

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
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) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan RETIREMENT AND PENSION PLAN FOR OFFICERS & EMPLOYEES OF THE NYCDCC AND RELATED ORGANIZATIONS	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 04/01/1961
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) BD TRUSTEES RET AND PENSION PLAN FOR OFFICERS AND EMPL OF THE NYCDCC AND RELATED ORGANIZATIONS 395 HUDSON STREET, 9TH FLOOR NEW YORK, NY 10014-3695	2b	Employer Identification Number (EIN) 51-0167964
		2c	Plan Sponsor's telephone number 212-366-7300
		2d	Business code (see instructions) 813930

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/28/2025	KRISTIN O'BRIEN
	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 ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN	
		4d PN	
5 Total number of participants at the beginning of the plan year		5	676
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested			
		6a(1)	52
		6a(2)	43
		6b	331
		6c	234
		6d	608
		6e	62
		6f	670
		6g(1)	
		6g(2)	
		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	10
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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 <u>1</u> (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 A

(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

► File as an attachment to Form 5500.

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan

RETIREMENT AND PENSION PLAN FOR OFFICERS & EMPLOYEES OF THE NYCDCC AND RELATED ORGANIZATIONS

B Three-digit plan number (PN)

001

C Plan sponsor's name as shown on line 2a of Form 5500

BD TRUSTEES RET AND PENSION PLAN FOR OFFICERS AND

D Employer Identification Number (EIN)

51-0167964

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

UNION LABOR LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA01266		07/01/2023	06/30/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
5419	50413

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

THE UNION LABOR LIFE INSURANCE COMP8403 COLESVILLE ROAD, 13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	50413	ASSET MANAGEMENT FEES	7

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

ULLICO INVESTMENT COMPANY, LLC8403 COLESVILLE ROAD, 13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5419		COMMISSIONS	3

(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	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	9398077

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

7c(6)

0

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

7e(5)

0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- Round off amounts to nearest dollar.
- Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan RETIREMENT AND PENSION PLAN FOR OFFICERS & EMPLOYEES OF THE NYCDCC AND RELATED ORGANIZATIONS	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BD TRUSTEES RET AND PENSION PLAN FOR OFFICERS AND	D Employer Identification Number (EIN) 51-0167964

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 07 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 102424212
(2) Actuarial value of assets for funding standard account	1b(2) 107622968
c (1) Accrued liability for plan using immediate gain methods	1c(1) 118742921
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 118742921
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 184828850
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 375000
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 11175925
(3) Expected plan disbursements for the plan year	1d(3) 11170644

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	04/01/2025
Signature of actuary DEWEY A. DENNIS	Date 20-05712
Type or print name of actuary FIRST ACTUARIAL CONSULTING INC.	Most recent enrollment number 212-395-9555
Firm name 1501 BROADWAY, SUITE 1728, NEW YORK, NY 10036-5601	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	102424212
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	400	150379317
(2) For terminated vested participants	234	24832352
(3) For active participants:		
(a) Non-vested benefits		241321
(b) Vested benefits		9375860
(c) Total active	52	9617181
(4) Total	686	184828850
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	55.42 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2024	4230404	0			
Totals ▶			3(b)	4230404	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total			3(d)		0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	90.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		2.85 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	7P	7P
(2) Females	6c(2)	7FP	7FP
d Valuation liability interest rate	6d	7.50 %	7.50 %
e Salary scale	6e	%	☒ N/A
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.4 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.2 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	375000	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	791595	83421

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☐ Yes ☒ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☐ Yes ☒ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	375000

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	44051029	7041185
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 556214**e** Total charges. Add lines 9a through 9d**9e** 7972399**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 8262324**g** Employer contributions. Total from column (b) of line 3**9g** 4230404**h** Amortization credits as of valuation date**9h** 24668752 3710902**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 1056632**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**9j(1)** 26827735**(2)** "RPA '94" override (90% current liability FFL)**9j(2)** 57206103**(3)** FFL credit**9j(3)****k (1)** Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 17260262**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 9287863**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☐ Yes ☒ No

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

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan RETIREMENT AND PENSION PLAN FOR OFFICERS & EMPLOYEES OF THE NYCDCC AND RELATED ORGANIZATIONS	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BD TRUSTEES RET AND PENSION PLAN FOR OFFICERS AND	D Employer Identification Number (EIN) 51-0167964	

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
THE VANGUARD GROUP
23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SEI TRUST COMPANY
06-1271230

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK ADVISORS LLC
23-2784752

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK INVESTMENTS LLC
13-3806694

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

GROSVENOR CAPITAL MANAGMENT LP

36-3795985

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

MACKAY SHIELDS LLC

13-4080466

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

RAINIER INVESTMENT MANAGEMENT LLC

46-4242069

(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)

NYCDCC WELFARE FUND

13-5615576

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	RELATED PARTY	138515	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEWTOWER TRUST COMPANY

30-0872552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	102083	Yes ☐ No ☒

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

FIRST ACTUARIAL CONSULTING INC

42-1565552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	79816	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MORGAN STANLEY - GRAYSTONE

36-3145972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	75000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TCW ASSET MANAGEMENT COMPANY LLC

95-3703295

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	62022	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

