

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>NYC HEAD START MANAGEMENT WELFARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>503</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE HEAD START SPONSORING BOARD</u></p> <p><u>1120 AVENUE OF THE AMERICAS 4TH FL</u> <u>NEW YORK, NY 10036</u></p>	<p>1c Effective date of plan <u>07/01/1996</u></p> <p>2b Employer Identification Number (EIN) <u>13-3794644</u></p> <p>2c Plan Sponsor's telephone number <u>212-626-2644</u></p> <p>2d Business code (see instructions) <u>624410</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2024	CYNTHIA CUMMINGS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor THE HEAD START SPONSORING BOARD 1120 AVENUE OF THE AMERICAS 4TH FL NEW YORK, NY 10036	3b Administrator's EIN 13-3794644 3c Administrator's telephone number 212-626-2644
---	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	128
---	----------	-----

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	128
a(2) Total number of active participants at the end of the plan year	6a(2)	113
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	113
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	113
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
---	----------	--

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 4D 4E

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

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

a Pension Schedules

(1) **R** (Retirement Plan Information)

(2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) **DCG** (Individual Plan Information) – Number Attached _____

(5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) **H** (Financial Information)

(2) **I** (Financial Information – Small Plan)

(3) **A** (Insurance Information) – Number Attached _____

(4) **C** (Service Provider Information)

(5) **D** (DFE/Participating Plan Information)

(6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan NYC HEAD START MANAGEMENT WELFARE FUND	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500 THE HEAD START SPONSORING BOARD	D Employer Identification Number (EIN) 13-3794644	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WATSONRICE LLP

31 WEST 34TH STREET SUITE 7006
NEW YORK, NY 10001

26-1726741

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	23736	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RANDY S PAUL

315 BLACKBIRD COURT
BRANDENTON, FL 34212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	18000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CASHBOOKS, LLC

425 WEST 18TH STREET 17F NEW YORK
NEW YORK, NY 11563

83-1361126

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

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

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

J. PEAT & ASSOCIATES, INC.

20 BLAKE AVENUE
LYNBROOK, NY 11563

11-3517256

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	10653	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(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
(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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan NYC HEAD START MANAGEMENT WELFARE FUND	B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 THE HEAD START SPONSORING BOARD	D Employer Identification Number (EIN) 13-3794644

Part I Asset and Liability Statement

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	7959	15209
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1269	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	35861	32649
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	76105	
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	438319	334268
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	21779	95297

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	581292	477423
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	64405	41503
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	64405	41503
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	516887	435920

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	37200	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		37200
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	76	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	3369	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3445
(2) Dividends: (A) Preferred stock	2b(2)(A)	9101	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		54949
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		104695

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	83282	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		83282
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	47241	
(4) IQPA audit fees.....	2i(4)	16200	
(5) Investment advisory and investment management fees	2i(5)	5016	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	33923	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		102380
j Total expenses. Add all expense amounts in column (b) and enter total	2j		185662

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-80967
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WATSONRICE LLP**

(2) EIN: **26-1726741**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**NEW YORK CITY HEAD START
MANAGEMENT WELFARE FUND**

**AUDITED FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE**

DECEMBER 31, 2023 AND 2022

**WATSONRICE LLP
CERTIFIED PUBLIC ACCOUNTANTS**

**NEW YORK CITY HEAD START
MANAGEMENT WELFARE FUND
DECEMBER 31, 2023 AND 2022**

TABLE OF CONTENTS

	<u>Page No.</u>
Independent Auditor’s Report.....	1
Financial Statements:	
Statements of Net Assets Available for Benefits.....	3
Statement of Changes in Net Assets Available for Benefits.....	4
Notes to Financial Statements.....	5
Supplemental Schedules*:	
Schedule H, Part IV, Line 4i: Schedule of Assets (Held at End of Year) at December 31, 2023	11
Schedule H, Part IV, Line 4i: Schedule of Assets (Acquired and Disposed of During Year)	12
Schedule H, Part IV, Line 4j: Schedule of Reportable Transactions.....	13

* *All other schedules required by the United States Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because there is no information to report.*

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
New York City Head Start
Management Welfare Fund

Disclaimer of Opinion

We were engaged to audit the financial statements of New York City Head Start Management Welfare Fund (the "Fund"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, the related statement of changes in net assets for the year ended December 31, 2023 and the related notes to the financial statements.

