposes of additional analysis and is not a required part of the financial statements. The supplemental information on pages 26 through 46 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Hauppauge, New York  
March 11, 2020

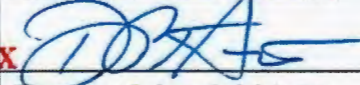
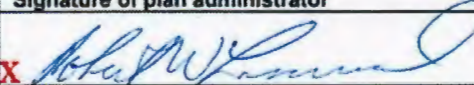
<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <b>2018</b>  <b>This Form is Open to Public Inspection</b>
---	--	---

<b>Part I Annual Report Identification Information</b>			
For calendar plan year 2018 or fiscal plan year beginning <u>07/01/2018</u> and ending <u>06/30/2019</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.)	
		<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 Basic Plan Information—enter all requested information</b>			
<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 NYCDC 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.

SIGN HERE		<input checked="" type="checkbox"/> <u>2/26/2020</u>	<input checked="" type="checkbox"/> <u>David B. Stewart</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<input checked="" type="checkbox"/> <u>2/26/20</u>	<input checked="" type="checkbox"/> <u>ROBERT W. LESNIEWSKI</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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



<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	21,197
<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>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</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>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6a(1)</b>	14,842
	<b>6a(2)</b>	15,111
	<b>6b</b>	6,426
	<b>6c</b>	
	<b>6d</b>	21,537
	<b>6e</b>	
	<b>6f</b>	
	<b>6g</b>	
	<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>	1,320

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

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

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

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

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

VACATION BENEFITS

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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 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

---



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

**FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2019 AND 2018**

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

**YEARS ENDED JUNE 30, 2019 AND 2018**

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# Schultheis & Panettieri LLP

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## Independent Auditor's Report

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

### Report on the Financial Statements

We have audited the accompanying financial statements of the New York City District Council of Carpenters Welfare Fund (the "Plan") which comprise the statements of net assets available for benefits and plan benefit obligations as of June 30, 2019 and 2018, and the related statements of changes in net assets available for benefits and plan benefit obligations for the years ended June 30, 2019 and 2018, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

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

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

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

## **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Plan as of June 30, 2019 and 2018, and the changes in financial status for the years ended June 30, 2019 and 2018 in accordance with accounting principles generally accepted in the United States of America.

## **Report on Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 26 through 51 is presented for purposes of additional analysis and is not a required part of the financial statements. The supplemental information on pages 26 through 46 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Hauppauge, New York  
March 11, 2020

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**JUNE 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
<b>Assets</b>		
<b>Investments at fair value</b>		
Interest bearing cash	\$ 590,000	\$ -
U.S. government securities	132,967,942	77,684,155
Corporate debt instruments	113,169,108	111,263,957
Corporate stock	-	27,351,213
Partnership/joint venture interests	27,339,117	-
Loans (other than participant loans)	6,335,102	26,039,521
Common/collective trust funds	286,352,320	156,187,723
103-12 investment entities	95,866,848	93,299,028
Registered investment companies	97,594,391	182,865,358
Municipal bonds	<u>26,024,197</u>	<u>27,297,064</u>
<b>Total investments</b>	786,239,025	701,988,019
<b>Receivables</b>		
Employers' contributions	27,201,000	23,834,000
Accrued interest/dividends	1,863,191	1,452,323
Net trades pending settlement	2,717	-
Prescription subsidies and rebates	7,394,000	15,656,000
<b>Cash</b>	8,759,388	14,578,057
<b>Collateral held under securities lending agreement</b>	6,469,190	26,638,821
<b>Other assets</b>	<u>1,510,048</u>	<u>1,689,562</u>
<b>Total assets</b>	<u>839,438,559</u>	<u>785,836,782</u>
<b>Liabilities</b>		
<b>Accounts payable</b>	2,460,409	2,407,031
<b>Related organizations</b>	44,438,819	51,566,596
<b>Net trades pending settlement</b>	-	333,170
<b>Contractor surety bonds</b>	3,697,421	3,761,682
<b>Payable under securities lending agreement</b>	<u>6,469,190</u>	<u>26,638,821</u>
<b>Total liabilities</b>	<u>57,065,839</u>	<u>84,707,300</u>
<b>Net assets available for benefits</b>	<u>\$ 782,372,720</u>	<u>\$ 701,129,482</u>

**NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEARS ENDED JUNE 30, 2019 AND 2018**

	<b>2019</b>	<b>2018</b>
<b><i>Additions to net assets attributed to:</i></b>		
<b>Investment income</b>		
Net appreciation in fair value of investments	\$ 25,075,976	\$ 5,548,650
Interest/dividends	<u>10,682,097</u>	<u>11,424,410</u>
<b>Total investment income</b>	35,758,073	16,973,060
Less investment expenses	<u>(1,298,761)</u>	<u>(595,286)</u>
<b>Net investment income</b>	34,459,312	16,377,774
<b>Contributions</b>		
Participants'	4,435,581	4,311,722
Employers'	328,353,651	315,222,275
Employers' - Vacation	156,180,980	144,992,762
<b>Medicare drug subsidy</b>	6,071,449	8,870,387
<b>Other income</b>	<u>110,203</u>	<u>83,198</u>
<b>Total additions</b>	<u>529,611,176</u>	<u>489,858,118</u>
<b><i>Deductions from net assets attributed to:</i></b>		
<b>Benefits paid to or for participants</b>		
Health care		
Active participants	206,325,985	186,483,715
Retired participants	61,288,353	55,197,102
Group health insurance premiums	12,253,339	15,365,523
Vacation	155,814,930	141,308,214
Disability	1,687,912	1,526,156
Scholarships	<u>348,250</u>	<u>334,250</u>
<b>Total benefits paid</b>	437,718,769	400,214,960
<b>Administrative expenses</b>	<u>10,649,169</u>	<u>10,127,143</u>
<b>Total deductions</b>	<u>448,367,938</u>	<u>410,342,103</u>
<b>Net increase</b>	81,243,238	79,516,015
<b>Net assets available for benefits</b>		
Beginning of year	<u>701,129,482</u>	<u>621,613,467</u>
End of year	<u>\$ 782,372,720</u>	<u>\$ 701,129,482</u>

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

**STATEMENTS OF PLAN BENEFIT OBLIGATIONS**

**JUNE 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
<b>Amounts currently payable</b>		
Claims payable and claims incurred but not reported	\$ 29,000,000	\$ 27,100,000
Vacation benefits payable	<u>38,800,000</u>	<u>38,800,000</u>
	<u>67,800,000</u>	<u>65,900,000</u>
 <b>Postemployment benefit obligations</b>		
Accumulated eligibility credits	<u>162,300,000</u>	<u>161,200,000</u>
 <b>Postretirement benefit obligations, net of amounts currently payable</b>		
Retired participants	1,045,700,000	1,416,800,000
Other participants fully eligible for benefits	652,000,000	1,047,800,000
Participants not yet fully eligible for benefits	<u>1,076,000,000</u>	<u>1,437,200,000</u>
	<u>2,773,700,000</u>	<u>3,901,800,000</u>
 <b>Plan's total benefit obligations</b>	 <u>\$ 3,003,800,000</u>	 <u>\$ 4,128,900,000</u>

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

**STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS**

**YEARS ENDED JUNE 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
<b>Amounts currently payable</b>		
Balance at beginning of year	\$ 65,900,000	\$ 60,900,000
Claims reported and approved for payment	439,618,769	405,214,960
Total benefits paid	<u>(437,718,769)</u>	<u>(400,214,960)</u>
<b>Balance at end of year</b>	<u>67,800,000</u>	<u>65,900,000</u>
 <b>Postemployment benefit obligations</b>		
Balance at beginning of year	161,200,000	144,700,000
Net change during year:		
Accumulated eligibility credits	<u>1,100,000</u>	<u>16,500,000</u>
<b>Balance at end of year</b>	<u>162,300,000</u>	<u>161,200,000</u>
 <b>Postretirement benefit obligations, net of amounts currently payable</b>		
Balance at beginning of year	3,901,800,000	4,114,200,000
Increase (decrease) in postretirement benefits attributed to:		
Changes in actuarial assumptions	(1,414,900,000)	(418,900,000)
Interest	157,800,000	158,600,000
Expected benefits paid	(105,200,000)	(97,300,000)
Benefits earned	122,800,000	145,200,000
Actuarial loss (gain) experience	<u>111,400,000</u>	<u>-</u>
<b>Balance at end of year</b>	<u>2,773,700,000</u>	<u>3,901,800,000</u>
 <b>Plan's total benefit obligations at end of year</b>	<u>\$ 3,003,800,000</u>	<u>\$ 4,128,900,000</u>

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2019 AND 2018

### **Note 1 - Description of Plan and Significant Accounting Policies**

The following description of the New York City District Council of Carpenters Welfare Fund (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

#### ***General***

The Plan first became effective July 1, 1950 and is a welfare benefit plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the District Council of New York and Vicinity of the United Brotherhood of Carpenters and Joiners of America (the "District Council") and various employers and employer associations in the construction industry in the New York Metropolitan Area. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

#### ***Purpose***

The purpose of the Plan is to provide health and other benefits to eligible participants.

#### ***Benefits***

Benefits are paid by means of a trust and group insurance contracts. The benefits include, but are not limited to health care coverage with medical, hospital, prescription drug, dental, hearing, vision, disability, scholarship, vacation, accidental death & dismemberment, and life insurance benefits.

#### ***Participants consist of the following classes:***

##### **Active participants and dependents**

A participant achieves initial eligibility on the first day of the month after they have completed 250 hours in the previous calendar quarter. Continued eligibility is maintained by completing 250 hours of covered employment in the preceding quarter. Any additional hours worked above the required 250 hours may be added to the participant's accumulated eligibility credits (hours bank) for a later quarter. A participant may not accumulate eligibility credits in excess of 750 hours (maximum hours bank). Accumulated eligibility credits expire after nine months.

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

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2019 AND 2018**

**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, 2019 AND 2018**

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

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

Disability participants

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

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

Municipal participants

Active participants covered by the municipal employees contract with the City of New York are eligible from the date of hire to the date of termination. 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, 2019 AND 2018**

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

***Investment valuation and income recognition***

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

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

***Use of estimates***

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

***Administrative expense allocation***

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

Reimbursements received from related organizations for the years ended June 30, 2019 and 2018 were \$12,004,926 and \$11,562,755, respectively.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2019 AND 2018

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

***Postretirement benefits obligations:***

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

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

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

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

The 2018 valuation assumption changes decreased obligations by \$418,900,000, which is the net result of (1) a decrease in obligations due to revising several demographic assumptions, including mortality, disability, and retirement rates, and (2) a decrease in obligations due to raising the discount rate from 3.90% to 4.10%.

The following were other significant assumptions used in the valuation as of June 30, 2019 and 2018:

Discount rate	2019: 3.40%
	2018: 4.10%

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2019 AND 2018

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

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

Mortality - healthy	Non-annuitants - RP-2014 Healthy Employee Mortality Table with generational projection using Scale MP-2017 from 2006  Annuitants - RP-2014 Healthy Annuitant Mortality Table with generational projection using Scale MP-2017 from 2006
Mortality - disabled	85% of RP-2014 Disabled Retiree Mortality Table with generational projection using Scale MP-2017 from 2006
Actives' retirement age	Ranging from 25% to 100% for ages 55 through 71 and over
Inactives' retirement age	Ranging from 40% to 100% for ages 55 through 65 and over
Health trend rates - hospital and medical	2019: Pre-65: 8.25% in 2020 graded to 4.50% over 15 years  2019: Post-65: Claims are \$0 in 2020 with no trend through 2022, then 8.0% in 2023 graded to 4.5% over 14 years  2018: Pre-65: 7.75% in 2019 decreasing 0.25% per year until 2032, then 4.50% thereafter  2018: Post-65: 8.0% in 2019 decreasing 0.25% per year until 2033, then 4.50% thereafter
Health trend rates - prescription drug	2019: 8% in 2020 graded to 4.50% over 14 years  2018: 8.75% in 2019 decreasing 0.25% per year until 2036, then 4.50% thereafter

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2019 AND 2018

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

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

Administrative expense increase rate	2019: 3.0%
	2018: 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, 2019 and 2018 were \$44,989,000 and \$40,951,000, 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, 2019 and 2018 by \$504,478,000 and \$729,851,000, respectively.

***Other Plan benefits***

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

Plan obligations for accumulated eligibility of active participants are estimated annually at June 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.

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

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2019 AND 2018**

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

***Medicare Part D***

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

The Plan's retiree prescription drug benefit, net of the Medicare subsidy, for the years ended June 30, 2019 and 2018, was \$25,302,872 and \$17,823,663, respectively. The total Medicare subsidy received during the years ended June 30, 2019 and 2018 was \$6,071,449 and \$8,870,387, respectively.

**Note 2 - Fair value measurements**

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

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

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

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

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

Interest bearing cash: Valued at cost.

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

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2019 AND 2018**

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

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: Non-publicly traded corporate stock, partnership/joint venture interests, common/collective trust funds and 103-12 investment entities' values are estimated by the management of the investment entities.

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

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

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

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2019 AND 2018**

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

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of June 30, 2019, with fair value measurements on a recurring basis:

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



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

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2019 AND 2018**

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

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of June 30, 2018, with fair value measurements on a recurring basis:

	<u>2018</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	\$ 77,684,155	\$ 54,980,288	\$ 22,703,867	\$ -
Corporate debt instruments	111,263,957	-	111,263,957	-
Loans (other than participant loans)	26,039,521	25,425,121	614,400	-
Registered investment companies	182,865,358	182,865,358	-	-
Municipal bonds	<u>27,297,064</u>	<u>-</u>	<u>27,297,064</u>	<u>-</u>
 Total assets in the fair value hierarchy	 425,150,055	 <u>\$ 263,270,767</u>	 <u>\$ 161,879,288</u>	 <u>\$ -</u>
 Investments measured at net asset value	 <u>276,837,964</u>			
 Investments at fair value	 <u>\$ 701,988,019</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, 2019 AND 2018

#### **Note 4 - Corporate stock**

Standard Life Investments Global Absolute Return Strategies Offshore Feeder Fund Ltd. ("GARS Offshore Feeder"), a Cayman Islands Exempted 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 by investing in a combination of traditional assets and investment strategies based on advanced derivative techniques. 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 GARS Offshore Feeder may suspend or limit the calculation of the net asset value of shares of one or more classes and/or series, the redemption of shares of any one or more class and/or series, and the payment of any redemption proceeds during any period in which disposal of all or part of the GARS Offshore Feeder and/or the GARS Master Fund's assets, or the determination of net asset value, would not be reasonable or practical or would be prejudicial to the GARS Offshore Feeder and GARS Master Fund's shareholders. Effective November 2018 the Plan terminated its investment in GARS Offshore Feeder. The estimated fair value of the Plan's investment, included in corporate stock, as of June 30, 2018 was \$27,351,213.

#### **Note 5 - Loans (other than participant loans)**

The Plan has an agreement with its custodial bank authorizing the bank to lend securities held in the Plan's account to third parties. The bank must obtain collateral from the borrower in the form of cash, letters of credit issued by an entity other than the borrower, or acceptable securities. Both the collateral and the securities loaned are marked-to-market on a daily basis so that all loaned securities are fully collateralized at all times. The collateral held is reported as both an asset and a liability in the financial statements.

Although the Plan's securities lending activities are collateralized as described above, they involve both market and credit risk. In this context, market risk refers to the possibility that the borrowers of securities will be unable to collateralize the loan upon a sudden material change in the fair value of the loaned securities or the collateral. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts.

Income earned during 2019 and 2018 was \$9,187 and \$14,547, respectively.

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED JUNE 30, 2019 AND 2018

#### **Note 5 - Loans (other than participant loans) (cont'd)**

The fair value of securities loaned by the Plan was \$6,335,102 and \$26,039,521 as of June 30, 2019 and 2018, respectively. The fair value of the collateral held by the Plan was \$6,469,190 and \$26,638,821 as of June 30, 2019 and 2018, respectively. Securities loaned are presented as loans (other than participant loans) in the investments fair value portion of the balance sheet.

#### **Note 6 - Partnerships**

Grosvenor Institutional Partners, LP ("GIP") is a Delaware Limited Liability Partnership which invests substantially all of its assets in the Grosvenor Institutional Partners Master Fund, LTD (the "GIP Master Fund"). The GIP Master Fund is a Cayman Islands exempted company which invests primarily in offshore investment funds, investment partnerships, and pooled investment vehicles which generally implement "non-traditional" or "alternative" investment strategies. Redemptions may be made at the end of any calendar quarter upon 70 days notice. The payment of withdrawal proceeds is subject to the underlying provisions of the GIP Master Fund and to audit contingency and other customary reserves. The estimated fair value of the Plan's investment as of June 30, 2019 was \$27,339,117.