THE UNION LABOR LIFE INSURANCE CO

13-1423090

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 72	NONE	54721	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

HGK ASSET MANAGEMENT

52-1296988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	43064	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(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	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGALL BRYANT & HAMILL LLC

35-2679129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	29311	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

CHEVY CHASE TRUST COMPANY

52-2037618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	26626	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT, LLC

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	26626	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARCHER, BYINGTON, GLENNON, & LENNON

26-0873462

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	24000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

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 63 68 72	NONE	19868	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BNY MELLON

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	17119	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	12027	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	8566	Yes ☐ No ☐

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

PROXYVOTE PLUS LLC

20-0509976

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

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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
NEWTOWER TRUST COMPANY	21 28 52	102083
(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.	
MULTIEMPLOYER PROPERTY TRUST 52-6218800	TRUSTEE/INVESTMENT MANAGEMENT	
(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	22 53	7295
(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 13-2988846	COMMISSION	
(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	22 53	1271
(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	COMMISSION	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan RETIREMENT AND PENSION PLAN FOR OFFICERS & EMPLOYEES OF THE NYCDCC AND RELATED ORGANIZATIONS	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BD TRUSTEES RET AND PENSION PLAN FOR OFFICERS AND	D Employer Identification Number (EIN) 51-0167964	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW SMALL CAP 600 INDEX FUND		
b Name of sponsor of entity listed in (a): AMALGAMATED BANK		
c EIN-PN 13-4920330-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4903544
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST		
b Name of sponsor of entity listed in (a): NEWTOWER TRUST COMPANY		
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11005351
a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9369488
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB LABOR EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 27-3350609-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5738923
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 52-6257033-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4335294
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO SEPARATE ACCOUNT J		
b Name of sponsor of entity listed in (a): UNION LABOR LIFE INSURANCE COMPANY		
c EIN-PN 13-1423090-203	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9398077
a Name of MTIA, CCT, PSA, or 103-12 IE: MACKAY SHIELDS HIGH YIELD BOND CIT		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 47-1818241-076	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3361446

a Name of MTIA, CCT, PSA, or 103-12 IE: RAINIER INT'L SMALL CAP EQUITY CIT**b** Name of sponsor of entity listed in (a): SEI TRUST COMPANY

c EIN-PN 45-4762346-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2495151
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan RETIREMENT AND PENSION PLAN FOR OFFICERS & EMPLOYEES OF THE NYCDCC AND RELATED ORGANIZATIONS	B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500 BD TRUSTEES RET AND PENSION PLAN FOR OFFICERS AND	D Employer Identification Number (EIN) 51-0167964	

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.				
	Assets	(a) Beginning of Year	(b) End of Year	
a	Total noninterest-bearing cash	1a	959296	983902
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	40000	58390
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)	520457	186620
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities	1c(2)	6621214	9918403
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)	2118853	921971
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	26028830	26468806
	(5) Partnership/joint venture interests	1c(5)	7970321	6699612
	(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)	41510641	46471832
	(10) Value of interest in pooled separate accounts	1c(10)	8993619	9398077
	(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)	8061157	8756129
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		178840

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	102824388	110042582
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	76936	82393
i Acquisition indebtedness	1i		
j Other liabilities	1j	323240	7561418
k Total liabilities (add all amounts in lines 1g through 1j)	1k	400176	7643811
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	102424212	102398771

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)	4230404	
(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)		4230404
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	627	
(B) U.S. Government securities	2b(1)(B)	158241	
(C) Corporate debt instruments	2b(1)(C)	57071	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	758521	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		974460
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	435010	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	305231	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		740241
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	47143166	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	44902382	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2240784
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3152759	
(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)		11735
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-124586
(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)		549362
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		11775159

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11080728	
(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)		11080728
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)		
(4) IQPA audit fees.....	2i(4)	30000	
(5) Investment advisory and investment management fees	2i(5)	369724	
(6) Bank or trust company trustee/custodial fees	2i(6)	2841	
(7) Actuarial fees	2i(7)	79816	
(8) Legal fees	2i(8)	24000	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	213491	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		719872
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11800600

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-25441
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: **NOVAK FRANCELLE, LLC**

(2) EIN: **61-1436956**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?	☒		6575942
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 534894.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 07/01/2023 and ending 06/30/2024		
A Name of plan RETIREMENT AND PENSION PLAN FOR OFFICERS & EMPLOYEES OF THE NYCDCC AND RELATED ORGANIZATIONS		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BD TRUSTEES RET AND PENSION PLAN FOR OFFICERS AND		D Employer Identification Number (EIN) 51-0167964
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 51-0167964		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer NYC DISTRICT COUNCIL UBCJA

b EIN 13-5569960

c Dollar amount contributed by employer 2048589

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2013

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): FROZEN PLAN, MINIMUM FUND

a Name of contributing employer NYCDCC WELFARE FUND

b EIN 13-5615576

c Dollar amount contributed by employer 694401

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2013

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): FROZEN PLAN, MINIMUM FUND

a Name of contributing employer NYCDCC APPRENTICESHIP, JOURNEYMAN

b EIN 13-2583087

c Dollar amount contributed by employer 735685

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2013

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): FROZEN PLAN, MINIMUM FUND

a Name of contributing employer NYCDCC PENSION FUND

b EIN 51-0174276

c Dollar amount contributed by employer 464127

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2013

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): FROZEN PLAN, MINIMUM FUND

a Name of contributing employer NYCDCC ANNUITY FUND

b EIN 51-0174279

c Dollar amount contributed by employer 171597

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2013

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): FROZEN PLAN, MINIMUM FUND

a Name of contributing employer CARPENTERS UNION LOCAL 1556

b EIN 45-2787952

c Dollar amount contributed by employer 33000

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2013

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): FROZEN PLAN, MINIMUM FUND