We do not express an opinion on the accompanying financial statements of the Fund. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

Basis for Disclaimer of Opinion

The Fund's records and procedures are not adequate to assure the completeness of participants' data on which contributions and benefit payments are determined, and the Board of Trustees did not engage us to perform, and we did not perform, any other auditing procedures with respect to participants' data maintained by the participating employers.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. GAAP and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

INDEPENDENT AUDITOR’S REPORT – CONTINUED

Auditor’s Responsibilities for the Financial Statements

Our responsibility is to conduct an audit of the Fund in accordance with auditing standards generally accepted in the United States of America and to issue an auditor’s report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit.

Supplemental Schedules Required by ERISA

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Part IV, Line 4i: Schedule of Assets (Held at End of Year) as of the year ended December 31, 2023; Schedule H, Part IV, Line 4i: Schedule of Assets Acquired and Disposed of During Year; and Schedule H, Part IV, Line 4j: Schedule of Reportable Transactions for the year ended December 31, 2023, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are supplementary information required by the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Watson Rice LLP

New York, New York
October 15, 2024

**NEW YORK CITY HEAD START
MANAGEMENT WELFARE FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2023 AND 2022**

	<u>2023</u>	<u>2022</u>
Assets		
Investments, at fair value (Notes 3 and 4):		
Mutual funds	\$ 334,268	\$ 438,319
Fixed income	<u> -</u>	<u>96,289</u>
Total Investments	<u>334,268</u>	<u>534,608</u>
Receivables:		
Contributions receivable	15,209	7,959
Accrued interest	-	1,269
Prepaid expenses	<u>95,297</u>	<u>1,595</u>
Total Receivables	<u>110,506</u>	<u>10,823</u>
Cash	<u>32,649</u>	<u>35,861</u>
Total Assets	<u>477,423</u>	<u>581,292</u>
Liabilities		
Accounts payable	<u>41,503</u>	<u>64,405</u>
Net Assets Available for Benefits	<u>\$ 435,920</u>	<u>\$ 516,887</u>

The accompanying notes are an integral part of the financial statements.

**NEW YORK CITY HEAD START
MANAGEMENT WELFARE FUND
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2023**

Additions

Investment income:	
Net appreciation in fair value of investments (Note 3)	\$ 54,949
Interest income	3,445
Dividend income	<u>9,101</u>
Net investment income	67,495
Less: Investment expenses	<u>(5,016)</u>
Total investment income	<u>62,479</u>
Employers' contributions	<u>\$ 37,200</u>
Total Additions	<u>99,679</u>

Deductions

Benefit payments	83,282
Administrative expenses (Note 5)	<u>97,364</u>
Total Deductions	<u>180,646</u>
Net Decrease During the Year	(80,967)
Net Assets Available for Benefits, Beginning of Year	<u>516,887</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 435,920</u></u>

The accompanying notes are an integral part of the financial statements.

**NEW YORK CITY HEAD START
MANAGEMENT WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

1. DESCRIPTION OF THE PLAN

The following description of the New York City Head Start Management Welfare Fund (the “Fund” or “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan was established on October 4, 1994, in accordance with the Agreement and Declaration of Trust of the New York City Head Start Management Welfare Fund (the “Trust Agreement”) by the New York City Head Start Sponsoring Board Council (the “Council” or the “Plan Sponsor”) for the benefit of the management and other non-union employees of participating Head Start agencies (the “Agencies” or “Employers”). On July 1, 1996, the Plan implemented the Employee Medical Reimbursement Program, which is intended to constitute an “accident and health plan” under Sections 105 and 106 of the Internal Revenue Code (“IRC”).