#### **Note 7 - Common/collective trusts funds**

State Street MSCI ACWI ex USA Index Non-Lending Common Trust Fund ("MSCI ACWI NL") is maintained by State Street Global Advisors Trust Company, who serves as trustee, recordkeeper and investment manager. MSCI ACWI NL's investments, including derivative instruments, are valued at fair value each business day. 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. Issuances and redemptions of MSCI ACWI NL units may be made on such days, based upon the closing market value on the valuation date of the investments bought or sold and the net asset value per unit of MSCI ACWI NL. The estimated fair value of the Plan's investment as of June 30, 2019 and 2018 was \$41,305,247 and \$30,272,355, respectively.

State Street Russell 3000 Index Non-Lending Common Trust Fund ("Russell 3000 NL") is maintained by State Street Global Advisors Trust Company, who serves as trustee, recordkeeper and investment manager. Russell 3000 NL's investments, including derivative instruments, are valued at fair value each business day. The per unit net asset value of the Russell 3000 NL is determined each business day. Issuances and 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. Effective March 2019 the Plan terminated its investment in Russell 3000 NL. The estimated fair value of the Plan's investment as of June 30, 2018 was \$62,699,403.

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

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2019 AND 2018**

**Note 7 - Common/collective trusts funds (cont'd)**

State Street U.S. Treasury Inflation Protected Securities (TIPS) Index Non-Lending Common Trust Fund ("TIPS Index NL") is maintained by State Street Global Advisors Trust Company, who serves as trustee, recordkeeper and investment manager. TIPS Index NL's investments, including derivative instruments, are valued at fair value each business day. The per unit net asset value of the TIPS Index NL is determined each business day. Issuances and redemptions of TIPS Index NL units may be made on such days, based upon the closing market value on the valuation date of the investments bought or sold and the net asset value per unit of the TIPS Index NL. The estimated fair value of the Plan's investment as of June 30, 2019 and 2018 was \$66,269,541 and \$63,215,965, respectively.

Longview Broad Market 3000 Index Fund ("Longview 3000") is a tax-exempt, nonregistered diversified index fund. It was established effective September 20, 2012, by Amalgamated Bank ("Amalgamated") as one of the investment options offered by the Investment Management Division of Amalgamated to private trusts exempt from federal income tax. Longview 3000 is under the exclusive management and control of the Amalgamated. Amalgamated also serves as the custodian of Longview 3000. Longview 3000's investment objective is to provide investment results that approximate the aggregate performance of the Russell 3000 Index. There is no assurance that Longview 3000 will meet its investment objective. The net asset value is determined at the close of each business day, which excludes admissions and withdrawals that were executed on that day and not settled until the next business day. Admissions and withdrawals may, at the option of the trustee, be made in cash or in-kind or partly in cash and partly in-kind. In-kind admissions and withdrawals consist of investments in securities at fair value at the date of the withdrawal. The estimated fair value of the Plan's investment as of June 30, 2019 was \$66,545,397.

The NHIT Core Plus Full Discretion Trust (the "NHIT Full Discretion Trust") is a common collective trust fund. The NHIT Full Discretion Trust's investment objective is to seek total investment return through a combination of current income and capital appreciation and to outperform its benchmark, the Bloomberg Barclays Capital U.S. Aggregate Bond Index. Redemptions may be made, in whole or in part, on any valuation date as of the transaction cutoff time. Redemption requests are irrevocable, once submitted. Loomis Sayles Trust Company, LLC (the "NHIT Trustee") may restrict additions and withdrawals for the accounts of "market timers" if more than two purchases and sales are made for the Subscriber's account over a 90-day interval, as determined by the NHIT Full Discretion Trust. The NHIT Trustee has the right to reject the admission to the NHIT Full Discretion Trust of any prospective investor, or redeem the units of any investor, including the admission or continuation of a person who would cause the NHIT Fixed Income Full Discretion Trust to be required to register as an investment company under the Investment Company Act or the units to be required to be registered under the Securities Act. The estimated fair value of the Plan's investment as of June 30, 2019 was \$112,232,135.

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED JUNE 30, 2019 AND 2018

#### **Note 8 - 103-12 Investment entities**

GoldenTree Multi-Sector Fund Offshore ERISA, Ltd. ("GoldenTree"), formerly known as GoldenTree High Yield Value Fund Offshore II, Ltd., is a Cayman Islands exempted limited company. GoldenTree's principal investment objective is to achieve risk adjusted returns by investing across a broad universe of credit-related investments, including, but not limited to, bank debt, high yield bonds and structured products. Shareholders have the right, on the last day of each calendar quarter, upon 90 days' prior written notice, to redeem all or any portion of their shares. The Board of Directors of GoldenTree may establish more frequent redemption dates upon prior notification to the shareholders and may require the total redemption of any shareholder who elects to make a partial redemption of shares if, as a result of, or prior to, such redemption the shareholder's holding would be less than \$1,000,000. The Board of Directors of GoldenTree may declare a suspension of the determination of the net asset value, subscription for shares, redemption of shares or payment of any amount to a redeeming shareholder if, in their opinion, a state of affairs exists where the disposal of GoldenTree's assets, or the determination of the net asset value would not be reasonably practicable or would be seriously prejudicial to the GoldenTree's shareholders. The estimated fair value of the Plan's investment as of June 30, 2019 and 2018 was \$36,267,249 and \$34,627,913, respectively.

Western Asset Total Return Unconstrained (TRU) Bond, L.L.C. ("Western Asset") was formed on July 1, 2004 and is a Delaware Limited Liability Company. Western Asset invests substantially all of its assets in the Western Asset Total Return Unconstrained (TRU) Bond Master Fund, Ltd. ("WA Master Fund"). The WA Master Fund is organized as an exempted company under the laws of the Cayman Islands and is a separate investment company with investment objectives that are consistent with those of Western Asset. The net asset value of Western Asset is determined on the relevant Dealing Day. A Dealing Day is every business day on which federal, state or local banks are open for business in New York and the New York Stock Exchange is open for trading. Issuances and redemptions of Western Asset are made on such days, based upon the closing net asset value. Subject to certain limitations, a shareholder may redeem all or a portion of its shares upon 15 business days' prior written notice to Western Asset. Redemption proceeds may be payable in cash or in kind as deemed appropriate. The investment manager may temporarily suspend the determination of the net asset value of Western Asset, and the issuance and redemption of its shares, and may postpone the date of payment of redemption proceeds during any period when it is not reasonably practicable for the investment manager to fairly determine the value of Western Asset's net assets. The estimated fair value of the Plan's investment as of June 30, 2019 and 2018 was \$52,905,707 and \$49,774,194, respectively.

#### **Note 9 - Party-in-interest transactions**

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

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED JUNE 30, 2019 AND 2018

#### **Note 10 - Risks and uncertainties**

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

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

#### **Note 11 - 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, 2019 and 2018 was \$387,000. The State of New Jersey Department of Labor deposit as of June 30, 2019 and 2018 was \$50,000.

#### **Note 12 - Lease commitments**

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

The Plan's portion of occupancy expenses for the years ended June 30, 2019 and 2018 were \$900,931 and \$897,449, 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, 2019 and 2018, the Plan's share of total occupancy expenses was 46.50%.

#### **Note 13 - 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, 2019 and 2018, included in the participant contributions on the Statement of Changes in Net Assets Available for Benefits, were \$2,946,346 and \$2,815,663, respectively. Effective September 1, 2014, the monthly rate ranges from \$14 to \$117.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2019 AND 2018

**Note 14 - Employers' contributions**

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

**Note 15 - Contingencies**

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

**Note 16 - Benefit obligations compared to net assets available for benefits**

	<u>2019</u>	<u>2018</u>
Net assets available for benefits	\$ 782,372,720	\$ 701,129,482
Plan's total benefit obligations	<u>3,003,800,000</u>	<u>4,128,900,000</u>
Plan's total benefit obligations over net assets available for benefits	<u><u>\$ (2,221,427,280)</u></u>	<u><u>\$ (3,427,770,518)</u></u>

The Plan's benefit obligations over net assets available for benefits as of June 30, 2019 and 2018 relate primarily to the postretirement benefit obligation, the funding of which is not explicitly covered by the contribution rate provided by the current bargaining agreement. Such postretirement benefits have been historically funded from current contributions for active participants, and the Trustees may choose to continue this "pay as you go" funding, or the Trustees may seek to increase contributions or reduce benefits.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2019 AND 2018

**Note 17 - Reconciliation of financial statements to Form 5500**

For financial statement purposes, claims payable and claims incurred but not reported are presented on the Statement of Plan's Benefit Obligations. This differs from the reporting requirements of the Department of Labor which requires that these liabilities be shown on the Statement of Net Assets Available for Benefits.

The following is a reconciliation of the net assets available for benefits reported on the financial statements to the net assets available for benefits reported on Form 5500:

	<u>2019</u>	<u>2018</u>
Net assets available for benefits per the financial statements	\$ 782,372,720	\$ 701,129,482
Less: claims payable and claims incurred but not reported	<u>67,800,000</u>	<u>65,900,000</u>
Net assets available for benefits as reported on Form 5500	<u>\$ 714,572,720</u>	<u>\$ 635,229,482</u>

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

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

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



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

**NOTES TO FINANCIAL STATEMENTS**

**YEARS ENDED JUNE 30, 2019 AND 2018**

**Note 17 - Reconciliation of financial statements to Form 5500 (cont'd)**

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)	\$ 34,459,312	\$ 1,298,761	\$ 35,758,073
Contributions	488,970,212	-	488,970,212
Medicare drug subsidy	6,071,449	(6,071,449)	-
Other income	<u>110,203</u>	<u>6,071,449</u>	<u>6,181,652</u>
 Total additions	 <u>529,611,176</u>	 <u>1,298,761</u>	 <u>530,909,937</u>
 Benefits paid to or for participants	 437,718,769	 1,900,000	 439,618,769
Administrative expenses	<u>10,649,169</u>	<u>1,298,761</u>	<u>11,947,930</u>
 Total deductions	 <u>448,367,938</u>	 <u>3,198,761</u>	 <u>451,566,699</u>
 Net increase (decrease)	 <u>\$ 81,243,238</u>	 <u>\$ (1,900,000)</u>	 <u>\$ 79,343,238</u>

**Note 18 - Tax status**

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

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

**SCHEDULE OF INTEREST BEARING CASH**

**JUNE 30, 2019**

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

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

(a)	(b)	(c) - DESCRIPTION		(d)	(e)
		INTEREST BEARING CASH			
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	STATE STREET BANK + TRUST		SHORT TERM		
*	INVESTMENT FUND	VARIABLE	ON DEMAND	\$ 590,000	\$ 590,000
	GROSVENOR INSTITUTIONAL PARTNERS LP - INTEREST BEARING CASH			<u>1,492,826</u>	<u>1,492,826</u>
				<u>\$ 2,082,826</u>	<u>\$ 2,082,826</u>

\* PARTY-IN-INTEREST

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

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2019

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d) COST	(e) CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
U S TREASURY BILL	0.00%	07/02/2019	\$ 19,750,000	a \$ 19,719,202	\$ 19,719,202
U S TREASURY BILL	0.00%	07/09/2019	3,500,000	a 3,497,667	3,497,667
U S DEPT HSG & URBAN DEV GOV'T	2.54%	08/01/2019	430,000	430,000	430,000
U S TREASURY NOTE	1.63%	08/31/2019	12,500,000	12,467,773	12,486,250
FEDERAL HOME LN BK CONS BD	2.49%	09/20/2019	1,500,000	1,500,000	1,500,000
U S TREASURY NOTE	1.38%	09/30/2019	310,000	309,382	309,358
FNMA POOL #0735010	5.00%	11/01/2019	13	13	14
U S TREASURY BILL	0.00%	11/07/2019	10,000,000	a 9,880,183	9,926,100
FEDERAL NATL MTG ASSN	2.56%	01/30/2020	1,080,000	1,080,000	1,080,994
U S TREASURY NOTE	3.63%	02/15/2020	694,000	722,292	700,510
OVERSEAS PRIVATE INVT CORP	0.00%	02/19/2020	230,000	a 230,000	230,000
FEDERAL FARM CR BK CONS BD	2.54%	02/21/2020	840,000	840,000	840,260
U S TREASURY NOTE	1.50%	04/15/2020	1,390,000	1,370,299	1,384,245
FEDERAL FARM CR BK CONS BD	2.50%	05/26/2020	370,000	370,000	369,904
U S TREASURY BILL	0.00%	06/18/2020	4,000,000	a 3,919,111	3,926,676
U S TREASURY NOTE	2.09%	07/31/2020	2,000,000	2,000,000	1,997,880
U S TREASURY NOTE	1.63%	07/31/2020	20,885,000	20,619,039	20,815,662
FEDERAL FARM CR BK CONS BD	2.49%	08/24/2020	130,000	130,000	129,943
U S TREASURY NOTE	1.38%	08/31/2020	22,695,000	22,406,070	22,554,972
FEDERAL FARM CR BK CONS BD	2.27%	09/25/2020	610,000	610,000	609,604
U S TREASURY NOTE	2.63%	11/15/2020	490,000	528,232	495,032
FEDERAL FARM CR BK CONS BD	2.38%	12/11/2020	500,000	500,000	499,600
U S TREASURY NOTE	2.17%	01/31/2021	10,000,000	9,993,431	9,990,900
U S TREASURY NOTE	2.13%	08/15/2021	345,000	356,010	347,629
U S TREASURY NOTE	2.00%	11/15/2021	1,383,000	1,389,991	1,392,017
FEDERAL FARM CR BK CONS BD	0.01%	11/16/2021	660,000	659,836	659,215
FEDERAL FARM CR BK CONS BD	2.54%	01/18/2022	1,500,000	1,509,471	1,501,890
GNMA POOL #0563624	6.50%	08/15/2022	1,808	1,897	1,821
U S TREASURY NOTE	1.63%	08/15/2022	110,000	104,521	109,665
GNMA II POOL #0004014	7.00%	08/20/2022	864	883	868
U S TREASURY NOTE	1.63%	11/15/2022	3,800,000	3,705,665	3,787,384
U S TREASURY NOTE	2.00%	02/15/2023	3,902,000	3,884,793	3,938,874
FNMA POOL #0983326	5.00%	07/01/2023	636	622	655
FNMA POOL #0303823	4.54%	04/01/2024	695	724	706
U S TREASURY NOTE	2.38%	08/15/2024	110,000	105,759	113,223
U S TREASURY NOTE	2.13%	11/30/2024	945,000	903,954	961,245
U S TREASURY NOTE	2.00%	02/15/2025	2,495,000	2,506,299	2,520,349
FNMA POOL #0395122	4.96%	05/01/2025	983	1,026	1,030
FNMA POOL #0342042	4.48%	06/01/2025	357	366	364
FNMA POOL #0303824	4.49%	07/01/2025	325	333	331
U S TREASURY NOTE	2.00%	08/15/2025	1,480,000	1,437,823	1,494,164
U S TREASURY BOND	6.00%	02/15/2026	300,000	338,781	377,157
GNMA II POOL #0008989	4.13%	10/20/2026	1,139	1,151	1,174
GNMA II POOL #0008991	4.13%	10/20/2026	41,771	42,234	43,055
GNMA II POOL #0080012	4.13%	11/20/2026	1,335	1,358	1,376
GNMA II POOL #0080093	3.75%	07/20/2027	258	259	267
GNMA II POOL #0080120	4.13%	10/20/2027	3,018	3,008	3,116
GNMA II POOL #0002604	7.00%	06/20/2028	9,412	9,873	10,767
GNMA II POOL #0002687	6.00%	12/20/2028	8,669	8,821	9,680
GNMA POOL #0538312	6.00%	02/15/2032	6,818	7,121	7,778
GNMA II POOL #0003199	5.50%	02/20/2032	2,785	2,772	2,965
GNMA II POOL #0003200	6.00%	02/20/2032	13,734	13,679	15,747
GNMA II POOL #0003215	6.50%	03/20/2032	1,191	1,233	1,394
GNMA II POOL #0003227	6.00%	04/20/2032	3,631	3,665	4,156