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer CARPENTERS UNION LOCAL 157

b EIN 13-3986049

c Dollar amount contributed by employer 20500

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2013

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): FROZEN PLAN, MINIMUM FUND

a Name of contributing employer CARPENTERS UNION LOCAL 45

b EIN 11-3415496

c Dollar amount contributed by employer 12500

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2013

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): FROZEN PLAN, MINIMUM FUND

a Name of contributing employer RETIREMENT AND PENSION FUND FOR OFF

b EIN 51-0167964

c Dollar amount contributed by employer 11163

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2013

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): FROZEN PLAN, MINIMUM FUND

a Name of contributing employer CARPENTERS UNION LOCAL 2287

b EIN 13-5591944

c Dollar amount contributed by employer 10500

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2013

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): FROZEN PLAN, MINIMUM FUND

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14a	
14b	
14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a	0.98
15b	0.98

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a	
16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

- 21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- ☐ Design-based safe harbor method
- ☐ "Prior year" ADP test
- ☐ "Current year" ADP test
- ☐ N/A

- 22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**RETIREMENT AND PENSION PLAN
FOR OFFICERS AND EMPLOYEES OF THE
NEW YORK CITY DISTRICT COUNCIL OF
CARPENTERS AND RELATED ORGANIZATIONS**

FINANCIAL STATEMENTS

JUNE 30, 2024

**RETIREMENT AND PENSION PLAN
FOR OFFICERS AND EMPLOYEES OF THE
NEW YORK CITY DISTRICT COUNCIL OF
CARPENTERS AND RELATED ORGANIZATIONS**

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

JUNE 30, 2024 AND 2023

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INDEPENDENT AUDITOR’S REPORT

To the Board of Trustees of the
Retirement and Pension Plan for Officers and
Employees of the New York City District Council of
Carpenters and Related Organizations

Opinion

We have audited the financial statements of the Retirement and Pension Plan for Officers and Employees of the New York City District Council of Carpenters and Related Organizations (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Retirement and Pension Plan for Officers and Employees of the New York City District Council of Carpenters and Related Organizations as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Retirement and Pension Plan for Officers and Employees of the New York City District Council of Carpenters and Related Organizations and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of the Plan’s 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 GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

Novak Francella LLC

New York, New York
February 27, 2025

**RETIREMENT AND PENSION PLAN
FOR OFFICERS AND EMPLOYEES OF THE
NEW YORK CITY DISTRICT COUNCIL OF
CARPENTERS AND RELATED ORGANIZATIONS**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
INVESTMENTS - at fair value		
United States Government and Government		
Agency obligations	\$ 9,918,403	\$ 6,550,019
Corporate obligations	921,971	2,118,853
Municipal obligations	178,840	71,195
Common stock	26,468,806	26,028,830
Partnership	6,699,612	7,970,321
Common collective trusts	46,471,832	41,510,641
Pooled separate account	9,398,077	8,993,619
Exchange traded funds	8,756,129	8,061,157
Total investments	<u>108,813,670</u>	<u>101,304,635</u>
RECEIVABLES		
Securities sold and not settled	11,600	296,665
Employer contributions	58,390	40,000
Accrued interest and dividends	59,799	112,360
Total receivables	<u>129,789</u>	<u>449,025</u>
OTHER ASSETS		
Cash	983,902	959,296
Prepaid and other	115,221	111,432
Total other assets	<u>1,099,123</u>	<u>1,070,728</u>
Total assets	<u>110,042,582</u>	<u>102,824,388</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accrued expenses	82,393	76,936
Due to NYC DCC Welfare Fund	8,714	10,217
Securities purchased and not settled	7,552,704	313,023
Total liabilities	<u>7,643,811</u>	<u>400,176</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 102,398,771</u></u>	<u><u>\$ 102,424,212</u></u>

See accompanying notes to financial statements.

**RETIREMENT AND PENSION PLAN
FOR OFFICERS AND EMPLOYEES OF THE
NEW YORK CITY DISTRICT COUNCIL OF
CARPENTERS AND RELATED ORGANIZATIONS**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 5,830,054	\$ 4,257,211
Interest and dividends	<u>1,714,701</u>	<u>1,380,249</u>
	7,544,755	5,637,460
Less investment expenses	<u>(372,565)</u>	<u>(376,806)</u>
Investment income - net	7,172,190	5,260,654
Employer contributions	<u>4,230,404</u>	<u>4,230,404</u>
Total additions	<u>11,402,594</u>	<u>9,491,058</u>
DEDUCTIONS		
Pension benefits	11,080,728	11,091,379
Administrative expenses	<u>347,307</u>	<u>372,331</u>
Total deductions	<u>11,428,035</u>	<u>11,463,710</u>
NET DECREASE	(25,441)	(1,972,652)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>102,424,212</u>	<u>104,396,864</u>
End of year	<u><u>\$ 102,398,771</u></u>	<u><u>\$ 102,424,212</u></u>

See accompanying notes to financial statements.