Effective as of January 1, 2007, the Plan was amended to provide reimbursement for eligible expenses incurred during the Plan Year plus a 2 ½ month grace period following the end of the Plan Year (“Grace Period”).

Eligibility Requirements

Management and other non-union employees of the Agencies and their qualified dependents are eligible to participate in the Plan following the completion of thirty (30) days of full-time paid employment. An eligible employee shall become a participant in the Plan on the first day of the month following completion of the thirty (30) days service requirement. Qualified dependents of a participant include: (1) spouse, (2) children (married or unmarried) under age 26 (eligibility ends as of the end of the month in which children attain age 26), and (3) unmarried children over age 26 if they are mentally or physically incapable of self-support and they qualify as dependents on the participants Federal tax return.

Effective January 1, 2009, the domestic partner of a participant and the child(ren) of the domestic partner shall be eligible to participate in the Plan provided that the participant and the domestic partner (1) are at least age 18, (2) are not married, (3) are not related by blood to the extent they would be prohibited from marrying in New York state, (4) have a committed personal relationship, (5) live together and have lived together on a continuous basis, and (6) have submitted a Declaration of Domestic Partnership that was accepted by Local 95 Head Start Employees Welfare Fund and is currently in effect.

**NEW YORK CITY HEAD START
MANAGEMENT WELFARE FUND
NOTES TO FINANCIAL STATEMENTS – CONTINUED**

1. DESCRIPTION OF THE PLAN – CONTINUED

Eligibility Requirements – Continued

Former non-union or management employees of participating Agencies who met specified eligibility requirements and who enrolled in the retiree health benefits under the District Council 1707, Local 95 Head Start Employees Welfare Fund are allowed to continue to participate in the Fund until such former employees attain age 65. Moreover, the spouse or domestic partner of an eligible retiree shall be eligible to participate in the Fund for the period that the eligible retiree is covered by the retiree health benefit under the Local 95 Head Start Employees Welfare Fund provided that the spouse or domestic partner actually enrolls in the retiree health benefit under the Local 95 Head Start Employees Welfare Fund.

Effective as of September 30, 2012, the retiree health benefit was frozen to new participants.

Benefits

The Plan provides for the reimbursement of certain eligible medical, dental, vision, and hearing expenses not covered by any other health plan which is subject to the annual allocation approved by the Board of Trustees (also the “Plan’s management”).

Contributions

The Plan is non-contributory. Contributions are made by the participating Agencies.

Funding Policy

Each year, the Plan’s management will determine the amount of contributions that will be allocated to each participant’s account. The Plan’s management has the discretion to increase, decrease, suspend, or terminate the annual allocation.

Forfeitures

Contributions to the participant’s account are to be spent on charges incurred in the applicable calendar year plus, effective as of January 1, 2007, a 2 ½ month Grace Period immediately following the end of the calendar year. Any unused amounts remaining in the participant’s account at the end of the Grace Period will be forfeited following the end of the claims submission period on the June 1st following the end of the applicable Grace Period.

**NEW YORK CITY HEAD START
MANAGEMENT WELFARE FUND
NOTES TO FINANCIAL STATEMENTS – CONTINUED**

1. DESCRIPTION OF THE PLAN – CONTINUED

Termination

It is anticipated that the Plan will remain in effect indefinitely. However, the right to terminate or modify the Plan is reserved by the Plan’s management, in accordance with the Trust Agreement.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Fund are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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 reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

3. INVESTMENTS

The cost and fair value of investments held by the Plan are summarized as follows:

	December 31, 2023		December 31, 2022	
	Cost	Fair Value	Cost	Fair Value
Mutual funds	\$ 313,557	\$ 334,268	\$ 468,789	\$ 438,319
Fixed income	-	-	84,352	96,289
	<u>\$ 313,557</u>	<u>\$ 334,268</u>	<u>\$ 553,141</u>	<u>\$ 534,608</u>

**NEW YORK CITY HEAD START
MANAGEMENT WELFARE FUND
NOTES TO FINANCIAL STATEMENTS – CONTINUED**

3. INVESTMENTS – CONTINUED

The Plan’s investments (including investments bought, sold and held during the year) appreciated in value by \$54,949 during 2023.