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2019

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
FNMA POOL #0679885	6.00%	07/01/2032	11,233	11,441	12,391
GNMA II POOL #0003273	6.00%	08/20/2032	9,593	9,788	11,006
FNMA POOL #0254477	5.50%	10/01/2032	9,649	9,274	10,520
FNMA POOL #0254548	5.50%	12/01/2032	13,727	13,860	14,960
FNMA POOL #0687718	5.50%	02/01/2033	3,030	3,067	3,320
GNMA POOL #0604013	5.50%	02/15/2033	1,032	1,026	1,163
FNMA POOL #0555281	6.00%	03/01/2033	14,549	14,735	16,493
FNMA POOL #0695643	6.00%	03/01/2033	5,588	5,693	6,316
GNMA II POOL #0003359	5.00%	03/20/2033	12,042	12,027	12,993
GNMA II POOL #0003360	5.50%	03/20/2033	1,835	1,839	2,009
GNMA II POOL #0003362	6.00%	03/20/2033	18,991	19,474	21,775
FNMA POOL #0555528	6.00%	04/01/2033	23,649	23,235	26,803
FNMA POOL #0684610	6.00%	04/01/2033	12,619	12,801	13,824
GNMA POOL #0611542	5.50%	05/15/2033	2,366	2,356	2,648
GNMA II POOL #0003391	6.00%	05/20/2033	18,002	17,862	20,644
FNMA POOL #0254766	5.00%	06/01/2033	15,693	15,328	17,039
FNMA POOL #0555531	5.50%	06/01/2033	3,233	3,463	3,563
GNMA II POOL #0003403	5.50%	06/20/2033	24,665	24,465	26,996
FNMA POOL #0555592	5.50%	07/01/2033	15,434	15,410	17,079
GNMA II POOL #0003416	6.00%	07/20/2033	22,176	22,697	25,415
FNMA POOL #0254869	5.50%	09/01/2033	27,626	27,620	30,684
FNMA POOL #0255967	5.50%	11/01/2033	57,375	57,822	63,492
FNMA POOL #0725027	5.00%	11/01/2033	29,334	28,744	31,856
FNMA POOL #0254983	5.50%	12/01/2033	21,269	21,325	23,624
FNMA POOL #0255116	6.50%	02/01/2034	28,680	29,468	33,790
FNMA POOL #0725162	6.00%	02/01/2034	19,158	18,945	21,716
FNMA POOL #0725424	5.50%	04/01/2034	93,796	92,964	104,165
FNMA POOL #0725425	5.50%	04/01/2034	129,818	129,140	144,194
FNMA POOL #0725705	5.00%	08/01/2034	36,948	35,906	40,348
FNMA POOL #0255364	6.00%	09/01/2034	10,127	10,120	11,483
FNMA POOL #0255412	6.00%	10/01/2034	17,434	18,961	19,759
FNMA POOL #0735061	6.00%	11/01/2034	20,398	20,608	23,125
FNMA POOL #0735502	6.00%	04/01/2035	28,269	28,367	32,056
FNMA POOL #0735896	6.00%	09/01/2035	7,139	7,152	8,096
FNMA POOL #0255900	6.00%	10/01/2035	10,096	10,096	11,436
GNMA II POOL #0003786	5.50%	11/20/2035	48,936	47,863	53,562
FNMA POOL #0256023	6.00%	12/01/2035	5,432	5,465	6,154
GNMA II POOL #0003796	5.50%	12/20/2035	9,735	9,692	10,889
FHLMC POOL #1Q-1363	4.47%	02/01/2036	18,196	19,288	19,019
FNMA POOL #0745275	5.00%	02/01/2036	3,794	3,578	4,148
FNMA POOL #0888022	5.00%	02/01/2036	8,699	8,569	9,511
FNMA POOL #0745327	6.00%	03/01/2036	3,364	3,348	3,814
FNMA POOL #0745355	5.00%	03/01/2036	12,975	13,349	14,187
GNMA II POOL #0003840	5.00%	04/20/2036	11,636	11,384	12,513
FNMA POOL #0745932	6.50%	11/01/2036	13,742	14,132	16,142
FNMA POOL #0888811	6.50%	03/01/2037	5,948	6,118	6,985
FNMA POOL #0256674	6.00%	04/01/2037	2,139	2,132	2,426
GNMA II POOL #0004028	6.00%	09/20/2037	4,966	4,950	5,665
GNMA II POOL #0004040	6.50%	10/20/2037	12,830	13,228	15,206
GNMA II POOL #0004060	6.00%	12/20/2037	1,793	1,792	2,045
GNMA II POOL #0004114	5.50%	04/20/2038	6,292	6,246	6,886
GNMA II POOL #0004144	5.50%	05/20/2038	21,109	21,783	23,089
FNMA POOL #0995243	4.50%	08/01/2038	10,536	10,726	11,307
GNMA II POOL #0004561	6.00%	10/20/2039	7,464	7,947	8,490

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

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

**JUNE 30, 2019**

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

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
FNMA POOL #0AE0193	4.60%	07/01/2040	27,521	29,190	28,851
U S TREASURY BOND	3.13%	02/15/2043	255,000	258,056	284,345
U S TREASURY BOND	2.25%	08/15/2046	795,000	708,029	751,092
			<u>\$133,097,122</u>	<u>\$132,110,566</u>	<u>\$132,967,942</u>

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2019

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 - a		COST	CURRENT VALUE
NATIONAL RURAL DISC	0.00%	07/10/2019	\$ 750,000	a	\$ 749,315	\$ 749,315
PNC BANK NA	1.45%	07/29/2019	300,000		296,397	299,793
BERKSHIRE HATHAWAY FINANCE COR	2.78%	08/15/2019	140,000		140,000	140,057
PRIVATE EXPT FDG DISC	0.00%	08/22/2019	900,000	a	895,240	895,240
CITIBANK NA	1.85%	09/18/2019	700,000		697,484	699,286
CISCO SYSTEMS INC	1.40%	09/20/2019	65,000		64,928	64,860
GILEAD SCIENCES INC	2.64%	09/20/2019	265,000		265,000	265,072
EXXON CORP DISC	0.00%	10/16/2019	1,000,000	a	993,000	993,000
PROCTER & GAMBLE CO/THE	1.75%	10/25/2019	145,000		144,949	144,749
US BANK NA/CINCINNATI OH	2.74%	10/28/2019	750,000		751,283	750,795
HONEYWELL INTERNATIONAL INC	2.55%	10/30/2019	210,000		210,000	210,191
HONEYWELL INTERNATIONAL INC	2.31%	10/30/2019	260,000		260,000	260,042
PHILIP MORRIS INTERNATIONAL IN	1.88%	11/01/2019	250,000		249,508	249,538
NATIONAL RURAL UTILITIES COOPE	2.30%	11/15/2019	750,000		747,653	749,670
HYUNDAI AUTO RECEIVABLES B A1	2.80%	12/15/2019	53,959		53,959	53,967
JOHN DEERE CAPITAL CORP	2.48%	01/07/2020	465,000		465,000	465,260
CATERPILLAR FINANCIAL SERVICES	2.85%	01/10/2020	275,000		275,000	275,635
NISSAN AUTO RECEIVABLES 2 A A1	2.71%	02/18/2020	453,056		453,056	453,165
GM FINANCIAL AUTOMOBILE L 1 A1	2.70%	02/20/2020	138,289		138,289	138,289
PHILIP MORRIS INTERNATIONAL IN	2.94%	02/21/2020	70,000		70,000	70,092
BANK OF NEW YORK MELLON CORP/T	2.15%	02/24/2020	300,000		298,219	299,670
FORD CREDIT AUTO LEASE TR A A1	2.66%	03/15/2020	323,217		323,217	323,308
DRIVE AUTO RECEIVABLES TR 2 A1	2.65%	03/16/2020	46,259		46,259	46,259
JOHN DEERE OWNER TRUST 20 A A1	2.63%	03/16/2020	531,324		531,324	531,452
AMERICREDIT AUTOMOBILE RE 1 A1	2.66%	03/18/2020	207,291		207,291	207,298
CARMAX AUTO OWNER TRUST 2 2 A1	2.60%	04/15/2020	323,867		323,867	323,867
FORD CREDIT AUTO OWNER TR A A1	2.65%	04/15/2020	264,470		264,470	264,454
MERCEDES-BENZ AUTO LEASE A A3	1.79%	04/15/2020	50,140		50,283	50,118
CITIBANK NA	2.90%	05/01/2020	1,000		1,000	1,002
GENERAL DYNAMICS CORP	2.83%	05/11/2020	890,000		890,000	892,038
CATERPILLAR FINANCIAL SERVICES	2.70%	05/15/2020	800,000		800,000	800,872
SANTANDER DRIVE AUTO RECE 2 A1	2.56%	05/15/2020	291,298		291,298	291,298
WORLD OMNI AUTO RECEIVABL B A1	2.54%	05/15/2020	438,354		438,354	438,354
PNC BANK NA	2.88%	05/19/2020	350,000		350,300	351,145
BMW VEHICLE LEASE TRUST 1 A3	1.98%	05/20/2020	61,307		61,618	61,277
GM FINANCIAL AUTOMOBILE L 2 A1	2.60%	05/20/2020	468,464		468,464	468,637
PRUDENTIAL FINANCIAL INC	5.38%	06/21/2020	305,000		314,306	314,055
JOHN DEERE CAPITAL CORP	2.63%	06/22/2020	145,000		145,000	145,238
TOYOTA AUTO RECEIVABLES 2 C A3	1.14%	08/17/2020	16,635		16,542	16,606
BANK OF AMERICA NA	2.77%	08/28/2020	390,000		390,000	390,117
CATERPILLAR FINANCIAL SERVICES	2.79%	09/04/2020	150,000		150,000	150,255
GM FINANCIAL AUTOMOBILE 3 A2A	2.89%	09/21/2020	154,002		153,993	154,202
UNITEDHEALTH GROUP INC	2.37%	10/15/2020	230,000		230,000	229,717
CITIBANK NA	2.58%	10/20/2020	350,000		350,000	350,217
PROCTER & GAMBLE CO/THE	1.90%	10/23/2020	200,000		199,694	199,904
APPLE INC	2.00%	11/13/2020	275,000		274,769	274,854
MERCEDES-BENZ AUTO LEASE B A2	3.04%	12/15/2020	458,993		458,964	459,916
HONDA AUTO RECEIVABLES 20 4 A3	1.21%	12/18/2020	173,629		172,729	172,967
BMW VEHICLE LEASE TRUST 2 1 A2	2.97%	12/21/2020	655,203		655,144	656,998
HONDA AUTO RECEIVABLES 20 3 A2	2.67%	12/21/2020	379,452		379,445	379,926
GM FINANCIAL AUTOMOBILE L 1 A3	2.61%	01/20/2021	1,900,000		1,899,974	1,901,995
MERCEDES-BENZ AUTO LEASE A A2	3.01%	02/16/2021	690,000		689,994	691,994
NISSAN AUTO LEASE TRUST A A2A	3.03%	02/16/2021	506,114		506,104	508,022

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

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JUNE 30, 2019

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 - a	COST	CURRENT VALUE
JPMORGAN CHASE BANK NA	2.89%	02/19/2021	750,000	750,000	750,773
PNC BANK NA	2.79%	03/12/2021	380,000	380,000	380,433
CNH EQUIPMENT TRUST 2017- C A2	1.84%	03/15/2021	128,418	128,407	128,288
TOYOTA AUTO RECEIVABLES B A2B	2.43%	03/15/2021	338,674	338,674	338,600
BMW VEHICLE LEASE TRUST 2 1 A2	2.79%	03/22/2021	490,000	489,987	491,534
SANTANDER DRIVE AUTO RECE 4 A2	2.73%	04/15/2021	96,526	96,520	96,535
AMERICREDIT AUTOMOBILE REC 2 B	2.21%	05/10/2021	90,663	90,252	90,632
PACCAR FINANCIAL CORP	2.81%	05/10/2021	1,000,000	1,000,000	1,001,320
GENERAL DYNAMICS CORP	2.92%	05/11/2021	390,000	390,000	391,463
INTERNATIONAL BUSINESS MACHINE	2.80%	05/13/2021	230,000	229,986	232,769
CHEVRON CORP	3.47%	05/16/2021	215,000	215,000	218,247
USAA AUTO OWNER TRUST 201 1 A3	1.70%	05/17/2021	78,414	78,405	78,247
GOLDMAN SACHS BANK USA/NEW YOR	3.02%	05/24/2021	200,000	200,000	200,198
BANK OF NEW YORK MELLON/THE	2.78%	06/04/2021	335,000	335,000	335,188
JOHN DEERE CAPITAL CORP	2.87%	06/07/2021	120,000	120,000	120,348
PNC BANK NA	0.01%	06/10/2021	375,000	375,000	375,330
GM FINANCIAL AUTOMOBILE L 3 A3	3.18%	06/21/2021	475,000	474,962	478,871
AMERICREDIT AUTOMOBILE RE 4 A3	1.53%	07/08/2021	191,539	191,112	191,317
NISSAN AUTO RECEIVABLES B A2A	2.76%	07/15/2021	175,337	175,323	175,696
SANTANDER DRIVE AUTO REC 5 A2A	2.97%	07/15/2021	425,417	425,404	425,681
GM FINANCIAL CONSUMER AU 3 A2A	2.74%	07/16/2021	627,080	627,059	627,864
VOLKSWAGEN AUTO LOAN ENH 1 A2A	2.81%	07/20/2021	258,961	258,959	259,595
CITIBANK NA	2.83%	07/23/2021	250,000	250,000	250,680
WELLS FARGO BANK NA	2.76%	07/23/2021	325,000	325,000	325,341
JOHN DEERE CAPITAL CORP	2.71%	09/10/2021	325,000	325,000	324,864
CNH EQUIPMENT TRUST 2016- A A4	1.79%	09/15/2021	250,000	250,459	248,965
CITIBANK CREDIT CARD ISS A9 A9	1.80%	09/20/2021	500,000	499,963	499,315
TOYOTA AUTO RECEIVABLES A A2A	2.83%	10/15/2021	350,000	349,968	351,498
WELLS FARGO BANK NA	2.79%	10/22/2021	355,000	355,000	355,564
TD AMERITRADE HOLDING CORP	3.01%	11/01/2021	365,000	365,000	365,591
DRIVE AUTO RECEIVABLES TR 4 A3	3.04%	11/15/2021	128,935	128,923	129,048
MERCEDES-BENZ AUTO LEASE A A3	3.10%	11/15/2021	1,750,000	1,749,949	1,768,778
GM FINANCIAL CONSUMER AUT 4 A2	2.93%	11/16/2021	317,777	317,743	318,590
AMERICREDIT AUTOMOBILE R 2 A2A	2.86%	11/18/2021	203,494	203,478	203,863
CITIBANK CREDIT CARD ISS A1 A1	1.75%	11/19/2021	800,000	799,867	798,392
CNH EQUIPMENT TRUST 2018- B A2	2.93%	12/15/2021	116,978	116,972	117,297
HYUNDAI AUTO RECEIVABLES A A2	2.67%	12/15/2021	340,000	339,999	341,170
AMERICREDIT AUTOMOBILE RE 2 A3	1.98%	12/20/2021	478,802	478,326	477,897
AMERICREDIT AUTOMOBILE R 3 A2A	3.11%	01/18/2022	558,768	558,746	560,411
SANTANDER DRIVE AUTO REC 1 A2A	2.91%	01/18/2022	750,000	749,951	751,800
WORLD OMNI AUTO RECEIVABL C A2	2.80%	01/18/2022	231,799	231,797	232,237
CARMAX AUTO OWNER TRUST 4 A2A	3.11%	02/15/2022	474,944	474,940	477,337
CHEVRON CORP	3.00%	03/03/2022	750,000	754,073	754,523
PEPSICO INC	2.75%	03/05/2022	120,000	121,547	122,232
ALLY AUTO RECEIVABLES TRU 1 A2	2.85%	03/15/2022	350,000	349,993	351,218
PEPSICO INC	2.94%	05/02/2022	230,000	230,000	230,699
APPLE INC	2.89%	05/11/2022	185,000	185,000	186,029
INTEL CORP	2.89%	05/11/2022	180,000	180,000	180,621
HARLEY-DAVIDSON MOTORCYCL A A2	2.37%	05/15/2022	750,000	749,991	749,985
CNH EQUIPMENT TRUST 2019- A A2	2.96%	05/16/2022	340,000	339,972	342,241
FIFTH THIRD AUTO TRUST 2 1 A2A	2.66%	05/16/2022	530,000	529,971	532,306
MANUFACTURERS & TRADERS TRUST	3.13%	05/18/2022	250,000	250,000	250,480
WELLS FARGO BANK NA	3.14%	05/27/2022	375,000	375,000	375,803

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

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(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
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CARMAX AUTO OWNER TRUST 1 A2A	3.02%	07/15/2022	650,000	649,957	652,971
ORACLE CORP	2.50%	10/15/2022	60,000	58,211	60,424
MICROSOFT CORP	2.13%	11/15/2022	50,000	49,641	50,382
AMAZON.COM INC	2.50%	11/29/2022	332,000	320,765	334,968
INTEL CORP	2.70%	12/15/2022	90,000	89,076	91,571
CAPITAL ONE MULTI-ASSET A1 A1	2.00%	01/17/2023	500,000	502,461	499,170
BERKSHIRE HATHAWAY INC	3.00%	02/11/2023	20,000	19,831	20,601
APPLE INC	2.40%	05/03/2023	685,000	668,522	691,782
CHEVRON CORP	2.57%	05/16/2023	360,000	356,319	365,587
WORLD FINANCIAL NETWORK CR C A	1.72%	08/15/2023	587,000	585,418	585,632
BANK OF NEW YORK MELLON CORP/T	2.20%	08/16/2023	730,000	716,065	726,197
APPLE INC	2.75%	01/13/2025	350,000	346,089	357,812
PEPSICO INC	2.38%	10/06/2026	1,500,000	1,448,078	1,494,225
ELI LILLY & CO	5.50%	03/15/2027	55,000	52,869	65,853
PEPSICO INC	3.00%	10/15/2027	175,000	174,505	181,916
BELLA VISTA MORTGAGE TRUS 1 3A	4.35%	02/22/2035	40,769	40,670	39,946
PROCTER & GAMBLE CO/THE	5.55%	03/05/2037	75,000	73,340	99,458
			<u>\$ 46,828,618</u>	<u>\$ 46,711,178</u>	<u>\$ 46,958,247</u>