**RETIREMENT AND PENSION PLAN
FOR OFFICERS AND EMPLOYEES OF THE
NEW YORK CITY DISTRICT COUNCIL OF
CARPENTERS AND RELATED ORGANIZATIONS**

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Retirement and Pension Plan for Officers and Employees of the New York City District Council of Carpenters and Related Organizations (Plan) provides only general information. Participants should refer to the Retirement and Pension Plan for Officers and Employees of the New York City District Council of Carpenters and Related Organizations Summary Plan Description for a more complete description of the Plan's provisions.

General - The Plan was adopted pursuant to the authority of the Board of Trustees granted under the agreement and declaration of trust entered into as of April 1, 1961. The Plan is a multi-employer defined benefit pension plan created for the exclusive purpose of providing and maintaining pension benefits or other benefits as may be determined by the Trustees, for the benefit of Participants and their Beneficiaries; and defraying the reasonable expenses of administering a Pension Plan in accordance with this Trust Agreement and the requirements of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective July 1, 2005, the Plan was amended to accept new participating employers (the New Employers) and provide pension benefits for their employees. The Plan provisions for participants employed by these new employers differ from the Plan provisions for participants covered prior to this amendment.

Benefits - The Plan provides normal, early, deferred vested pensions as well as death benefits. Under current provisions of the Plan, employees become eligible to participate following completion of 1,000 hours of service. Participants then become fully vested upon providing 3 years of service. Participants may be entitled to a regular pension benefit if they are age 60 before incurring a one-year break-in-service and have at least 3 years of service unless employed prior to July 1, 1976.

For pension benefits payable in the form of a Single Life Annuity, there is currently a guaranteed payment of 120 times the portion of the monthly pension benefit as of the participant's annuity starting date. Under the guarantee, if a participant dies before receiving a total of 120 times the portion of the monthly benefit, the designated beneficiary will receive the balance of that amount. The Rehabilitation Plan eliminates the guaranteed payment. Thus, the Single Life Annuity will provide for monthly payments for the life of the retired participant and will cease at the participant's death.

NOTE 1. DESCRIPTION OF THE PLAN (continued)

For pension benefits payable in the form of a 100% Participant and Spouse Pension, there is currently a guaranteed payment of 120 times the portion of the monthly pension benefit as of the participant's annuity starting date. Under the guarantee, if a participant and spouse die before receiving a total of 120 times the portion of the monthly benefit, the beneficiary will receive the balance of that amount. The Rehabilitation Plan eliminated the guaranteed payment. Thus, the 100% Participant and Spouse Pension will provide for monthly payments for the life of the retired participant and surviving spouse and will cease upon both the participant's and surviving spouse's death.

Effective January 1, 2011, the Plan elected to eliminate all future benefit accruals.

In 2011 the Plan was reported by the actuary to be in critical status (Red Zone) and effective July 1, 2011, a Rehabilitation Plan was adopted that modified Early Retirement benefits with an annuity. A benefit that is due at age 60 from active retirement (or age 62 from inactive participation) but paid at an earlier age pursuant to the terms of the Plan will be actuarially reduced to account for the fact that it is being paid for a longer period of time.

The Rehabilitation Plan modified the unreduced 100% Participant and Spouse pension benefits with an annuity starting date after July 1, 2011. Previously the monthly amount of pension was not actuarially reduced to account for any age difference between the Participant and the Participant's spouse. For pension benefits payable after July 1, 2011, the monthly benefits will be actuarially reduced depending on the age of the Participant and Participant's Spouse at retirement.

In addition to the 100% Participant and Spouse Pension, a new 50% Participant and Spouse Pension has been introduced. For pension benefits payable after July 1, 2011, the monthly benefits will be actuarially reduced depending on the age of the Participant's Spouse at retirement. There is no provision for 120 times the portion of the monthly payment and the benefit will cease upon the Surviving Spouse's death.

The Plan was amended on August 18, 2021 to restore adjustable benefits that had been eliminated in 2010 as a result of its original Rehabilitation Plan. The restored benefits, which would be applicable to any person retiring from active status from the Plan, provided they were active on or after July 1, 2020, are as follows: (i) unreduced 100% joint & survivor benefits for married, active participants; (ii) single life annuity with 120 payments guaranteed as the normal form for unmarried participants and not reduced to ensure the 120-payment guarantee; and (iii) unreduced early retirement benefit.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investments and Income Recognition - Investments are carried at fair value. The valuation for United States treasuries, common stocks and exchange traded funds are generally based on quoted market prices or the net asset value of the fund as of the last business day of the fiscal year as provided by the custodian. Government Agency obligations, corporate obligations and municipal obligations are valued using pricing models that maximize the use of observable inputs for similar securities, including yields, credit ratings and broker quotes, if available. The investment in the limited partnership is carried at estimated fair value as determined by the partnership. The investments in common and collective trusts are carried at estimated fair value as established by the trusts. The investment in the pooled separate account is carried at estimated fair value as reported by the insurance company.