4. 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) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include the following:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability’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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

**NEW YORK CITY HEAD START
MANAGEMENT WELFARE FUND
NOTES TO FINANCIAL STATEMENTS – CONTINUED**

4. FAIR VALUE MEASUREMENTS – CONTINUED

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023, and 2022.

Mutual funds: Valued at the quoted net asset value (NAV) of shares held by the fund at year end.

Fixed income: Valued using pricing models maximizing the use of observable inputs for similar securities.

The following table sets forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2023, and 2022:

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 334,268	\$ -	\$ -	\$ 334,268
Fixed income	-	-	-	-
Total	\$ 334,268	\$ -	\$ -	\$ 334,268

	Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 438,319	\$ -	\$ -	\$ 438,319
Fixed income	-	96,289	-	96,289
Total	\$ 438,319	\$ 96,289	\$ -	\$ 534,608

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

5. ADMINISTRATIVE EXPENSES

The Plan pays administrative expenses that consist primarily of administrative fees paid to third-party claims administrator, legal, and investment advisors. These expenses are reported on the statement of changes in net assets available for benefits as administrative expenses.

**NEW YORK CITY HEAD START
MANAGEMENT WELFARE FUND
NOTES TO FINANCIAL STATEMENTS – CONTINUED**

6. RELATED PARTY TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibility to the Plan. The investments are shares of various mutual funds that are owned or managed by Merrill Lynch advisors who handle the Plan investments, and therefore, these transactions qualify as exempt party-in-interest transactions.

7. PLAN TAX STATUS

The trust fund established under the Plan to hold the Plan's assets qualifies as an exempt organization under Section 501(c)(9) of the IRC. The Plan obtained its latest determination letter in 1997, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended and restated since receiving the determination letter. Plan's management and Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognizes a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income examination for years prior to 2020.

8. RISKS AND UNCERTAINTIES

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

Cash is held at Merrill Lynch affiliated banks or other depository institutions and are covered by FDIC insurance up to \$250,000.

9. SUBSEQUENT EVENTS

The Plan's management has evaluated subsequent events through October 15, 2024, the date the financial statements were available to be issued.

**NEW YORK CITY HEAD START
MANAGEMENT WELFARE FUND
SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023**

(A)	(B) Identity of Issue, Borrower, Lessor, or Similar Party	(C) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par, or Maturity Value	(D) Cost	(E) Current Value
*	Invesco Emerging Markets	Mutual Funds/Closed End Funds/UIT	\$ 3,305	\$ 3,423
*	Invesco Preferred ETF	Mutual Funds/Closed End Funds/UIT	2,366	2,225
*	Ishares Iboxx \$	Mutual Funds/Closed End Funds/UIT	11,156	11,287
*	Ishares 20+ Year	Mutual Funds/Closed End Funds/UIT	16,030	15,425
*	Ishares Tips	Mutual Funds/Closed End Funds/UIT	3,401	3,332
*	Ishares MBS ETF	Mutual Funds/Closed End Funds/UIT	39,845	40,454 **
*	Ishares Inc Core MSCI	Mutual Funds/Closed End Funds/UIT	20,027	20,434 **
*	Ishares TR Core MSCI EAF	Mutual Funds/Closed End Funds/UIT	26,647	30,532 **
*	Schwab Short-Term U.S	Mutual Funds/Closed End Funds/UIT	21,556	21,609 **
*	Vanguard Small Cap Value	Mutual Funds/Closed End Funds/UIT	6,546	7,019
*	Vanguard Small Cap	Mutual Funds/Closed End Funds/UIT	6,358	7,011
*	Vanguard Value ETF	Mutual Funds/Closed End Funds/UIT	71,205	74,601 **
*	Vanguard Growth ETF	Mutual Funds/Closed End Funds/UIT	45,987	57,202 **
*	Vanguard Interm-Term	Mutual Funds/Closed End Funds/UIT	9,475	9,729
*	Vanguard Short-Term	Mutual Funds/Closed End Funds/UIT	11,594	11,683
*	Vanguard Scottsdale	Mutual Funds/Closed End Funds/UIT	11,624	11,786
*	Vanguard Total Internatl	Mutual Funds/Closed End Funds/UIT	6,435	6,516
	Total Investments		<u>\$ 313,557</u>	<u>\$ 334,268</u>