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS



NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

JUNE 30, 2019

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	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
DOMINION ENERGY INC	2.96%	07/01/2019	\$ 50,000	\$ 50,050	\$ 50,000
YALE UNIVERSITY DISC	0.00%	07/10/2019	500,000 a	496,813	496,813
ROCKWELL COLLINS INC	1.95%	07/15/2019	95,000	94,909	94,978
KAISER FOUND DISC	0.00%	09/10/2019	750,000 a	745,160	745,160
FIFTH THIRD BANK/CINCINNATI OH	2.90%	09/27/2019	350,000	350,000	350,266
DTE ENERGY CO	1.50%	10/01/2019	100,000	99,875	99,757
ENTERPRISE PRODUCTS OPERATING	2.55%	10/15/2019	1,900,000	1,900,179	1,899,411
JPMORGAN CHASE & CO	2.20%	10/22/2019	250,000	248,423	249,918
AMERICAN EXPRESS CREDIT CORP	2.84%	10/30/2019	225,000	225,000	225,297
DUKE ENERGY FLORIDA LLC	2.10%	12/15/2019	62,500	62,500	62,396
GENERAL ELECTRIC CO	3.21%	01/09/2020	500,000	505,425	500,660
KROGER CO/THE	6.15%	01/15/2020	1,475,000	1,517,872	1,503,335
MORGAN STANLEY	5.50%	01/26/2020	3,200,000	3,428,934	3,254,976
MORGAN STANLEY	5.50%	01/26/2020	250,000	243,257	254,295
SUNTRUST BANK/ATLANTA GA	2.25%	01/31/2020	375,000	372,697	374,685
COMCAST CORP	5.15%	03/01/2020	250,000	256,033	254,480
CVS HEALTH CORP	3.08%	03/09/2020	35,000	35,000	35,085
GOLDMAN SACHS GROUP INC/THE	5.38%	03/15/2020	3,250,000	3,345,988	3,316,885
AMPHENOL CORP	2.20%	04/01/2020	750,000	739,010	748,418
GENERAL MOTORS FINANCIAL CO IN	3.23%	04/13/2020	175,000	175,000	175,504
DOLLAR TREE INC	3.00%	04/17/2020	110,000	110,000	110,013
GOLDMAN SACHS GROUP INC/THE	2.60%	04/23/2020	140,000	139,737	140,267
ABBVIE INC	2.50%	05/14/2020	2,600,000	2,593,087	2,599,766
MARTIN MARIETTA MATERIALS INC	3.17%	05/22/2020	65,000	65,000	65,003
CITIZENS BANK NA/PROVIDENCE RI	3.09%	05/26/2020	250,000	250,000	250,635
FISERV INC	2.70%	06/01/2020	1,825,000	1,831,401	1,828,668
COMERICA BANK	2.50%	06/02/2020	250,000	250,525	250,338
TYSON FOODS INC	3.07%	06/02/2020	45,000	45,000	45,045
FORD MOTOR CREDIT CO LLC	3.23%	06/12/2020	200,000	200,000	199,456
VULCAN MATERIALS CO	3.01%	06/15/2020	135,000	135,030	135,012
MORGAN STANLEY	2.80%	06/16/2020	200,000	200,708	200,930
JPMORGAN CHASE & CO	4.40%	07/22/2020	2,100,000	2,139,805	2,146,620
WELLS FARGO & CO	2.60%	07/22/2020	3,315,000	3,336,158	3,325,906
GENERAL MOTORS CO	3.37%	08/07/2020	110,000	110,000	110,136
COMCAST CORP	2.65%	10/01/2020	310,000	310,000	310,580
EQT CORP	3.09%	10/01/2020	235,000	235,000	234,812
CONAGRA BRANDS INC	2.81%	10/09/2020	235,000	235,000	234,462
EBAY INC	3.25%	10/15/2020	1,050,000	1,070,259	1,059,272
BANK OF AMERICA CORP	2.63%	10/19/2020	3,150,000	3,135,600	3,162,380
BANK OF AMERICA CORP	2.63%	10/19/2020	175,000	174,825	175,688
CITIGROUP INC	2.65%	10/26/2020	3,350,000	3,341,876	3,361,792
AMERICAN EXPRESS CO	2.20%	10/30/2020	225,000	222,271	224,730
FIFTH THIRD BANK/CINCINNATI OH	2.52%	10/30/2020	200,000	200,000	200,054
GENERAL MOTORS FINANCIAL CO IN	3.11%	11/06/2020	200,000	200,000	199,312
EXPRESS SCRIPTS HOLDING CO	3.27%	11/30/2020	260,000	260,000	260,021
GOLDMAN SACHS GROUP INC/THE	3.04%	12/27/2020	175,000	175,000	175,312
BANK OF AMERICA CORP	5.88%	01/05/2021	40,000	39,706	42,066
AVALONBAY COMMUNITIES INC	2.73%	01/15/2021	210,000	210,000	210,021
SEMPRA ENERGY	2.80%	01/15/2021	95,000	95,000	94,683
BB&T CORP	2.80%	02/01/2021	235,000	235,000	234,695
MORGAN STANLEY	3.10%	02/10/2021	255,000	255,000	255,314
GOLDMAN SACHS GROUP INC/THE	2.88%	02/25/2021	65,000	64,892	65,467
THERMO FISHER SCIENTIFIC INC	4.50%	03/01/2021	1,225,000	1,261,689	1,268,059
MARRIOTT INTERNATIONAL INC/MD	3.10%	03/08/2021	100,000	100,000	100,274

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CVS HEALTH CORP	3.17%	03/09/2021	85,000	85,000	85,375
AMERICAN EXPRESS CO	3.05%	05/17/2021	220,000	220,000	220,829
JPMORGAN CHASE & CO	3.20%	06/01/2021	215,000	215,000	215,727
SPIRIT AEROSYSTEMS INC	3.21%	06/15/2021	130,000	130,000	129,136
CONSOLIDATED EDISON CO OF NEW	2.75%	06/25/2021	320,000	320,000	320,800
WORLD OMNI AUTOMOBILE LEA A A3	2.83%	07/15/2021	700,000	699,910	703,360
FIFTH THIRD BANK/CINCINNATI OH	2.71%	07/26/2021	345,000	345,000	345,669
GOLDMAN SACHS GROUP INC/THE	5.25%	07/27/2021	290,000	296,989	306,516
REGIONS BANK/BIRMINGHAM AL	3.04%	08/13/2021	250,000	250,000	249,785
DOMINION ENERGY INC	2.72%	08/15/2021	110,000	110,026	110,246
NEXTERA ENERGY CAPITAL HOLDING	3.07%	08/28/2021	280,000	280,000	279,941
BANK OF AMERICA CORP	2.97%	10/01/2021	290,000	290,000	290,763
COMCAST CORP	2.76%	10/01/2021	170,000	170,000	170,665
HEWLETT PACKARD ENTERPRISE CO	3.01%	10/05/2021	225,000	225,000	225,032
GOLDMAN SACHS GROUP INC/THE	3.69%	11/15/2021	250,000	250,000	252,040
MORGAN STANLEY	2.63%	11/17/2021	1,275,000	1,264,771	1,282,714
WORLD OMNI AUTOMOBILE LEA B A3	3.19%	12/15/2021	725,000	724,942	736,702
MORGAN STANLEY	3.46%	01/20/2022	195,000	195,000	197,059
GOLDMAN SACHS GROUP INC/THE	5.75%	01/24/2022	60,000	59,919	64,847
WELLS FARGO & CO	3.47%	02/11/2022	71,000	71,346	71,417
AMERICAN EXPRESS CREDIT CORP	3.32%	03/03/2022	145,000	145,000	145,831
CAPITAL ONE FINANCIAL CORP	3.40%	03/09/2022	175,000	175,000	176,451
VERIZON COMMUNICATIONS INC	3.41%	03/16/2022	110,000	110,000	111,661
CITIGROUP INC	3.24%	04/25/2022	175,000	175,000	176,479
FLORIDA POWER & LIGHT CO	2.97%	05/06/2022	385,000	385,000	385,173
AMERICAN EXPRESS CO	0.01%	05/20/2022	380,000	380,000	381,501
MORGAN STANLEY	3.25%	06/10/2022	360,000	360,000	360,428
BANK OF AMERICA CORP	3.00%	06/25/2022	330,000	330,000	330,950
GENERAL MOTORS FINANCIAL CO IN	3.64%	06/30/2022	255,000	255,000	254,898
ANHEUSER-BUSCH INBEV WORLDWIDE	2.50%	07/15/2022	1,000,000	965,477	1,008,070
EBAY INC	2.60%	07/15/2022	50,000	48,973	50,107
WELLS FARGO & CO	2.63%	07/22/2022	1,150,000	1,137,084	1,158,303
GENERAL ELECTRIC CO	3.15%	09/07/2022	309,000	314,128	312,950
CITIGROUP INC	2.70%	10/27/2022	1,102,000	1,090,285	1,111,312
AT&T INC	2.63%	12/01/2022	865,000	841,930	870,899
BANK OF AMERICA CORP	3.30%	01/11/2023	1,355,000	1,343,478	1,396,707
KINDER MORGAN INC/DE	3.88%	01/15/2023	115,000	115,000	116,065
GOLDMAN SACHS GROUP INC/THE	3.63%	01/22/2023	165,000	166,414	171,179
ANHEUSER-BUSCH INBEV FINANCE I	3.30%	02/01/2023	72,000	71,727	74,316
AT&T INC	3.60%	02/17/2023	250,000	260,008	259,485
JPMORGAN CHASE & CO	2.70%	05/18/2023	1,010,000	999,414	1,020,353
KELLOGG CO	2.65%	12/01/2023	510,000	509,541	515,666
GOLDMAN SACHS GROUP INC/THE	4.00%	03/03/2024	65,000	64,618	68,970
AT&T INC	3.90%	03/11/2024	1,550,000	1,578,557	1,635,452
AMERICAN EXPRESS CO	3.00%	10/30/2024	525,000	516,667	538,162
CLOROX CO/THE	3.50%	12/15/2024	525,000	523,387	549,707
GOLDMAN SACHS GROUP INC/THE	3.50%	01/23/2025	1,710,000	1,679,921	1,769,098
JPMORGAN CHASE & CO	3.13%	01/23/2025	2,510,000	2,461,311	2,581,083
AT&T INC	3.40%	05/15/2025	815,000	800,699	837,828
GOLDMAN SACHS GROUP INC/THE	3.75%	02/25/2026	80,000	79,815	83,506
WELLS FARGO & CO	3.00%	04/22/2026	1,095,000	1,071,070	1,106,979
CITIGROUP INC	3.20%	10/21/2026	675,000	658,707	688,392
GOLDMAN SACHS GROUP INC/THE	3.50%	11/16/2026	800,000	783,553	819,736
GOLDMAN SACHS GROUP INC/THE	5.95%	01/15/2027	125,000	124,091	146,503

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

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER**

**JUNE 30, 2019**

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

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	CORPORATE DEBT INSTRUMENTS - OTHER			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
CONTIMORTGAGE HOME EQUITY 4 A8	7.22%	01/15/2028	5,886	6,106	5,606
VERIZON PENNSYLVANIA LLC	6.00%	12/01/2028	60,000	66,833	70,068
VERIZON COMMUNICATIONS INC	6.40%	09/15/2033	125,000	124,875	160,479
AT&T INC	4.50%	05/15/2035	130,000	124,759	136,085
VERIZON COMMUNICATIONS INC	5.85%	09/15/2035	245,000	240,258	302,653
GENERAL ELECTRIC CO	6.88%	01/10/2039	75,000	72,600	94,039
			<u>\$ 65,267,386</u>	<u>\$ 65,478,883</u>	<u>\$ 66,210,861</u>

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

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

**SCHEDULE OF CORPORATE STOCK - COMMON**

**JUNE 30, 2019**

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

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
GROSVENOR INSTITUTIONAL PARTNERS LP - COMMON STOCK	-	\$ <u>26,068,708</u>	\$ <u>26,504,358</u>
		\$ <u>26,068,708</u>	\$ <u>26,504,358</u>

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

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

**SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS**

**JUNE 30, 2019**

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

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
<u>ISSUER</u>		<u>COST</u>	<u>CURRENT VALUE</u>
GROSVENOR INSTITUTIONAL PARTNERS LP - PARTNERSHIPS		\$ <u>1,213,154</u>	\$ <u>1,233,428</u>
		\$ <u>1,213,154</u>	\$ <u>1,233,428</u>

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

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

**SCHEDULE OF NON-PARTICIPANT LOANS**

**JUNE 30, 2019**

**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>INTEREST RATE</u>	<u>MATURITY DATE</u>	<u>PAR OR MATURITY / NO. OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
UNITED STATES TREASURY BILL	0.00%	07/09/2019	6,000,000	\$ 5,996,000	\$ 5,996,000
CITIBANK NA	0.01%	05/01/2020	249,000	249,000	249,281
GENERAL ELECTRIC CO	3.15%	09/07/2022	16,000	16,265	16,204
CITIGROUP INC	2.70%	10/27/2022	73,000	<u>72,224</u>	<u>73,617</u>
				<u>\$ 6,333,489</u>	<u>\$ 6,335,102</u>

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

**SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS**

**JUNE 30, 2019**

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

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

(a)	(b)	(c) - DESCRIPTION COMMON TRUST FUNDS	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
*	LONGVIEW BROAD MARKET 3000 INDEX FUND	303,306	\$ 64,971,867	\$ 66,545,397
	NHIT CORE PLUS FULL DISCRETION TRUST	8,964,228	105,133,287	112,232,135
	STATE STREET MSCI ACWI EX USA INDEX NON-LENDING COMMON TRUST FUND	2,115,614	32,265,118	41,305,247
*	STATE STREET U.S. TREASURY INFLATION PROTECTED SECURITIES INDEX NON-LENDING COMMON TRUST FUND	4,349,822	<u>58,210,243</u>	<u>66,269,541</u>
			<u>\$ 260,580,515</u>	<u>\$ 286,352,320</u>

\* PARTY-IN-INTEREST

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

**SCHEDULE OF 103-12 INVESTMENT ENTITIES**

**JUNE 30, 2019**

**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 MULTI SECTOR FUND OFFSHORE ERISA LTD	21,426	\$ 24,250,000	\$ 36,267,249
LAZARD MBS FOCUS FDS LLC	633,292	6,356,739	6,693,892
WESTERN ASSET TOTAL RETURN UNCONSTRAINED TRU BOND LLC	2,481,390	<u>50,000,000</u>	<u>52,905,707</u>
		<u>\$ 80,606,739</u>	<u>\$ 95,866,848</u>



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

**SCHEDULE OF REGISTERED INVESTMENT COMPANIES**

**JUNE 30, 2019**

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

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

(a)	(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
	DREYFUS INSTITUTIONAL PREFERRED GOVERNMENT			
*	MONEY MARKET FUND	65,619,071	\$ 65,619,071	\$ 65,619,071
	PIMCO ALL ASSET FUND	2,728,270	32,521,437	31,975,320
	GROSVENOR INSTITUTIONAL PARTNERS LP - REGISTERED INVESTMENT COMPANY	-	<u>931,025</u>	<u>946,584</u>
			<u>\$ 99,071,533</u>	<u>\$ 98,540,975</u>