Purchases and sales are recorded on a trade date basis. Interest and dividends are recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Employer Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contribution receivable. The Plan believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

Securities Purchased or Sold and Not Settled - This represents the amounts due to or from the custodial bank for the purchase or sale of securities with trade dates prior to year end and settlement dates after year end.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Payments of Benefits - Benefit payments to participants are recorded upon distribution.

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 certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

NOTE 3. FUNDING POLICY

As required by the Pension Protection Act of 2006, the actuary completed the Plan's actuarial status certification under the Internal Revenue Code Section 432 as of July 1, 2023. These projections were prepared based on the Actuarial Valuation and asset information as of June 30, 2024, and in accordance with generally accepted actuarial principles and practices and a current understanding of the law.

NOTE 3. FUNDING POLICY (continued)

For the Plan years ending June 30, 2024 and 2023, the Plan had an allocation of a minimum required contribution of \$4,230,404 among all participating employers. Employer contributions are accounted for as exchange transactions.

The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of July 1, 2024.

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan's assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, the Plan is insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of Plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on June 30, 2015 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the exemption letter. The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 6. 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:

Basis of Fair Value Measurement:

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: 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; 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's 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.

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. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended June 30, 2024 and 2023 there were no transfers in or out of levels 1, 2 or 3.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level within the fair value hierarchy, the major categories of the Plan's assets measured at fair value at June 30, 2024 and 2023:

	June 30, 2024			
	Total	Level 1	Level 2	Level 3
United States Government and Government Agency obligations	\$ 9,918,403	\$ 9,918,175	\$ 228	\$ -
Corporate obligations	921,971	-	921,971	-
Common stock	26,468,806	26,468,806	-	-
Municipal obligations	178,840	-	178,840	-
Common collective trust	9,369,488	-	9,369,488	-
Exchange traded funds	8,756,129	8,756,129	-	-
Total assets in the fair value hierarchy	55,613,637	<u>\$ 45,143,110</u>	<u>\$ 10,470,527</u>	<u>\$ -</u>
Investments measured at net asset value	53,200,033			
Total investments at fair value	<u>\$ 108,813,670</u>			
	June 30, 2023			
	Total	Level 1	Level 2	Level 3
United States Government and Government Agency obligations	\$ 6,550,019	\$ 6,549,763	\$ 256	\$ -
Corporate obligations	2,118,853	-	2,118,853	-
Common stock	26,028,830	26,028,830	-	-
Municipal obligations	71,195	-	71,195	-
Common collective trust	1,950,344	-	1,950,344	-
Exchange traded funds	8,061,157	8,061,157	-	-
Total assets in the fair value hierarchy	44,780,398	<u>\$ 40,639,750</u>	<u>\$ 4,140,648</u>	<u>\$ -</u>
Investments measured at net asset value	56,524,237			
Total investments at fair value	<u>\$ 101,304,635</u>			

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient at June 30, 2024 and 2023:

June 30, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Partnership -				
Grosvenor Institutional Partners, LP	\$ 6,699,612	\$ -	Quarterly	70 days
Common collective trusts -				
ASB Allegiance Real Estate Fund	4,335,294	-	Quarterly	30 days
ASB Labor Equity Index Fund	5,738,923	-	Daily	Daily
LongView 600 Small Cap Index Fund	4,903,544	-	^	^
MacKay Shields High Yield Bond CIT	3,361,446	-	Daily	Daily
Multi-Employer Property Trust	11,005,351	-	^^	^^
Rainier Int'l Small Cap Equity CIT	2,495,151	-	Daily	Daily
UBC Russell 3000 Index Trust	5,262,635	-	Daily	Daily
Pooled separate account -				
Union Labor Life Insurance Company	9,398,077	-	^^^	^^^
Total	<u>\$ 53,200,033</u>	<u>\$ -</u>		
June 30, 2023	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Partnership -				
Grosvenor Institutional Partners, LP	\$ 7,970,321	\$ -	Quarterly	70 days
Common collective trusts -				
ASB Allegiance Real Estate Fund	5,856,041	-	Quarterly	30 days
ASB Labor Equity Index Fund	10,220,266	-	Daily	Daily
LongView Small Cap 600 Index Fund	5,353,964	-	^	^
MacKay Shields High Yield Bond CIT	3,048,151	-	Daily	Daily
Multi-Employer Property Trust	12,710,257	-	^^	^^
Rainier Int'l Small Cap Equity CIT	2,371,618	-	Daily	Daily
Pooled separate account -				
Union Labor Life Insurance Company	8,993,619	-	^^^	^^^
Total	<u>\$ 56,524,237</u>	<u>\$ -</u>		

The Grosvenor Institutional Partners, LP's objective is to invest in "Portfolio Funds" consisting of offshore investment funds, investment partnerships, and pooled investment vehicles in the hedge fund industry. The funds consist of equity, arbitrage, and opportunistic funds that are located within the United States, globally, through Europe, Asia, and Japan. Withdrawals are performed on a quarterly basis with a 70 day written notice. Transfers are performed upon availability of funds within 60 days of quarter end.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

The ASB Allegiance Real Estate Fund's objective is to primarily invest in real estate investments on a collective basis by qualified employee benefit plans. Investments are stated at fair value in which unit values are determined at the end of each calendar quarter. Real estate investments are typically considered less liquid than other investment alternatives. As a result, outstanding withdrawals are honored on a pro rata basis with available liquid assets. Withdrawals are performed on a quarterly basis with transfers within 10 business days following quarter end. A 30 day written notice is required for withdrawals. Beginning September 30, 2022, a redemption queue was put in effect by the Fund.