* These are permitted party-in-interest transactions as defined by ERISA.

** Carrying value represents 5% or more of the Plan's assets at year end.

**NEW YORK CITY HEAD START
MANAGEMENT WELFARE FUND
SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF DURING YEAR)
DECEMBER 31, 2023**

(A) Identity of Issue, Borrower, Lessor, or Similar Party	(B) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par, or Maturity Value	(C) Cost of Acquisitions	(D) Proceeds of Dispositions
Abbott Laboratories	GLB 03.750% NOV 30 2026	\$ 3,912	\$ 3,922
AbbVie, Inc.	GLB 04.250% NOV 14 2028	2,871	2,965
American International Group	GLB 04.125% FEB 15 2024	1,985	1,993
Amgen Inc.	GLB 02.200% FEB 21 2027	2,719	2,776
Anheuser-Busch InBev Worldwide Inc.	COMPANY GUARNT GLB 04.000% APR 13 2028	2,887	2,943
Anthem Inc.	GLB 03.650% DEC 01 2027	2,845	2,883
Apple Inc.	GLB 03.000% NOV 13 2027	2,831	2,868
AT&T Inc.	GLB 04.350% MAR 01 2029	2,800	2,937
BB&T Corporation	SER MTN 02.850% OCT 26 2024	4,843	4,877
Bp Cap Markets America	COMPANY GUARNT GLB 03.796% SEP 21 2025	3,943	3,938
Bristol-Myers Squibb Co.	GLB 02.900% JUL 26 2024	4,879	4,922
Capital One Financial Co.	GLB 03.750% MAR 09 2027	1,913	1,895
Cigna Corp.	COMPANY GUARNT GLB 04.375% OCT 15 2028	2,909	2,942
Citigroup Inc.	GLB VAR%OCT 27 2028	2,752	2,826
CVS Health Corp	GLB 05.000% JAN 30 2029	1,948	2,021
Dowdupont Inc.	04.725% NOV 15 2028	1,966	2,007
Duke Energy Corp.	GLB 02.650% SEP 01 2026	1,848	1,884
Fiserv, Inc.	GLB 02.250% JUN 01 2027	2,696	2,755
Goldman Sachs Group Inc.	GLB 03.750% FEB 25 2026	3,872	3,891
Hp Enterprise Co.	GLB 04.900% OCT 15 2025	1,988	1,988
Lowe's Cos Inc.	GLB 02.500% APR 15 2026	1,866	1,896
McDonald's Corp.	SER MTN 03.700% JAN 30 2026	1,955	1,956
Merck & Co Inc.	GLB 02.750% FEB 10 2025	1,923	1,949
Morgan Stanley	SUBORDINATED GLB 03.950% APR 23 2027	1,900	1,924
Northrop Grumman Corp.	GLB 03.250% JAN 15 2028	2,795	2,851
PNC Financial Services	GLB VAR%JUN 12 2029	4,872	5,046
Salesforce.com Inc.	GLB 03.700% APR 11 2028	4,841	4,865
Shire Acq Inv Ireland DAC	COMPANY GUARNT GLB 03.200% SEP 23 2026	1,882	1,915
United Technologies Corp.	GLB 03.950% AUG 16 2025	1,960	1,961
US Bancorp	SUBORDINATED SER MTN 03.600% SEP 11 2024	3,930	3,940
USD Bank Nova Scotia	3.400% FEB 11 2024	1,973	1,991
Verizon Communications	GLB 03.376% FEB 15 2025	1,942	1,959
The Walt Disney Company	COMPANY GUARNT GLB 02.200% JAN 13 2028	2,697	2,758
Wells Fargo & Company	SUBD SER GMTN GLB 04.300% JUL 22 2027	1,937	1,943