\* PARTY-IN-INTEREST

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

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF MUNICIPAL BONDS

JUNE 30, 2019

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION MUNICIPAL BONDS			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
LONG ISLAND PWR AUTH TAXABLE	2.45%	07/09/2019	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
LOS ANGELES COUNT MET TAXABLE	2.54%	07/09/2019	750,000	750,000	750,000
ST OF CA G/O SR B-2 TAXABLE	2.70%	07/23/2019	1,000,000	1,000,000	1,000,000
UNIV OF PITTSBURGH TAXABLE	2.48%	08/01/2019	1,000,000	1,000,000	1,000,000
PORT OF SEATTLE SR D-1 TAXABLE	2.51%	08/14/2019	1,000,000	1,000,000	1,000,000
LAS VEGAS NV COPS	6.08%	09/01/2019	45,000	51,097	45,273
SAN JOSE FIN AUTH TAXABLE	2.40%	10/10/2019	670,000	670,000	670,000
ILLINOIS ST	5.83%	04/01/2021	20,000	22,315	20,994
NEW YORK ST DORM AUTH ST PERSO	4.99%	03/15/2022	120,000	142,249	128,692
NEW YORK CITY NY TRANSITIONAL	2.37%	11/01/2022	400,000	400,000	400,000
NEW YORK CITY NY TRANSITIONAL	4.73%	11/01/2023	70,000	82,600	77,325
ONTARIO CA MONTCLAIR SCH DIST	6.68%	08/01/2024	50,000	50,000	50,172
LAS VEGAS NV COPS	7.05%	09/01/2024	140,000	148,206	141,123
NEW YORK NY	5.15%	10/01/2025	55,000	64,122	63,581
CALIFORNIA ST	6.88%	11/01/2026	115,000	115,807	150,679
NEW YORK CITY NY HSG DEV CORP	4.03%	11/01/2028	80,000	80,000	82,338
NEW JERSEY ST TRANSPRTN TRUST	6.10%	12/15/2028	980,000	1,067,102	1,020,053
LAS VEGAS NV COPS	7.75%	09/01/2029	100,000	98,026	100,915
PHILADELPHIA PA SCH DIST	6.62%	06/01/2030	50,000	50,000	61,474
NEW JERSEY ST EDUCTNL FACS AUT	7.23%	07/01/2030	57,000	57,000	57,000
NEW YORK CITY NY TRANSITIONAL	7.13%	07/15/2030	80,000	80,000	84,295
NEW YORK CITY NY TRANSITIONAL	5.81%	08/01/2030	85,000	85,000	88,254
HIDALGO CNTY TX	6.30%	08/15/2030	100,000	100,000	104,581
CALIFORNIA ST	7.70%	11/01/2030	185,000	193,209	198,387
MET TRANSPRTN AUTH NY REVENUE	7.13%	11/15/2030	135,000	136,101	142,572
NEW YORK NY	6.27%	03/01/2031	120,000	122,053	123,193
SAN DIEGO CA UNIF SCH DIST	0.00%	07/01/2031	235,000	60,945	174,713
SAN DIEGO CA UNIF SCH DIST	0.00%	07/01/2031	100,000	27,850	74,346
NEW YORK CITY NY TRANSITIONAL	2.37%	08/01/2031	750,000	750,000	750,000
NEW YORK NY	5.82%	10/01/2031	215,000	220,609	224,148
NEW YORK CITY NY TRANSITIONAL	5.88%	11/01/2031	100,000	100,000	104,724
NEW YORK NY	6.65%	12/01/2031	450,000	507,313	477,185
SAN MATEO CA FOSTER CITY SCH D	0.00%	08/01/2032	100,000	43,967	106,131
NEW YORK CITY NY HSG DEV CORP	4.40%	11/01/2032	40,000	40,000	41,379
TRIBOROUGH BRIDGE & TUNNEL AUT	2.43%	11/15/2032	2,000,000	2,000,000	2,000,000
CLOVIS CA UNIF SCH DIST	0.00%	08/01/2033	100,000	32,338	53,055
NEW YORK NY	2.35%	03/01/2034	100,000	100,000	100,000
IDAHO ST HSG & FIN ASSN SF MTG	2.43%	07/01/2034	1,000,000	1,000,000	1,000,000
LOS ANGELES CA UNIF SCH DIST	6.76%	07/01/2034	55,000	55,000	75,418
ONTARIO CA MONTCLAIR SCH DIST	7.54%	08/01/2034	70,000	70,000	70,287
CALIFORNIA ST PUBLIC WKS BRD L	8.00%	03/01/2035	255,000	264,240	263,905
CALIFORNIA ST PUBLIC WKS BRD L	7.80%	03/01/2035	100,000	100,000	143,587
IDAHO ST HSG & FIN ASSN SF MTG	2.43%	01/01/2036	100,000	100,000	100,000
CALIFORNIA ST	7.95%	03/01/2036	1,150,000	1,377,642	1,193,286
TEXAS ST DEPT OF HSG & CMNTY A	2.54%	09/01/2036	800,000	800,000	800,000
NEW YORK ST HSG FIN AGY	2.45%	11/15/2036	200,000	200,000	200,000
PASADENA CA PUBLIC FING AUTH L	2.50%	06/01/2038	2,450,000	2,450,000	2,450,000
NEW YORK ST HSG FIN AGY	2.45%	11/01/2038	200,000	200,000	200,000
NEW YORK ST HSG FIN AGY	2.45%	11/01/2038	900,000	900,000	900,000
CALIFORNIA ST	6.51%	04/01/2039	50,000	50,000	54,212
NEW YORK ST HSG FIN AGY	2.35%	05/01/2041	400,000	400,000	400,000
NEW YORK ST HSG FIN AGY	2.40%	05/01/2042	260,000	260,000	260,000
N TX TOLLWAY AUTH REVENUE	0.01%	09/01/2043	70,000	29,945	85,656
NORTH DAKOTA ST HSG FIN AGY	2.38%	01/01/2047	2,365,000	2,365,000	2,365,000

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

**SCHEDULE OF MUNICIPAL BONDS**

**JUNE 30, 2019**

**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)
<u>ISSUER</u>	<u>INTEREST RATE</u>	<u>MATURITY DATE</u>	<u>PAR OR MATURITY VALUE</u>	<u>COST</u>	<u>CURRENT VALUE</u>
CALIFORNIA ST	3.18%	04/01/2047	395,000	397,370	396,264
ALASKA ST HSG FIN CORP	2.49%	12/01/2047	400,000	400,000	400,000
NEW YORK ST MTGE AGY HOMEOWNER	2.43%	10/01/2048	2,000,000	2,000,000	2,000,000
			\$ 25,817,000	\$ 25,867,106	\$ 26,024,197

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

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2019**

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

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

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
*	DREYFUS INS RSRV PR MONEY 6546	\$1,259,344,920	\$ -	\$ -	\$ -	\$1,259,344,920	\$1,259,344,920	\$ -
*	DREYFUS INS RSRV PR MONEY 6546	-	1,267,441,792	-	-	1,267,441,792	1,267,441,792	-
N/A	FEDERAL HOME LN BK CONS DISC 12/03/2018	19,977,042	-	-	-	19,977,042	19,977,042	-
N/A	FEDERAL HOME LN BK CONS DISC 12/03/2018	-	19,992,783	-	-	19,977,042	19,992,783	15,741
*	LONGVIEW BROAD MARKET 3000 INDEX FUND	64,971,867	-	-	-	64,971,867	64,971,867	-
N/A	LOOMIS SYLS INV GRD BND-INST	92,518	-	-	-	92,518	92,518	-
N/A	LOOMIS SYLS INV GRD BND-INST	-	80,309,779	-	-	82,305,119	80,309,779	(1,995,340)
N/A	NHIT CORE PLUS FULL DISCRETION TRUST	105,312,529	-	-	-	105,312,529	105,312,529	-
*	SSGA 3000 INDEX	-	64,966,936	-	-	28,202,643	64,966,936	36,764,293
N/A	US TREASURY BILL 0.000% 10/11/2018 DD 10/12/17	69,792,483	-	-	-	69,792,483	69,792,483	-
N/A	US TREASURY BILL 0.000% 10/11/2018 DD 10/12/17	-	69,886,785	-	-	69,792,483	69,886,785	94,302
N/A	US TREASURY BILL 0.000% 11/08/2018 DD 11/09/17	24,959,186	-	-	-	24,959,186	24,959,186	-
N/A	US TREASURY BILL 0.000% 11/08/2018 DD 11/09/17	-	21,482,926	-	-	21,459,258	21,482,926	23,668
N/A	US TREASURY BILL 0.000% 12/06/2018 DD 12/07/17	39,935,260	-	-	-	39,935,260	39,935,260	-
N/A	US TREASURY BILL 0.000% 12/06/2018 DD 12/07/17	-	39,976,615	-	-	39,935,260	39,976,615	41,355

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

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2019**

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

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

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	US TREASURY BILL 0.000% 09/06/2018 DD 03/08/18	34,948,645	-	-	-	34,948,645	34,948,645	-
N/A	US TREASURY BILL 0.000% 09/06/2018 DD 03/08/18	-	34,978,791	-	-	34,948,645	34,978,791	30,146
N/A	US TREASURY BILL 0.000% 11/01/2018 DD 05/03/18	19,972,828	-	-	-	19,972,828	19,972,828	-
N/A	US TREASURY BILL 0.000% 11/01/2018 DD 05/03/18	-	19,976,689	-	-	19,972,828	19,976,689	3,861
N/A	US TREASURY BILL 0.000% 04/11/2019 DD 10/11/18	41,719,578	-	-	-	41,719,578	41,719,578	-
N/A	US TREASURY BILL 0.000% 04/11/2019 DD 10/11/18	-	41,803,827	-	-	41,719,578	41,803,827	84,249
N/A	US TREASURY BILL 0.000% 05/09/2019 DD 11/08/18	39,993,222	-	-	-	39,993,222	39,993,222	-
N/A	US TREASURY BILL 0.000% 02/05/2019 DD 12/11/18	43,850,817	-	-	-	43,850,817	43,850,817	-
N/A	US TREASURY BILL 0.000% 02/05/2019 DD 12/11/18	-	43,905,461	-	-	43,850,817	43,905,461	54,644
N/A	US TREASURY BILL 0.000% 04/30/2019 DD 03/05/19	19,970,423	-	-	-	19,970,423	19,970,423	-
N/A	US TREASURY BILL 0.000% 04/30/2019 DD 03/05/19	-	19,971,793	-	-	19,970,423	19,971,793	1,316
N/A	US TREASURY BILL 0.000% 07/02/2019 DD 05/07/19	49,894,773	-	-	-	49,894,773	49,894,773	-
N/A	US TREASURY BILL 0.000% 07/02/2019 DD 05/07/19	-	30,212,923	-	-	30,175,571	30,212,923	37,352

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

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2019**

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

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

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	US TREASURY NOTE 1.500% 10/31/2019 DD 10/31/14	22,514,758	-	-	-	22,514,758	22,514,758	-
N/A	US TREASURY NOTE 1.500% 10/31/2019 DD 10/31/14	-	22,595,104	-	-	22,514,758	22,595,104	80,346

\* PARTY-IN-INTEREST

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

**SCHEDULE RECONCILING THE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS TO  
FORM 5500**

**JUNE 30, 2019**

	<u>Per Financial Statements</u>	<u>Reclassification</u>	<u>Per Form 5500</u>
<b>Assets</b>			
<b>Investments</b>			
Interest bearing cash	\$ 590,000	\$ 1,492,826	\$ 2,082,826
U.S. government securities	132,967,942	-	132,967,942
Corporate debt instruments	113,169,108	-	113,169,108
Corporate stock	-	26,504,358	26,504,358
Partnership/joint venture interests	27,339,117	(26,105,689)	1,233,428
Loans (other than participant loans)	6,335,102	-	6,335,102
Common/collective trust funds	286,352,320	-	286,352,320
103-12 investment entities	95,866,848	-	95,866,848
Registered investment companies	97,594,391	946,584	98,540,975
Municipal bonds	26,024,197	-	26,024,197
<b>Receivables</b>	36,460,908	8,223,569	44,684,477
<b>Cash</b>	8,759,388	-	8,759,388
<b>Collateral held under securities lending agreement</b>	6,469,190	(6,469,190)	-
<b>Other assets</b>	<u>1,510,048</u>	<u>-</u>	<u>1,510,048</u>
 <b>Total assets</b>	 <u>839,438,559</u>	 <u>4,592,458</u>	 <u>844,031,017</u>
 <b>Liabilities</b>			
<b>Operating payables</b>	46,899,228	-	46,899,228
<b>Other liabilities</b>	<u>10,166,611</u>	<u>4,592,458</u>	<u>14,759,069</u>
 <b>Total liabilities</b>	 <u>57,065,839</u>	 <u>4,592,458</u>	 <u>61,658,297</u>
 <b>Net assets available for benefits</b>	 <u>\$ 782,372,720</u>	 <u>\$ -</u>	 <u>\$ 782,372,720</u>
 <b>Less benefit obligations currently payable</b>			 <u>67,800,000</u>
 <b>Net assets available to benefits Form 5500</b>			 <u>\$ 714,572,720</u>

The Plan's holdings in various investments were determined to be plan assets for Form 5500 purposes. This schedule reconciles audited financial statement amounts, plus the Plan's share of amounts provided by the investment managers to the Form 5500 Schedule H amounts. In addition, for financial statement purposes, claims payable and claims incurred but not reported are presented on the Statement of Plan's Benefit Obligation. This differs from the reporting requirements of the Department of Labor which requires that these liabilities be shown on the Statement of Net Assets Available for Benefits.

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

**SCHEDULES OF ADMINISTRATIVE EXPENSES**

**YEARS ENDED JUNE 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
Payroll	\$ 2,747,444	\$ 2,672,903
Payroll taxes	202,824	197,216
Employee benefits	1,804,606	1,729,207
Occupancy	900,931	897,449
Telephone	42,764	43,484
Office	124,673	138,776
Printing and postage	243,292	234,206
Legal and collection	1,466,832	1,367,755
Accounting	104,000	112,538
Payroll audits	1,373,488	1,215,457
Consulting	1,047,227	650,202
Outside services	119,294	116,876
Insurance	162,508	184,698
Conferences and meetings	35,863	30,970
Repairs and maintenance	122,127	107,568
Scholarship administrative expenses	28,349	36,355
Depreciation	219,217	219,217
Reimbursements to related organizations	52,852	252,623
Reimbursements from related organizations	<u>(149,122)</u>	<u>(80,357)</u>
 Total administrative expenses	 <u>\$ 10,649,169</u>	 <u>\$ 10,127,143</u>



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

**DIRECTIVE 12 - SCHEDULES OF ADMINISTRATIVE EXPENSES**

**YEARS ENDED JUNE 30, 2019 AND 2018**

	<u>2019</u>		<u>2018</u>
Salaries	\$ 2,950,268		\$ 2,870,119
% of total Administrative Expense	14 %		14 %
Fringe benefits	1,804,606		1,729,207
Legal	1,466,832		1,367,755
Accounting	1,477,488		1,327,995
Other fees and commissions	1,047,227 (1)		650,202
Rent	900,931		897,449
Travel and conference	35,863 (2)		30,970
Telephone	42,764		43,484
Depreciation	219,217		219,217
Printing and postage	243,292		234,206
Insurance	162,508		184,698
Repairs and maintenance	122,127		107,568
Office	124,673		138,776
Temporary services	14,322		13,540
Scholarship administrative expenses	28,349 (3)		36,355
Security expense	104,972		103,336
Reimbursements to related organizations	52,852 (4)		252,623
Reimbursements from related organizations	<u>(149,122) (5)</u>		<u>(80,357)</u>
Subtotal	10,649,169		10,127,143
Medical fees	9,567,656		9,426,069
Investment and custodial services	<u>1,298,761 (6)</u>		<u>595,286</u>
Total administrative expenses	\$ <u>21,515,586</u>		\$ <u>20,148,498</u>
Total administrative expenses	21,515,586		20,148,498
Total benefit fund revenue	530,909,937		490,453,404
% Administrative expenses / revenue	4.05 %		4.11 %

Variances

- (1) Consulting services fluctuate based on the needs of the Plan.
- (2) Travel and conference fluctuate based on the needs of the Plan.
- (3) Scholarship administrative expenses decreased due to the timing of payments as one scholarship event was paid in the current year compared to two events paid in the prior year.

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

**DIRECTIVE 12 - SCHEDULES OF ADMINISTRATIVE EXPENSES**

**YEARS ENDED JUNE 30, 2019 AND 2018**

- (4) Reimbursements to related organizations decreased due to three months of reimbursements being paid in the current year compared to 12 months of reimbursements paid in the prior year.
- (5) Reimbursements from related organizations vary from year to year and are contingent on the amount of support required by the related organization.
- (6) Investment and custodial services fees increased due to the funding of new investments during the fiscal year. In addition, the timing of payments on various investments varies from year to year.