^ - The investment in the LongView SmallCap 600 Index Fund allows the Plan to withdraw upon a written request for or notice of intention of taking the action of withdrawal and has been entered into the records and approved by the Trustee prior to the valuation date. The participating interest of any trust in the Fund may be withdrawn in whole or in part by the Trustee.

^^ - The investment in the Multi-Employer Property Trust (the Trust) may honor redemption requests as of the end of a quarter following receipt of notice of withdrawal. The Trust Agreement does not require the Trustee to liquidate assets or defer investments to fund or satisfy redemption requests within one year. The Trust is subject to regulations promulgated by the Comptroller of the Currency which require in most circumstances that redemptions be completed by the expiration of the Trust's one-year notice period. Effective March 31, 2020, the Trust implemented a redemption queue.

^^^ - The investment in the Pooled Separate Account, the Union Life Insurance Company Separate Account J, allows the Plan to withdraw an amount equal to all or a portion of its investment (categorized as less than 80% of the investment balance or greater than 80% of the investment balance). If the Plan elects to withdraw less than 80% of the account balance, the payment will be made on the first business day following the third valuation date from the date of receipt of the redemption request, however, Union Labor Life may make payments in the amount of the redemption request on the first or second valuation date following the receipt of the redemption request.

The account is valued as of the close of business on the last business day of each month. If the Plan elects to withdraw greater than 80% of the account balance, Union Labor Life will make a partial payment in the amount equal to 80% of the value of the calculated redeemed units as of the second valuation date following the receipt of the redemption request and paid on the first business day following the third valuation date. Union Labor Life will make the final payment within three weeks after the third valuation date.

NOTE 7. RELATED ORGANIZATIONS

Identification of Related Organizations

The Plan has the following related entities with which it has transactions:

- The District Council of New York and Vicinity of the United Brotherhood of Carpenters and Joiners of America
- New York City District Council of Carpenters Welfare Fund
- New York City District Council of Carpenters Pension Fund
- New York City District Council of Carpenters Annuity Fund
- New York City Carpenters Relief and Charity Fund
- Carpenters Apprenticeship Training Center

All of the above entities qualify as tax-exempt organizations.

The entities listed above share common trustees or officers with this Plan.

Common Administrative Expenses

A group of plans, including this Plan, make deposits to both the New York City District Council of Carpenters Benefit Plans - Payroll Account and the New York City District Council of Carpenters Benefit Plans - Administrative Expense Account. Direct and allocated joint payroll and payroll costs incurred by this Plan are charged against the deposits made to the Payroll Account, while direct and allocated joint office and administrative expenses incurred by this Plan are charged against the deposits made to the Administrative Expense Account.

The Plan's allocated percentage for payroll and related expenses, reimbursable to the Payroll Account, was 0.78% for each of the years ended June 30, 2024 and 2023. The Plan's allocated percentage for occupancy costs was 1.19% for the years ended June 30, 2024 and 2023. The Plan's allocated percentage for computer expenses was 0.52%, and other allocable expenses were 0.88%, for the years ended June 30, 2024 and 2023. These expenses are reimbursable to the Administrative Expense Account. As of current, the Plan has started revaluating the allocation basis.

During the years ended June 30, 2024 and 2023, the Plan reimbursed the Welfare Plan a total of \$138,515 and \$133,562, respectively, for their portion of allocated administrative and payroll expenses. At June 30, 2024 and 2023, the Plan owed \$8,714 and \$10,217 to the Welfare Plan, respectively.

Certain plan investments are common collective trusts managed by Bank of New York Mellon. Bank of New York Mellon is the custodian, and therefore, these transactions qualify as party-interest transactions.

The transactions above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN

Employees of the Plan participate in a multiemployer defined benefit pension plan under the terms of a participation agreement that covers its non-collectively bargained employees. The risks of participating in these multiemployer defined benefit pension plans are different from single-employer plans in the following aspects:

- a. Assets contributed to the multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.
- b. If a participating employer stops contributing to the multiemployer defined benefit pension plan, the unfunded obligations of the multiemployer defined benefit pension plan may be borne by the remaining participating employers.
- c. If the Plan chooses to stop participating in any of its multiemployer defined benefit pension plans, the Plan may be required to pay those multiemployer defined benefit pension plans an allocated amount based on the underfunded status of the multiemployer defined benefit pension plan, referred to as a withdrawal liability.