**NEW YORK CITY HEAD START
MANAGEMENT WELFARE FUND
SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2023**

(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)
Series of Transactions								
Ishares MBS ETF	Mutual Funds/Closed End Funds/UIT	\$ 30,628	\$ -	\$ -	\$ -	\$ -	\$ 30,628	\$ -
Ishares MBS ETF	Mutual Funds/Closed End Funds/UIT	-	17,387	-	-	17,836	17,387	(449)
Ishares TR Core MSCI EAF	Mutual Funds/Closed End Funds/UIT	-	49,599	-	-	46,342	49,599	3,257
Schwab Short-Term U.S	Mutual Funds/Closed End Funds/UIT	19,542	-	-	-	-	19,542	-
Schwab Short-Term U.S	Mutual Funds/Closed End Funds/UIT	-	14,082	-	-	14,231	14,082	(149)
Vanguard Growth ETF	Mutual Funds/Closed End Funds/UIT	9,623	-	-	-	-	9,623	-
Vanguard Growth ETF	Mutual Funds/Closed End Funds/UIT	-	73,758	-	-	70,127	73,758	3,631
Vanguard Value ETF	Mutual Funds/Closed End Funds/UIT	9,926	-	-	-	-	9,926	-
Vanguard Value ETF	Mutual Funds/Closed End Funds/UIT	-	57,933	-	-	58,694	57,933	(761)

**NEW YORK CITY HEAD START
MANAGEMENT WELFARE FUND
SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023**

(A)	(B)	(C)	(D)	(E)
<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par, or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>	
* Invesco Emerging Markets	Mutual Funds/Closed End Funds/UIT	\$ 3,305	\$ 3,423	
* Invesco Preferred ETF	Mutual Funds/Closed End Funds/UIT	2,366	2,225	
* Ishares Iboxx \$	Mutual Funds/Closed End Funds/UIT	11,156	11,287	
* Ishares 20+ Year	Mutual Funds/Closed End Funds/UIT	16,030	15,425	
* Ishares Tips	Mutual Funds/Closed End Funds/UIT	3,401	3,332	
* Ishares MBS ETF	Mutual Funds/Closed End Funds/UIT	39,845	40,454	**
* Ishares Inc Core MSCI	Mutual Funds/Closed End Funds/UIT	20,027	20,434	**
* Ishares TR Core MSCI EAF	Mutual Funds/Closed End Funds/UIT	26,647	30,532	**
* Schwab Short-Term U.S	Mutual Funds/Closed End Funds/UIT	21,556	21,609	**
* Vanguard Small Cap Value	Mutual Funds/Closed End Funds/UIT	6,546	7,019	
* Vanguard Small Cap	Mutual Funds/Closed End Funds/UIT	6,358	7,011	
* Vanguard Value ETF	Mutual Funds/Closed End Funds/UIT	71,205	74,601	**
* Vanguard Growth ETF	Mutual Funds/Closed End Funds/UIT	45,987	57,202	**
* Vanguard Interm-Term	Mutual Funds/Closed End Funds/UIT	9,475	9,729	
* Vanguard Short-Term	Mutual Funds/Closed End Funds/UIT	11,594	11,683	
* Vanguard Scottsdale	Mutual Funds/Closed End Funds/UIT	11,624	11,786	
* Vanguard Total Internatl	Mutual Funds/Closed End Funds/UIT	6,435	6,516	
	Total Investments	<u>\$ 313,557</u>	<u>\$ 334,268</u>	

* These are permitted party-in-interest transactions as defined by ERISA.

** Carrying value represents 5% or more of the Plan's assets at year end.