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

**DIRECTIVE 12 - SCHEDULE OF BENEFIT EXPENSES**

**YEAR ENDED JUNE 30, 2019**

<u>Benefit Description</u>	<u>Insured / Self Insured</u>	<u>Cost of Benefit</u>	<u>Benefit Coverage</u>
Medical/Hospitalization	Self Insured	\$ 198,548,272	1, 2, 3
Dental	Self Insured	8,367,743	1, 2, 3
Prescription Drugs	Self Insured	52,097,621	1, 2, 3
Disability	Self Insured	1,687,912	1
Hearing	Self Insured	60,839	1, 2, 3
Vision	Self Insured	955,114	1, 2, 3
Scholarship Awards	Self Insured	348,250	3
Vacation Benefits	Self Insured	155,814,930	1
Medicare Supplemental	Insured	9,005,328	1, 2
Life Insurance & AD&D	Insured	2,317,981	1, 2, 3
Paid Family Leave	Insured	<u>847,122</u>	1
<b>Total</b>		<b>\$ <u>430,051,112</u></b>	

1 = Member

2 = Spouse

3 = Children

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

**SCHEDULE OF INTEREST BEARING CASH**

**JUNE 30, 2019**

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

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

(a)	(b)	(c) - DESCRIPTION		(d)	(e)
		INTEREST BEARING CASH			
	ISSUER	INTEREST RATE	MATURITY DATE	COST	CURRENT VALUE
	STATE STREET BANK + TRUST SHORT TERM				
*	INVESTMENT FUND	VARIABLE	ON DEMAND	\$ 590,000	\$ 590,000
	GROSVENOR INSTITUTIONAL PARTNERS LP - INTEREST BEARING CASH			<u>1,492,826</u>	<u>1,492,826</u>
				<u>\$ 2,082,826</u>	<u>\$ 2,082,826</u>

\* PARTY-IN-INTEREST

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

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2019

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d) COST	(e) CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
U S TREASURY BILL	0.00%	07/02/2019	\$ 19,750,000	a \$ 19,719,202	\$ 19,719,202
U S TREASURY BILL	0.00%	07/09/2019	3,500,000	a 3,497,667	3,497,667
U S DEPT HSG & URBAN DEV GOV'T	2.54%	08/01/2019	430,000	430,000	430,000
U S TREASURY NOTE	1.63%	08/31/2019	12,500,000	12,467,773	12,486,250
FEDERAL HOME LN BK CONS BD	2.49%	09/20/2019	1,500,000	1,500,000	1,500,000
U S TREASURY NOTE	1.38%	09/30/2019	310,000	309,382	309,358
FNMA POOL #0735010	5.00%	11/01/2019	13	13	14
U S TREASURY BILL	0.00%	11/07/2019	10,000,000	a 9,880,183	9,926,100
FEDERAL NATL MTG ASSN	2.56%	01/30/2020	1,080,000	1,080,000	1,080,994
U S TREASURY NOTE	3.63%	02/15/2020	694,000	722,292	700,510
OVERSEAS PRIVATE INVT CORP	0.00%	02/19/2020	230,000	a 230,000	230,000
FEDERAL FARM CR BK CONS BD	2.54%	02/21/2020	840,000	840,000	840,260
U S TREASURY NOTE	1.50%	04/15/2020	1,390,000	1,370,299	1,384,245
FEDERAL FARM CR BK CONS BD	2.50%	05/26/2020	370,000	370,000	369,904
U S TREASURY BILL	0.00%	06/18/2020	4,000,000	a 3,919,111	3,926,676
U S TREASURY NOTE	2.09%	07/31/2020	2,000,000	2,000,000	1,997,880
U S TREASURY NOTE	1.63%	07/31/2020	20,885,000	20,619,039	20,815,662
FEDERAL FARM CR BK CONS BD	2.49%	08/24/2020	130,000	130,000	129,943
U S TREASURY NOTE	1.38%	08/31/2020	22,695,000	22,406,070	22,554,972
FEDERAL FARM CR BK CONS BD	2.27%	09/25/2020	610,000	610,000	609,604
U S TREASURY NOTE	2.63%	11/15/2020	490,000	528,232	495,032
FEDERAL FARM CR BK CONS BD	2.38%	12/11/2020	500,000	500,000	499,600
U S TREASURY NOTE	2.17%	01/31/2021	10,000,000	9,993,431	9,990,900
U S TREASURY NOTE	2.13%	08/15/2021	345,000	356,010	347,629
U S TREASURY NOTE	2.00%	11/15/2021	1,383,000	1,389,991	1,392,017
FEDERAL FARM CR BK CONS BD	0.01%	11/16/2021	660,000	659,836	659,215
FEDERAL FARM CR BK CONS BD	2.54%	01/18/2022	1,500,000	1,509,471	1,501,890
GNMA POOL #0563624	6.50%	08/15/2022	1,808	1,897	1,821
U S TREASURY NOTE	1.63%	08/15/2022	110,000	104,521	109,665
GNMA II POOL #0004014	7.00%	08/20/2022	864	883	868
U S TREASURY NOTE	1.63%	11/15/2022	3,800,000	3,705,665	3,787,384
U S TREASURY NOTE	2.00%	02/15/2023	3,902,000	3,884,793	3,938,874
FNMA POOL #0983326	5.00%	07/01/2023	636	622	655
FNMA POOL #0303823	4.54%	04/01/2024	695	724	706
U S TREASURY NOTE	2.38%	08/15/2024	110,000	105,759	113,223
U S TREASURY NOTE	2.13%	11/30/2024	945,000	903,954	961,245
U S TREASURY NOTE	2.00%	02/15/2025	2,495,000	2,506,299	2,520,349
FNMA POOL #0395122	4.96%	05/01/2025	983	1,026	1,030
FNMA POOL #0342042	4.48%	06/01/2025	357	366	364
FNMA POOL #0303824	4.49%	07/01/2025	325	333	331
U S TREASURY NOTE	2.00%	08/15/2025	1,480,000	1,437,823	1,494,164
U S TREASURY BOND	6.00%	02/15/2026	300,000	338,781	377,157
GNMA II POOL #0008989	4.13%	10/20/2026	1,139	1,151	1,174
GNMA II POOL #0008991	4.13%	10/20/2026	41,771	42,234	43,055
GNMA II POOL #0080012	4.13%	11/20/2026	1,335	1,358	1,376
GNMA II POOL #0080093	3.75%	07/20/2027	258	259	267
GNMA II POOL #0080120	4.13%	10/20/2027	3,018	3,008	3,116
GNMA II POOL #0002604	7.00%	06/20/2028	9,412	9,873	10,767
GNMA II POOL #0002687	6.00%	12/20/2028	8,669	8,821	9,680
GNMA POOL #0538312	6.00%	02/15/2032	6,818	7,121	7,778
GNMA II POOL #0003199	5.50%	02/20/2032	2,785	2,772	2,965
GNMA II POOL #0003200	6.00%	02/20/2032	13,734	13,679	15,747
GNMA II POOL #0003215	6.50%	03/20/2032	1,191	1,233	1,394
GNMA II POOL #0003227	6.00%	04/20/2032	3,631	3,665	4,156

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF U.S. GOVERNMENT SECURITIES

JUNE 30, 2019

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b) ISSUER	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
FNMA POOL #0679885	6.00%	07/01/2032	11,233	11,441	12,391
GNMA II POOL #0003273	6.00%	08/20/2032	9,593	9,788	11,006
FNMA POOL #0254477	5.50%	10/01/2032	9,649	9,274	10,520
FNMA POOL #0254548	5.50%	12/01/2032	13,727	13,860	14,960
FNMA POOL #0687718	5.50%	02/01/2033	3,030	3,067	3,320
GNMA POOL #0604013	5.50%	02/15/2033	1,032	1,026	1,163
FNMA POOL #0555281	6.00%	03/01/2033	14,549	14,735	16,493
FNMA POOL #0695643	6.00%	03/01/2033	5,588	5,693	6,316
GNMA II POOL #0003359	5.00%	03/20/2033	12,042	12,027	12,993
GNMA II POOL #0003360	5.50%	03/20/2033	1,835	1,839	2,009
GNMA II POOL #0003362	6.00%	03/20/2033	18,991	19,474	21,775
FNMA POOL #0555528	6.00%	04/01/2033	23,649	23,235	26,803
FNMA POOL #0684610	6.00%	04/01/2033	12,619	12,801	13,824
GNMA POOL #0611542	5.50%	05/15/2033	2,366	2,356	2,648
GNMA II POOL #0003391	6.00%	05/20/2033	18,002	17,862	20,644
FNMA POOL #0254766	5.00%	06/01/2033	15,693	15,328	17,039
FNMA POOL #0555531	5.50%	06/01/2033	3,233	3,463	3,563
GNMA II POOL #0003403	5.50%	06/20/2033	24,665	24,465	26,996
FNMA POOL #0555592	5.50%	07/01/2033	15,434	15,410	17,079
GNMA II POOL #0003416	6.00%	07/20/2033	22,176	22,697	25,415
FNMA POOL #0254869	5.50%	09/01/2033	27,626	27,620	30,684
FNMA POOL #0255967	5.50%	11/01/2033	57,375	57,822	63,492
FNMA POOL #0725027	5.00%	11/01/2033	29,334	28,744	31,856
FNMA POOL #0254983	5.50%	12/01/2033	21,269	21,325	23,624
FNMA POOL #0255116	6.50%	02/01/2034	28,680	29,468	33,790
FNMA POOL #0725162	6.00%	02/01/2034	19,158	18,945	21,716
FNMA POOL #0725424	5.50%	04/01/2034	93,796	92,964	104,165
FNMA POOL #0725425	5.50%	04/01/2034	129,818	129,140	144,194
FNMA POOL #0725705	5.00%	08/01/2034	36,948	35,906	40,348
FNMA POOL #0255364	6.00%	09/01/2034	10,127	10,120	11,483
FNMA POOL #0255412	6.00%	10/01/2034	17,434	18,961	19,759
FNMA POOL #0735061	6.00%	11/01/2034	20,398	20,608	23,125
FNMA POOL #0735502	6.00%	04/01/2035	28,269	28,367	32,056
FNMA POOL #0735896	6.00%	09/01/2035	7,139	7,152	8,096
FNMA POOL #0255900	6.00%	10/01/2035	10,096	10,096	11,436
GNMA II POOL #0003786	5.50%	11/20/2035	48,936	47,863	53,562
FNMA POOL #0256023	6.00%	12/01/2035	5,432	5,465	6,154
GNMA II POOL #0003796	5.50%	12/20/2035	9,735	9,692	10,889
FHLMC POOL #1Q-1363	4.47%	02/01/2036	18,196	19,288	19,019
FNMA POOL #0745275	5.00%	02/01/2036	3,794	3,578	4,148
FNMA POOL #0888022	5.00%	02/01/2036	8,699	8,569	9,511
FNMA POOL #0745327	6.00%	03/01/2036	3,364	3,348	3,814
FNMA POOL #0745355	5.00%	03/01/2036	12,975	13,349	14,187
GNMA II POOL #0003840	5.00%	04/20/2036	11,636	11,384	12,513
FNMA POOL #0745932	6.50%	11/01/2036	13,742	14,132	16,142
FNMA POOL #0888811	6.50%	03/01/2037	5,948	6,118	6,985
FNMA POOL #0256674	6.00%	04/01/2037	2,139	2,132	2,426
GNMA II POOL #0004028	6.00%	09/20/2037	4,966	4,950	5,665
GNMA II POOL #0004040	6.50%	10/20/2037	12,830	13,228	15,206
GNMA II POOL #0004060	6.00%	12/20/2037	1,793	1,792	2,045
GNMA II POOL #0004114	5.50%	04/20/2038	6,292	6,246	6,886
GNMA II POOL #0004144	5.50%	05/20/2038	21,109	21,783	23,089
FNMA POOL #0995243	4.50%	08/01/2038	10,536	10,726	11,307
GNMA II POOL #0004561	6.00%	10/20/2039	7,464	7,947	8,490

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

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

**JUNE 30, 2019**

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

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION U.S. GOVERNMENT SECURITIES			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
FNMA POOL #0AE0193	4.60%	07/01/2040	27,521	29,190	28,851
U S TREASURY BOND	3.13%	02/15/2043	255,000	258,056	284,345
U S TREASURY BOND	2.25%	08/15/2046	795,000	708,029	751,092
			<u>\$133,097,122</u>	<u>\$132,110,566</u>	<u>\$132,967,942</u>

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

JUNE 30, 2019

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 - a		COST	CURRENT VALUE
NATIONAL RURAL DISC	0.00%	07/10/2019	\$ 750,000	a	\$ 749,315	\$ 749,315
PNC BANK NA	1.45%	07/29/2019	300,000		296,397	299,793
BERKSHIRE HATHAWAY FINANCE COR	2.78%	08/15/2019	140,000		140,000	140,057
PRIVATE EXPT FDG DISC	0.00%	08/22/2019	900,000	a	895,240	895,240
CITIBANK NA	1.85%	09/18/2019	700,000		697,484	699,286
CISCO SYSTEMS INC	1.40%	09/20/2019	65,000		64,928	64,860
GILEAD SCIENCES INC	2.64%	09/20/2019	265,000		265,000	265,072
EXXON CORP DISC	0.00%	10/16/2019	1,000,000	a	993,000	993,000
PROCTER & GAMBLE CO/THE	1.75%	10/25/2019	145,000		144,949	144,749
US BANK NA/CINCINNATI OH	2.74%	10/28/2019	750,000		751,283	750,795
HONEYWELL INTERNATIONAL INC	2.55%	10/30/2019	210,000		210,000	210,191
HONEYWELL INTERNATIONAL INC	2.31%	10/30/2019	260,000		260,000	260,042
PHILIP MORRIS INTERNATIONAL IN	1.88%	11/01/2019	250,000		249,508	249,538
NATIONAL RURAL UTILITIES COOPE	2.30%	11/15/2019	750,000		747,653	749,670
HYUNDAI AUTO RECEIVABLES B A1	2.80%	12/15/2019	53,959		53,959	53,967
JOHN DEERE CAPITAL CORP	2.48%	01/07/2020	465,000		465,000	465,260
CATERPILLAR FINANCIAL SERVICES	2.85%	01/10/2020	275,000		275,000	275,635
NISSAN AUTO RECEIVABLES 2 A A1	2.71%	02/18/2020	453,056		453,056	453,165
GM FINANCIAL AUTOMOBILE L 1 A1	2.70%	02/20/2020	138,289		138,289	138,289
PHILIP MORRIS INTERNATIONAL IN	2.94%	02/21/2020	70,000		70,000	70,092
BANK OF NEW YORK MELLON CORP/T	2.15%	02/24/2020	300,000		298,219	299,670
FORD CREDIT AUTO LEASE TR A A1	2.66%	03/15/2020	323,217		323,217	323,308
DRIVE AUTO RECEIVABLES TR 2 A1	2.65%	03/16/2020	46,259		46,259	46,259
JOHN DEERE OWNER TRUST 20 A A1	2.63%	03/16/2020	531,324		531,324	531,452
AMERICREDIT AUTOMOBILE RE 1 A1	2.66%	03/18/2020	207,291		207,291	207,298
CARMAX AUTO OWNER TRUST 2 2 A1	2.60%	04/15/2020	323,867		323,867	323,867
FORD CREDIT AUTO OWNER TR A A1	2.65%	04/15/2020	264,470		264,470	264,454
MERCEDES-BENZ AUTO LEASE A A3	1.79%	04/15/2020	50,140		50,283	50,118
CITIBANK NA	2.90%	05/01/2020	1,000		1,000	1,002
GENERAL DYNAMICS CORP	2.83%	05/11/2020	890,000		890,000	892,038
CATERPILLAR FINANCIAL SERVICES	2.70%	05/15/2020	800,000		800,000	800,872
SANTANDER DRIVE AUTO RECE 2 A1	2.56%	05/15/2020	291,298		291,298	291,298
WORLD OMNI AUTO RECEIVABL B A1	2.54%	05/15/2020	438,354		438,354	438,354
PNC BANK NA	2.88%	05/19/2020	350,000		350,300	351,145
BMW VEHICLE LEASE TRUST 1 A3	1.98%	05/20/2020	61,307		61,618	61,277
GM FINANCIAL AUTOMOBILE L 2 A1	2.60%	05/20/2020	468,464		468,464	468,637
PRUDENTIAL FINANCIAL INC	5.38%	06/21/2020	305,000		314,306	314,055
JOHN DEERE CAPITAL CORP	2.63%	06/22/2020	145,000		145,000	145,238
TOYOTA AUTO RECEIVABLES 2 C A3	1.14%	08/17/2020	16,635		16,542	16,606
BANK OF AMERICA NA	2.77%	08/28/2020	390,000		390,000	390,117
CATERPILLAR FINANCIAL SERVICES	2.79%	09/04/2020	150,000		150,000	150,255
GM FINANCIAL AUTOMOBILE 3 A2A	2.89%	09/21/2020	154,002		153,993	154,202
UNITEDHEALTH GROUP INC	2.37%	10/15/2020	230,000		230,000	229,717
CITIBANK NA	2.58%	10/20/2020	350,000		350,000	350,217
PROCTER & GAMBLE CO/THE	1.90%	10/23/2020	200,000		199,694	199,904
APPLE INC	2.00%	11/13/2020	275,000		274,769	274,854
MERCEDES-BENZ AUTO LEASE B A2	3.04%	12/15/2020	458,993		458,964	459,916
HONDA AUTO RECEIVABLES 20 4 A3	1.21%	12/18/2020	173,629		172,729	172,967
BMW VEHICLE LEASE TRUST 2 1 A2	2.97%	12/21/2020	655,203		655,144	656,998
HONDA AUTO RECEIVABLES 20 3 A2	2.67%	12/21/2020	379,452		379,445	379,926
GM FINANCIAL AUTOMOBILE L 1 A3	2.61%	01/20/2021	1,900,000		1,899,974	1,901,995
MERCEDES-BENZ AUTO LEASE A A2	3.01%	02/16/2021	690,000		689,994	691,994
NISSAN AUTO LEASE TRUST A A2A	3.03%	02/16/2021	506,114		506,104	508,022



NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

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JUNE 30, 2019

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 - a	COST	CURRENT VALUE
JPMORGAN CHASE BANK NA	2.89%	02/19/2021	750,000	750,000	750,773
PNC BANK NA	2.79%	03/12/2021	380,000	380,000	380,433
CNH EQUIPMENT TRUST 2017- C A2	1.84%	03/15/2021	128,418	128,407	128,288
TOYOTA AUTO RECEIVABLES B A2B	2.43%	03/15/2021	338,674	338,674	338,600
BMW VEHICLE LEASE TRUST 2 1 A2	2.79%	03/22/2021	490,000	489,987	491,534
SANTANDER DRIVE AUTO RECE 4 A2	2.73%	04/15/2021	96,526	96,520	96,535
AMERICREDIT AUTOMOBILE REC 2 B	2.21%	05/10/2021	90,663	90,252	90,632
PACCAR FINANCIAL CORP	2.81%	05/10/2021	1,000,000	1,000,000	1,001,320
GENERAL DYNAMICS CORP	2.92%	05/11/2021	390,000	390,000	391,463
INTERNATIONAL BUSINESS MACHINE	2.80%	05/13/2021	230,000	229,986	232,769
CHEVRON CORP	3.47%	05/16/2021	215,000	215,000	218,247
USAA AUTO OWNER TRUST 201 1 A3	1.70%	05/17/2021	78,414	78,405	78,247
GOLDMAN SACHS BANK USA/NEW YOR	3.02%	05/24/2021	200,000	200,000	200,198
BANK OF NEW YORK MELLON/THE	2.78%	06/04/2021	335,000	335,000	335,188
JOHN DEERE CAPITAL CORP	2.87%	06/07/2021	120,000	120,000	120,348
PNC BANK NA	0.01%	06/10/2021	375,000	375,000	375,330
GM FINANCIAL AUTOMOBILE L 3 A3	3.18%	06/21/2021	475,000	474,962	478,871
AMERICREDIT AUTOMOBILE RE 4 A3	1.53%	07/08/2021	191,539	191,112	191,317
NISSAN AUTO RECEIVABLES B A2A	2.76%	07/15/2021	175,337	175,323	175,696
SANTANDER DRIVE AUTO REC 5 A2A	2.97%	07/15/2021	425,417	425,404	425,681
GM FINANCIAL CONSUMER AU 3 A2A	2.74%	07/16/2021	627,080	627,059	627,864
VOLKSWAGEN AUTO LOAN ENH 1 A2A	2.81%	07/20/2021	258,961	258,959	259,595
CITIBANK NA	2.83%	07/23/2021	250,000	250,000	250,680
WELLS FARGO BANK NA	2.76%	07/23/2021	325,000	325,000	325,341
JOHN DEERE CAPITAL CORP	2.71%	09/10/2021	325,000	325,000	324,864
CNH EQUIPMENT TRUST 2016- A A4	1.79%	09/15/2021	250,000	250,459	248,965
CITIBANK CREDIT CARD ISS A9 A9	1.80%	09/20/2021	500,000	499,963	499,315
TOYOTA AUTO RECEIVABLES A A2A	2.83%	10/15/2021	350,000	349,968	351,498
WELLS FARGO BANK NA	2.79%	10/22/2021	355,000	355,000	355,564
TD AMERITRADE HOLDING CORP	3.01%	11/01/2021	365,000	365,000	365,591
DRIVE AUTO RECEIVABLES TR 4 A3	3.04%	11/15/2021	128,935	128,923	129,048
MERCEDES-BENZ AUTO LEASE A A3	3.10%	11/15/2021	1,750,000	1,749,949	1,768,778
GM FINANCIAL CONSUMER AUT 4 A2	2.93%	11/16/2021	317,777	317,743	318,590
AMERICREDIT AUTOMOBILE R 2 A2A	2.86%	11/18/2021	203,494	203,478	203,863
CITIBANK CREDIT CARD ISS A1 A1	1.75%	11/19/2021	800,000	799,867	798,392
CNH EQUIPMENT TRUST 2018- B A2	2.93%	12/15/2021	116,978	116,972	117,297
HYUNDAI AUTO RECEIVABLES A A2	2.67%	12/15/2021	340,000	339,999	341,170
AMERICREDIT AUTOMOBILE RE 2 A3	1.98%	12/20/2021	478,802	478,326	477,897
AMERICREDIT AUTOMOBILE R 3 A2A	3.11%	01/18/2022	558,768	558,746	560,411
SANTANDER DRIVE AUTO REC 1 A2A	2.91%	01/18/2022	750,000	749,951	751,800
WORLD OMNI AUTO RECEIVABL C A2	2.80%	01/18/2022	231,799	231,797	232,237
CARMAX AUTO OWNER TRUST 4 A2A	3.11%	02/15/2022	474,944	474,940	477,337
CHEVRON CORP	3.00%	03/03/2022	750,000	754,073	754,523
PEPSICO INC	2.75%	03/05/2022	120,000	121,547	122,232
ALLY AUTO RECEIVABLES TRU 1 A2	2.85%	03/15/2022	350,000	349,993	351,218
PEPSICO INC	2.94%	05/02/2022	230,000	230,000	230,699
APPLE INC	2.89%	05/11/2022	185,000	185,000	186,029
INTEL CORP	2.89%	05/11/2022	180,000	180,000	180,621
HARLEY-DAVIDSON MOTORCYCL A A2	2.37%	05/15/2022	750,000	749,991	749,985
CNH EQUIPMENT TRUST 2019- A A2	2.96%	05/16/2022	340,000	339,972	342,241
FIFTH THIRD AUTO TRUST 2 1 A2A	2.66%	05/16/2022	530,000	529,971	532,306
MANUFACTURERS & TRADERS TRUST	3.13%	05/18/2022	250,000	250,000	250,480
WELLS FARGO BANK NA	3.14%	05/27/2022	375,000	375,000	375,803

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(b)	(c) - DESCRIPTION CORPORATE DEBT INSTRUMENTS - PREFERRED			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a	COST	CURRENT VALUE
CARMAX AUTO OWNER TRUST 1 A2A	3.02%	07/15/2022	650,000	649,957	652,971
ORACLE CORP	2.50%	10/15/2022	60,000	58,211	60,424
MICROSOFT CORP	2.13%	11/15/2022	50,000	49,641	50,382
AMAZON.COM INC	2.50%	11/29/2022	332,000	320,765	334,968
INTEL CORP	2.70%	12/15/2022	90,000	89,076	91,571
CAPITAL ONE MULTI-ASSET A1 A1	2.00%	01/17/2023	500,000	502,461	499,170
BERKSHIRE HATHAWAY INC	3.00%	02/11/2023	20,000	19,831	20,601
APPLE INC	2.40%	05/03/2023	685,000	668,522	691,782
CHEVRON CORP	2.57%	05/16/2023	360,000	356,319	365,587
WORLD FINANCIAL NETWORK CR C A	1.72%	08/15/2023	587,000	585,418	585,632
BANK OF NEW YORK MELLON CORP/T	2.20%	08/16/2023	730,000	716,065	726,197
APPLE INC	2.75%	01/13/2025	350,000	346,089	357,812
PEPSICO INC	2.38%	10/06/2026	1,500,000	1,448,078	1,494,225
ELI LILLY & CO	5.50%	03/15/2027	55,000	52,869	65,853
PEPSICO INC	3.00%	10/15/2027	175,000	174,505	181,916
BELLA VISTA MORTGAGE TRUS 1 3A	4.35%	02/22/2035	40,769	40,670	39,946
PROCTER & GAMBLE CO/THE	5.55%	03/05/2037	75,000	73,340	99,458
			<u>\$ 46,828,618</u>	<u>\$ 46,711,178</u>	<u>\$ 46,958,247</u>

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

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	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
DOMINION ENERGY INC	2.96%	07/01/2019	\$ 50,000	\$ 50,050	\$ 50,000
YALE UNIVERSITY DISC	0.00%	07/10/2019	500,000 a	496,813	496,813
ROCKWELL COLLINS INC	1.95%	07/15/2019	95,000	94,909	94,978
KAISER FOUND DISC	0.00%	09/10/2019	750,000 a	745,160	745,160
FIFTH THIRD BANK/CINCINNATI OH	2.90%	09/27/2019	350,000	350,000	350,266
DTE ENERGY CO	1.50%	10/01/2019	100,000	99,875	99,757
ENTERPRISE PRODUCTS OPERATING	2.55%	10/15/2019	1,900,000	1,900,179	1,899,411
JPMORGAN CHASE & CO	2.20%	10/22/2019	250,000	248,423	249,918
AMERICAN EXPRESS CREDIT CORP	2.84%	10/30/2019	225,000	225,000	225,297
DUKE ENERGY FLORIDA LLC	2.10%	12/15/2019	62,500	62,500	62,396
GENERAL ELECTRIC CO	3.21%	01/09/2020	500,000	505,425	500,660
KROGER CO/THE	6.15%	01/15/2020	1,475,000	1,517,872	1,503,335
MORGAN STANLEY	5.50%	01/26/2020	3,200,000	3,428,934	3,254,976
MORGAN STANLEY	5.50%	01/26/2020	250,000	243,257	254,295
SUNTRUST BANK/ATLANTA GA	2.25%	01/31/2020	375,000	372,697	374,685
COMCAST CORP	5.15%	03/01/2020	250,000	256,033	254,480
CVS HEALTH CORP	3.08%	03/09/2020	35,000	35,000	35,085
GOLDMAN SACHS GROUP INC/THE	5.38%	03/15/2020	3,250,000	3,345,988	3,316,885
AMPHENOL CORP	2.20%	04/01/2020	750,000	739,010	748,418
GENERAL MOTORS FINANCIAL CO IN	3.23%	04/13/2020	175,000	175,000	175,504
DOLLAR TREE INC	3.00%	04/17/2020	110,000	110,000	110,013
GOLDMAN SACHS GROUP INC/THE	2.60%	04/23/2020	140,000	139,737	140,267
ABBVIE INC	2.50%	05/14/2020	2,600,000	2,593,087	2,599,766
MARTIN MARIETTA MATERIALS INC	3.17%	05/22/2020	65,000	65,000	65,003
CITIZENS BANK NA/PROVIDENCE RI	3.09%	05/26/2020	250,000	250,000	250,635
FISERV INC	2.70%	06/01/2020	1,825,000	1,831,401	1,828,668
COMERICA BANK	2.50%	06/02/2020	250,000	250,525	250,338
TYSON FOODS INC	3.07%	06/02/2020	45,000	45,000	45,045
FORD MOTOR CREDIT CO LLC	3.23%	06/12/2020	200,000	200,000	199,456
VULCAN MATERIALS CO	3.01%	06/15/2020	135,000	135,030	135,012
MORGAN STANLEY	2.80%	06/16/2020	200,000	200,708	200,930
JPMORGAN CHASE & CO	4.40%	07/22/2020	2,100,000	2,139,805	2,146,620
WELLS FARGO & CO	2.60%	07/22/2020	3,315,000	3,336,158	3,325,906
GENERAL MOTORS CO	3.37%	08/07/2020	110,000	110,000	110,136
COMCAST CORP	2.65%	10/01/2020	310,000	310,000	310,580
EQT CORP	3.09%	10/01/2020	235,000	235,000	234,812
CONAGRA BRANDS INC	2.81%	10/09/2020	235,000	235,000	234,462
EBAY INC	3.25%	10/15/2020	1,050,000	1,070,259	1,059,272
BANK OF AMERICA CORP	2.63%	10/19/2020	3,150,000	3,135,600	3,162,380
BANK OF AMERICA CORP	2.63%	10/19/2020	175,000	174,825	175,688
CITIGROUP INC	2.65%	10/26/2020	3,350,000	3,341,876	3,361,792
AMERICAN EXPRESS CO	2.20%	10/30/2020	225,000	222,271	224,730
FIFTH THIRD BANK/CINCINNATI OH	2.52%	10/30/2020	200,000	200,000	200,054
GENERAL MOTORS FINANCIAL CO IN	3.11%	11/06/2020	200,000	200,000	199,312
EXPRESS SCRIPTS HOLDING CO	3.27%	11/30/2020	260,000	260,000	260,021
GOLDMAN SACHS GROUP INC/THE	3.04%	12/27/2020	175,000	175,000	175,312
BANK OF AMERICA CORP	5.88%	01/05/2021	40,000	39,706	42,066
AVALONBAY COMMUNITIES INC	2.73%	01/15/2021	210,000	210,000	210,021
SEMPRA ENERGY	2.80%	01/15/2021	95,000	95,000	94,683
BB&T CORP	2.80%	02/01/2021	235,000	235,000	234,695
MORGAN STANLEY	3.10%	02/10/2021	255,000	255,000	255,314
GOLDMAN SACHS GROUP INC/THE	2.88%	02/25/2021	65,000	64,892	65,467
THERMO FISHER SCIENTIFIC INC	4.50%	03/01/2021	1,225,000	1,261,689	1,268,059
MARRIOTT INTERNATIONAL INC/MD	3.10%	03/08/2021	100,000	100,000	100,274

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CVS HEALTH CORP	3.17%	03/09/2021	85,000	85,000	85,375
AMERICAN EXPRESS CO	3.05%	05/17/2021	220,000	220,000	220,829
JPMORGAN CHASE & CO	3.20%	06/01/2021	215,000	215,000	215,727
SPIRIT AEROSYSTEMS INC	3.21%	06/15/2021	130,000	130,000	129,136
CONSOLIDATED EDISON CO OF NEW	2.75%	06/25/2021	320,000	320,000	320,800
WORLD OMNI AUTOMOBILE LEA A A3	2.83%	07/15/2021	700,000	699,910	703,360
FIFTH THIRD BANK/CINCINNATI OH	2.71%	07/26/2021	345,000	345,000	345,669
GOLDMAN SACHS GROUP INC/THE	5.25%	07/27/2021	290,000	296,989	306,516
REGIONS BANK/BIRMINGHAM AL	3.04%	08/13/2021	250,000	250,000	249,785
DOMINION ENERGY INC	2.72%	08/15/2021	110,000	110,026	110,246
NEXTERA ENERGY CAPITAL HOLDING	3.07%	08/28/2021	280,000	280,000	279,941
BANK OF AMERICA CORP	2.97%	10/01/2021	290,000	290,000	290,763
COMCAST CORP	2.76%	10/01/2021	170,000	170,000	170,665
HEWLETT PACKARD ENTERPRISE CO	3.01%	10/05/2021	225,000	225,000	225,032
GOLDMAN SACHS GROUP INC/THE	3.69%	11/15/2021	250,000	250,000	252,040
MORGAN STANLEY	2.63%	11/17/2021	1,275,000	1,264,771	1,282,714
WORLD OMNI AUTOMOBILE LEA B A3	3.19%	12/15/2021	725,000	724,942	736,702
MORGAN STANLEY	3.46%	01/20/2022	195,000	195,000	197,059
GOLDMAN SACHS GROUP INC/THE	5.75%	01/24/2022	60,000	59,919	64,847
WELLS FARGO & CO	3.47%	02/11/2022	71,000	71,346	71,417
AMERICAN EXPRESS CREDIT CORP	3.32%	03/03/2022	145,000	145,000	145,831
CAPITAL ONE FINANCIAL CORP	3.40%	03/09/2022	175,000	175,000	176,451
VERIZON COMMUNICATIONS INC	3.41%	03/16/2022	110,000	110,000	111,661
CITIGROUP INC	3.24%	04/25/2022	175,000	175,000	176,479
FLORIDA POWER & LIGHT CO	2.97%	05/06/2022	385,000	385,000	385,173
AMERICAN EXPRESS CO	0.01%	05/20/2022	380,000	380,000	381,501
MORGAN STANLEY	3.25%	06/10/2022	360,000	360,000	360,428
BANK OF AMERICA CORP	3.00%	06/25/2022	330,000	330,000	330,950
GENERAL MOTORS FINANCIAL CO IN	3.64%	06/30/2022	255,000	255,000	254,898
ANHEUSER-BUSCH INBEV WORLDWIDE	2.50%	07/15/2022	1,000,000	965,477	1,008,070
EBAY INC	2.60%	07/15/2022	50,000	48,973	50,107
WELLS FARGO & CO	2.63%	07/22/2022	1,150,000	1,137,084	1,158,303
GENERAL ELECTRIC CO	3.15%	09/07/2022	309,000	314,128	312,950
CITIGROUP INC	2.70%	10/27/2022	1,102,000	1,090,285	1,111,312
AT&T INC	2.63%	12/01/2022	865,000	841,930	870,899
BANK OF AMERICA CORP	3.30%	01/11/2023	1,355,000	1,343,478	1,396,707
KINDER MORGAN INC/DE	3.88%	01/15/2023	115,000	115,000	116,065
GOLDMAN SACHS GROUP INC/THE	3.63%	01/22/2023	165,000	166,414	171,179
ANHEUSER-BUSCH INBEV FINANCE I	3.30%	02/01/2023	72,000	71,727	74,316
AT&T INC	3.60%	02/17/2023	250,000	260,008	259,485
JPMORGAN CHASE & CO	2.70%	05/18/2023	1,010,000	999,414	1,020,353
KELLOGG CO	2.65%	12/01/2023	510,000	509,541	515,666
GOLDMAN SACHS GROUP INC/THE	4.00%	03/03/2024	65,000	64,618	68,970
AT&T INC	3.90%	03/11/2024	1,550,000	1,578,557	1,635,452
AMERICAN EXPRESS CO	3.00%	10/30/2024	525,000	516,667	538,162
CLOROX CO/THE	3.50%	12/15/2024	525,000	523,387	549,707
GOLDMAN SACHS GROUP INC/THE	3.50%	01/23/2025	1,710,000	1,679,921	1,769,098
JPMORGAN CHASE & CO	3.13%	01/23/2025	2,510,000	2,461,311	2,581,083
AT&T INC	3.40%	05/15/2025	815,000	800,699	837,828
GOLDMAN SACHS GROUP INC/THE	3.75%	02/25/2026	80,000	79,815	83,506
WELLS FARGO & CO	3.00%	04/22/2026	1,095,000	1,071,070	1,106,979
CITIGROUP INC	3.20%	10/21/2026	675,000	658,707	688,392
GOLDMAN SACHS GROUP INC/THE	3.50%	11/16/2026	800,000	783,553	819,736
GOLDMAN SACHS GROUP INC/THE	5.95%	01/15/2027	125,000	124,091	146,503