The Plan's participation in this multiemployer defined benefit pension plan for the annual periods ended June 30, 2024 and 2023 is outlined in the table below. The zone status is based on information that the Plan received from the multiemployer defined benefit pension plan and is certified by each multiemployer defined benefit pension plan's actuary. Among other factors, pension plans in the red zone are generally less than 65 percent funded, pension plans in the yellow zone are less than 80 percent funded, and pension plans in the green zone are at least 80 percent funded.

Legal Name of Pension Plan	Pension Plan's Employer Identification Number	Pension Plan's Plan Number	Pension Protection Act Zone Status				Expiration Date of Collective Bargaining Agreement
			Zone Status	Extended Amortization Provisions Used?	Zone Status	Extended Amortization Provisions Used?	
Retirement and Pension Plan for Officers and Employees of the New York City District Council of Carpenters and Related Organizations	51-0167964	001	Green as of 7/1/24	No	Green as of 7/1/23	No	*

*The participation agreement between the Plan and the Retirement and Pension Plan for Officers and Employees of the New York City District Council of Carpenters and Related Organizations (the Fund) does not have an expiration date. The Trustees may terminate this agreement immediately upon violation of any provision. Otherwise, the agreement may be terminated by any party upon 60 days advance written notice to the other party.

NOTE 8. MULTIEMPLOYER DEFINED BENEFIT PENSION PLAN (continued)

Legal Name of Pension Plan	Contribution paid directly to the Pension Plans		Contributions to the Pension Plans greater than 5% of total Pension Plan contributions (Plan year ending)		Employer Contribution Rates of the Pension Plans		Number of Employees Covered by Pension Plans for which the Plan contributes directly to Pension	
	6/30/2024	6/30/2023			6/30/2024	6/30/2023	6/30/2024	6/30/2023
Retirement and Pension Plan for Officers and Employees of the New York City District Council of Carpenters and Related Organizations	\$ -	\$ -	No, Plan year ending 6/30/24.	No, Plan year ending 6/30/23.	*	*	0	0

*The Plan reimbursed the New York City District Council of Carpenters Welfare Fund for its share of the minimum funding. The Plan's share of the minimum funding was determined by the actuary to be \$11,163 for each of the years ended June 30, 2024 and 2023.

Legal Name of Pension Plan	Funding Improvement Plan or Rehabilitation Plan Implemented or Pending?	Surcharge paid to Pension Plan	Minimum contributions required in future by CBA, statutory requirements, or other contractual requirements.	
			No?	If yes, description
Retirement and Pension Plan for Officers and Employees of the New York City District Council of Carpenters and Related Organizations	Rehabilitation Plan Implemented	No	No	Yes *

*As a result of a critical status of the Retirement and Pension Plan for Officers and Employees of the New York City District Council of Carpenters and Related Organizations Plan at July 1, 2011, the Trustees, in an effort to improve the Plan, elected to have minimum funding contributions be remitted to the Plan. Minimum funding requirements were determined by the Plan's actuary for the years ended June 30, 2024 and 2023.

NOTE 9. MULTIEMPLOYER PLAN THAT PROVIDES POSTRETIREMENT BENEFITS OTHER THAN PENSIONS

The Plan contributed to a multiemployer defined benefit health and welfare plan that provides postretirement benefits for its union-represented and non-collectively bargained employees during the years ended June 30, 2024 and 2023. The Plan remits the contributions to the multiemployer health and welfare plan that provides postretirement benefits for the shared employees on behalf of the related entities and the related entities reimburse the Plan for their share of the contributions based on a cost allocation study. Information about the health and welfare plan is below:

NOTE 9. MULTIEMPLOYER PLAN THAT PROVIDES POSTRETIREMENT BENEFITS OTHER THAN PENSIONS (continued)

Legal name of Plan providing postretirement benefits other than pension	Contributions to Plan		Employer contribution rates		Number of employees covered by the Health Plan for which the Plan contributes directly to the Health Plan	
	6/30/2024	6/30/2023	6/30/2024	6/30/2023	6/30/2024	6/30/2023
New York District Council of Carpenters Welfare Fund	\$ -	\$ -	*	*	0	0

* The Plan reimbursed the New York City District Council of Carpenters Welfare Fund \$20,623 and \$17,959 during the years ended June 30, 2024 and 2023, respectively, for the Plan's allocated share of the health contributions for shared employees.

For the period commencing January 1, 2012 and continuing thereafter, the applicable contribution rate shall be the rate determined by the Trustees of the Welfare Fund, in their sole discretion, after consultation with the Welfare Fund's actuary and consultant.

The Plan provides postretirement health benefits (medical, hospital, prescription drug, dental, vision, and hearing), disability, and accidental death and dismemberment benefits for eligible participants and their spouses, beneficiaries, and covered dependents.

NOTE 10. OTHER BENEFIT PLANS

The Plan's employees are covered by a multiemployer defined contribution pension plan (New York City District Council of Carpenters Annuity Fund).