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

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER**

**JUNE 30, 2019**

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

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION			(d)	(e)
ISSUER	CORPORATE DEBT INSTRUMENTS - OTHER			COST	CURRENT VALUE
	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE - a		
CONTIMORTGAGE HOME EQUITY 4 A8	7.22%	01/15/2028	5,886	6,106	5,606
VERIZON PENNSYLVANIA LLC	6.00%	12/01/2028	60,000	66,833	70,068
VERIZON COMMUNICATIONS INC	6.40%	09/15/2033	125,000	124,875	160,479
AT&T INC	4.50%	05/15/2035	130,000	124,759	136,085
VERIZON COMMUNICATIONS INC	5.85%	09/15/2035	245,000	240,258	302,653
GENERAL ELECTRIC CO	6.88%	01/10/2039	75,000	72,600	94,039
			<u>\$ 65,267,386</u>	<u>\$ 65,478,883</u>	<u>\$ 66,210,861</u>

a - REPRESENTS MATURITY VALUE OF ZERO COUPON BONDS

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

**SCHEDULE OF CORPORATE STOCK - COMMON**

**JUNE 30, 2019**

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

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION COMMON STOCK	(d)	(e)
ISSUER	NO. OF SHARES	COST	CURRENT VALUE
GROSVENOR INSTITUTIONAL PARTNERS LP - COMMON STOCK	-	\$ <u>26,068,708</u>	\$ <u>26,504,358</u>
		\$ <u>26,068,708</u>	\$ <u>26,504,358</u>

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

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

**SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS**

**JUNE 30, 2019**

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

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION PARTNERSHIPS	(d)	(e)
<u>ISSUER</u>		<u>COST</u>	<u>CURRENT VALUE</u>
GROSVENOR INSTITUTIONAL PARTNERS LP - PARTNERSHIPS		\$ <u>1,213,154</u>	\$ <u>1,233,428</u>
		\$ <u><u>1,213,154</u></u>	\$ <u><u>1,233,428</u></u>

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

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

**SCHEDULE OF NON-PARTICIPANT LOANS**

**JUNE 30, 2019**

**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>INTEREST RATE</u>	<u>MATURITY DATE</u>	<u>PAR OR MATURITY / NO. OF SHARES</u>	<u>COST</u>	<u>CURRENT VALUE</u>
UNITED STATES TREASURY BILL	0.00%	07/09/2019	6,000,000	\$ 5,996,000	\$ 5,996,000
CITIBANK NA	0.01%	05/01/2020	249,000	249,000	249,281
GENERAL ELECTRIC CO	3.15%	09/07/2022	16,000	16,265	16,204
CITIGROUP INC	2.70%	10/27/2022	73,000	<u>72,224</u>	<u>73,617</u>
				<u>\$ 6,333,489</u>	<u>\$ 6,335,102</u>



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

**SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS**

**JUNE 30, 2019**

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

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

(a)	(b)	(c) - DESCRIPTION COMMON TRUST FUNDS	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
*	LONGVIEW BROAD MARKET 3000 INDEX FUND	303,306	\$ 64,971,867	\$ 66,545,397
	NHIT CORE PLUS FULL DISCRETION TRUST	8,964,228	105,133,287	112,232,135
	STATE STREET MSCI ACWI EX USA INDEX NON-LENDING COMMON TRUST FUND	2,115,614	32,265,118	41,305,247
*	STATE STREET U.S. TREASURY INFLATION PROTECTED SECURITIES INDEX NON-LENDING COMMON TRUST FUND	4,349,822	<u>58,210,243</u>	<u>66,269,541</u>
			<u>\$ 260,580,515</u>	<u>\$ 286,352,320</u>

\* PARTY-IN-INTEREST

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

**SCHEDULE OF 103-12 INVESTMENT ENTITIES**

**JUNE 30, 2019**

**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 MULTI SECTOR FUND OFFSHORE ERISA LTD	21,426	\$ 24,250,000	\$ 36,267,249
LAZARD MBS FOCUS FDS LLC	633,292	6,356,739	6,693,892
WESTERN ASSET TOTAL RETURN UNCONSTRAINED TRU BOND LLC	2,481,390	<u>50,000,000</u>	<u>52,905,707</u>
		<u>\$ 80,606,739</u>	<u>\$ 95,866,848</u>

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

**SCHEDULE OF REGISTERED INVESTMENT COMPANIES**

**JUNE 30, 2019**

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

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

(a)	(b)	(c) - DESCRIPTION REGISTERED INVESTMENT COMPANIES	(d)	(e)
	ISSUER	NO. OF SHARES	COST	CURRENT VALUE
	DREYFUS INSTITUTIONAL PREFERRED GOVERNMENT			
*	MONEY MARKET FUND	65,619,071	\$ 65,619,071	\$ 65,619,071
	PIMCO ALL ASSET FUND	2,728,270	32,521,437	31,975,320
	GROSVENOR INSTITUTIONAL PARTNERS LP - REGISTERED INVESTMENT COMPANY	-	<u>931,025</u>	<u>946,584</u>
			<u>\$ 99,071,533</u>	<u>\$ 98,540,975</u>

\* PARTY-IN-INTEREST

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

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF MUNICIPAL BONDS

JUNE 30, 2019

EIN 13-5615576, PLAN NO. 501

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

(a) NOT APPLICABLE

(b)	(c) - DESCRIPTION MUNICIPAL BONDS			(d)	(e)
ISSUER	INTEREST RATE	MATURITY DATE	PAR OR MATURITY VALUE	COST	CURRENT VALUE
LONG ISLAND PWR AUTH TAXABLE	2.45%	07/09/2019	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
LOS ANGELES COUNT MET TAXABLE	2.54%	07/09/2019	750,000	750,000	750,000
ST OF CA G/O SR B-2 TAXABLE	2.70%	07/23/2019	1,000,000	1,000,000	1,000,000
UNIV OF PITTSBURGH TAXABLE	2.48%	08/01/2019	1,000,000	1,000,000	1,000,000
PORT OF SEATTLE SR D-1 TAXABLE	2.51%	08/14/2019	1,000,000	1,000,000	1,000,000
LAS VEGAS NV COPS	6.08%	09/01/2019	45,000	51,097	45,273
SAN JOSE FIN AUTH TAXABLE	2.40%	10/10/2019	670,000	670,000	670,000
ILLINOIS ST	5.83%	04/01/2021	20,000	22,315	20,994
NEW YORK ST DORM AUTH ST PERSO	4.99%	03/15/2022	120,000	142,249	128,692
NEW YORK CITY NY TRANSITIONAL	2.37%	11/01/2022	400,000	400,000	400,000
NEW YORK CITY NY TRANSITIONAL	4.73%	11/01/2023	70,000	82,600	77,325
ONTARIO CA MONTCLAIR SCH DIST	6.68%	08/01/2024	50,000	50,000	50,172
LAS VEGAS NV COPS	7.05%	09/01/2024	140,000	148,206	141,123
NEW YORK NY	5.15%	10/01/2025	55,000	64,122	63,581
CALIFORNIA ST	6.88%	11/01/2026	115,000	115,807	150,679
NEW YORK CITY NY HSG DEV CORP	4.03%	11/01/2028	80,000	80,000	82,338
NEW JERSEY ST TRANSPRTN TRUST	6.10%	12/15/2028	980,000	1,067,102	1,020,053
LAS VEGAS NV COPS	7.75%	09/01/2029	100,000	98,026	100,915
PHILADELPHIA PA SCH DIST	6.62%	06/01/2030	50,000	50,000	61,474
NEW JERSEY ST EDUCTNL FACS AUT	7.23%	07/01/2030	57,000	57,000	57,000
NEW YORK CITY NY TRANSITIONAL	7.13%	07/15/2030	80,000	80,000	84,295
NEW YORK CITY NY TRANSITIONAL	5.81%	08/01/2030	85,000	85,000	88,254
HIDALGO CNTY TX	6.30%	08/15/2030	100,000	100,000	104,581
CALIFORNIA ST	7.70%	11/01/2030	185,000	193,209	198,387
MET TRANSPRTN AUTH NY REVENUE	7.13%	11/15/2030	135,000	136,101	142,572
NEW YORK NY	6.27%	03/01/2031	120,000	122,053	123,193
SAN DIEGO CA UNIF SCH DIST	0.00%	07/01/2031	235,000	60,945	174,713
SAN DIEGO CA UNIF SCH DIST	0.00%	07/01/2031	100,000	27,850	74,346
NEW YORK CITY NY TRANSITIONAL	2.37%	08/01/2031	750,000	750,000	750,000
NEW YORK NY	5.82%	10/01/2031	215,000	220,609	224,148
NEW YORK CITY NY TRANSITIONAL	5.88%	11/01/2031	100,000	100,000	104,724
NEW YORK NY	6.65%	12/01/2031	450,000	507,313	477,185
SAN MATEO CA FOSTER CITY SCH D	0.00%	08/01/2032	100,000	43,967	106,131
NEW YORK CITY NY HSG DEV CORP	4.40%	11/01/2032	40,000	40,000	41,379
TRIBOROUGH BRIDGE & TUNNEL AUT	2.43%	11/15/2032	2,000,000	2,000,000	2,000,000
CLOVIS CA UNIF SCH DIST	0.00%	08/01/2033	100,000	32,338	53,055
NEW YORK NY	2.35%	03/01/2034	100,000	100,000	100,000
IDAHO ST HSG & FIN ASSN SF MTG	2.43%	07/01/2034	1,000,000	1,000,000	1,000,000
LOS ANGELES CA UNIF SCH DIST	6.76%	07/01/2034	55,000	55,000	75,418
ONTARIO CA MONTCLAIR SCH DIST	7.54%	08/01/2034	70,000	70,000	70,287
CALIFORNIA ST PUBLIC WKS BRD L	8.00%	03/01/2035	255,000	264,240	263,905
CALIFORNIA ST PUBLIC WKS BRD L	7.80%	03/01/2035	100,000	100,000	143,587
IDAHO ST HSG & FIN ASSN SF MTG	2.43%	01/01/2036	100,000	100,000	100,000
CALIFORNIA ST	7.95%	03/01/2036	1,150,000	1,377,642	1,193,286
TEXAS ST DEPT OF HSG & CMNTY A	2.54%	09/01/2036	800,000	800,000	800,000
NEW YORK ST HSG FIN AGY	2.45%	11/15/2036	200,000	200,000	200,000
PASADENA CA PUBLIC FING AUTH L	2.50%	06/01/2038	2,450,000	2,450,000	2,450,000
NEW YORK ST HSG FIN AGY	2.45%	11/01/2038	200,000	200,000	200,000
NEW YORK ST HSG FIN AGY	2.45%	11/01/2038	900,000	900,000	900,000
CALIFORNIA ST	6.51%	04/01/2039	50,000	50,000	54,212
NEW YORK ST HSG FIN AGY	2.35%	05/01/2041	400,000	400,000	400,000
NEW YORK ST HSG FIN AGY	2.40%	05/01/2042	260,000	260,000	260,000
N TX TOLLWAY AUTH REVENUE	0.01%	09/01/2043	70,000	29,945	85,656
NORTH DAKOTA ST HSG FIN AGY	2.38%	01/01/2047	2,365,000	2,365,000	2,365,000

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

SCHEDULE OF MUNICIPAL BONDS

JUNE 30, 2019

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
CALIFORNIA ST	3.18%	04/01/2047	395,000	397,370	396,264
ALASKA ST HSG FIN CORP	2.49%	12/01/2047	400,000	400,000	400,000
NEW YORK ST MTGE AGY HOMEOWNER	2.43%	10/01/2048	2,000,000	2,000,000	2,000,000
			<u>\$ 25,817,000</u>	<u>\$ 25,867,106</u>	<u>\$ 26,024,197</u>

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

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2019**

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

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

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
*	DREYFUS INS RSRV PR MONEY 6546	\$1,259,344,920	\$ -	\$ -	\$ -	\$1,259,344,920	\$1,259,344,920	\$ -
*	DREYFUS INS RSRV PR MONEY 6546	-	1,267,441,792	-	-	1,267,441,792	1,267,441,792	-
N/A	FEDERAL HOME LN BK CONS DISC 12/03/2018	19,977,042	-	-	-	19,977,042	19,977,042	-
N/A	FEDERAL HOME LN BK CONS DISC 12/03/2018	-	19,992,783	-	-	19,977,042	19,992,783	15,741
*	LONGVIEW BROAD MARKET 3000 INDEX FUND	64,971,867	-	-	-	64,971,867	64,971,867	-
N/A	LOOMIS SYLS INV GRD BND-INST	92,518	-	-	-	92,518	92,518	-
N/A	LOOMIS SYLS INV GRD BND-INST	-	80,309,779	-	-	82,305,119	80,309,779	(1,995,340)
N/A	NHIT CORE PLUS FULL DISCRETION TRUST	105,312,529	-	-	-	105,312,529	105,312,529	-
*	SSGA 3000 INDEX	-	64,966,936	-	-	28,202,643	64,966,936	36,764,293
N/A	US TREASURY BILL 0.000% 10/11/2018 DD 10/12/17	69,792,483	-	-	-	69,792,483	69,792,483	-
N/A	US TREASURY BILL 0.000% 10/11/2018 DD 10/12/17	-	69,886,785	-	-	69,792,483	69,886,785	94,302
N/A	US TREASURY BILL 0.000% 11/08/2018 DD 11/09/17	24,959,186	-	-	-	24,959,186	24,959,186	-
N/A	US TREASURY BILL 0.000% 11/08/2018 DD 11/09/17	-	21,482,926	-	-	21,459,258	21,482,926	23,668
N/A	US TREASURY BILL 0.000% 12/06/2018 DD 12/07/17	39,935,260	-	-	-	39,935,260	39,935,260	-
N/A	US TREASURY BILL 0.000% 12/06/2018 DD 12/07/17	-	39,976,615	-	-	39,935,260	39,976,615	41,355

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

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2019**

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

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

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	US TREASURY BILL 0.000% 09/06/2018 DD 03/08/18	34,948,645	-	-	-	34,948,645	34,948,645	-
N/A	US TREASURY BILL 0.000% 09/06/2018 DD 03/08/18	-	34,978,791	-	-	34,948,645	34,978,791	30,146
N/A	US TREASURY BILL 0.000% 11/01/2018 DD 05/03/18	19,972,828	-	-	-	19,972,828	19,972,828	-
N/A	US TREASURY BILL 0.000% 11/01/2018 DD 05/03/18	-	19,976,689	-	-	19,972,828	19,976,689	3,861
N/A	US TREASURY BILL 0.000% 04/11/2019 DD 10/11/18	41,719,578	-	-	-	41,719,578	41,719,578	-
N/A	US TREASURY BILL 0.000% 04/11/2019 DD 10/11/18	-	41,803,827	-	-	41,719,578	41,803,827	84,249
N/A	US TREASURY BILL 0.000% 05/09/2019 DD 11/08/18	39,993,222	-	-	-	39,993,222	39,993,222	-
N/A	US TREASURY BILL 0.000% 02/05/2019 DD 12/11/18	43,850,817	-	-	-	43,850,817	43,850,817	-
N/A	US TREASURY BILL 0.000% 02/05/2019 DD 12/11/18	-	43,905,461	-	-	43,850,817	43,905,461	54,644
N/A	US TREASURY BILL 0.000% 04/30/2019 DD 03/05/19	19,970,423	-	-	-	19,970,423	19,970,423	-
N/A	US TREASURY BILL 0.000% 04/30/2019 DD 03/05/19	-	19,971,793	-	-	19,970,423	19,971,793	1,316
N/A	US TREASURY BILL 0.000% 07/02/2019 DD 05/07/19	49,894,773	-	-	-	49,894,773	49,894,773	-
N/A	US TREASURY BILL 0.000% 07/02/2019 DD 05/07/19	-	30,212,923	-	-	30,175,571	30,212,923	37,352

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

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED JUNE 30, 2019**

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

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

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN OR (LOSS)
N/A	US TREASURY NOTE 1.500% 10/31/2019 DD 10/31/14	22,514,758	-	-	-	22,514,758	22,514,758	-
N/A	US TREASURY NOTE 1.500% 10/31/2019 DD 10/31/14	-	22,595,104	-	-	22,514,758	22,595,104	80,346

\* PARTY-IN-INTEREST