Contributions to benefit plans during the years ended June 30, 2024 and 2023, consisted of the following:

	<u>2024</u>	<u>2023</u>
NYC DCC Annuity Fund	<u>\$ 5,906</u>	<u>\$ 5,476</u>

NOTE 11. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary as of July 1, 2023. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits

Participants currently receiving benefits	\$ 102,072,696
Participants entitled to deferred benefits	12,153,552
Other vested benefits	<u>4,454,775</u>

118,681,023

Nonvested benefits

61,898

Total actuarial present value

of accumulated plan benefits

\$ 118,742,921

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended June 30, 2023 were as follows:

Actuarial present value of accumulated plan benefits

at beginning of year

\$ 122,509,444

Increase (decrease) during the year attributable to:

Benefits accumulated, net experience

gain or loss, changes in data

(1,412,765)

Benefits paid

(11,091,379)

Decrease in discount period at 7.50%

8,737,621

Net decrease

(3,766,523)

Actuarial present value of accumulated plan benefits

at end of year

\$ 118,742,921

The actuarial cost method used in the valuations is the Unit Credit Actuarial Cost Method. Some of the more significant actuarial assumptions used in the July 1, 2023 valuation were:

- Mortality rates:

Healthy participants:

The mortality of healthy participants is assumed to follow the standard RP-2014 mortality table, adjusted to 2006 by removing projections under scale MP-2014, and then applying the standard mortality improvement scale MP of the valuation year on a fully generational basis.

Disabled participants:

The mortality of disabled participants is assumed to follow the standard RP-2014 disabled mortality table, adjusted to 2006 by removing projections under scale MP-2014, and then applying the standard mortality improvement scale MP of the valuation year on a fully generational basis.

NOTE 11. ACTUARIAL INFORMATION (continued)

- Retirement age assumption:

The Plan was valued assuming active participants will retire according to the following rates:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
50-54	2%	61	10%
55	10%	62-64	20%
56-59	2%	65	100%
60	60%		

- Investment rate of return - 7.50%.
- Administrative expenses - \$375,000.

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since the information on the actuarial present value of accumulated plan benefits as of June 30, 2024, and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of June 30, 2024, and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended June 30, 2024. The complete financial status is presented as of June 30, 2023.

As of July 1, 2024, the actuary reported that the Plan is not in endangered or critical status.

NOTE 12. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as interest rate, market, sector, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and participant 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 would be material to the financial statements.

NOTE 13. SUBSEQUENT EVENTS

The Board of Trustees and management have evaluated subsequent events through February 27, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

**RETIREMENT AND PENSION PLAN
FOR OFFICERS AND EMPLOYEES OF THE
NEW YORK CITY DISTRICT COUNCIL OF
CARPENTERS AND RELATED ORGANIZATIONS**

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Accounting and auditing	\$ 30,000	\$ 30,000
Actuarial	79,816	59,500
Employee benefits	37,692	34,598
Insurance	48,269	41,712
Legal	24,000	24,000
Office expenses	39,951	99,960
Payroll	59,084	55,926
Payroll taxes	4,835	4,459
Pension Benefit Guaranty Corporation	<u>23,660</u>	<u>22,176</u>
Total	<u><u>\$ 347,307</u></u>	<u><u>\$ 372,331</u></u>

**RETIREMENT AND PENSION PLAN
FOR OFFICERS AND EMPLOYEES OF THE
NEW YORK CITY DISTRICT COUNCIL OF
CARPENTERS AND RELATED ORGANIZATIONS**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

JUNE 30, 2024

Form 5500, Schedule H, Item 4i

E.I.N. 51-0167964
Plan No. 001

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
Item 1c(2)-United States Government & Agency obligations:						
Government National Mortgage Association	Bond	04/15/33	5.500 %	2	\$ 2	\$ 2
Government National Mortgage Association	Bond	02/20/41	4.500	231	252	226
United States Treasury	Note	09/30/25	5.000	255,000	255,224	254,901
United States Treasury	Note	04/30/29	4.625	790,000	789,352	799,567
United States Treasury	Note	04/30/29	4.625	870,000	869,286	880,536
United States Treasury	Note	06/30/29	4.250	3,250,000	3,243,694	3,238,332
United States Treasury	Note	06/30/29	4.250	4,210,000	4,201,831	4,194,886
United States Treasury	Bond	11/15/51	VAR	570,000	187,573	168,851
United States Treasury	Bond	05/15/53	3.625	445,000	391,958	381,102
Total United States Government & Government Agency obligations					9,939,172	9,918,403
Item 1c(3)b-Corporate obligations:						
Bank of America Corp	Bond	07/22/33	VAR	100,000	99,820	98,114
Bank of America Corp	Bond	07/22/33	VAR	125,000	123,342	122,643
Goldman Sachs Group Inc	Bond	10/24/29	VAR	100,000	102,906	104,463
Goldman Sachs Group Inc	Bond	10/24/29	VAR	125,000	129,449	130,579
JPMorgan Chase & Co	Bond	10/23/29	VAR	100,000	102,920	103,376
JPMorgan Chase & Co	Bond	10/23/29	VAR	125,000	128,897	129,220
Wells Fargo & Co	Bond	10/23/29	VAR	100,000	102,360	103,811
Wells Fargo & Co	Bond	10/23/29	VAR	125,000	128,653	129,765
Total corporate obligations					918,347	921,971
Item 1c(4)b-Common stocks:						
Abbvie Inc	Stock			1,139	115,141	195,361
Accenture PLC	Stock			300	91,402	91,023
Adobe Inc	Stock			464	41,467	257,771
Advanced Energy Industries Inc	Stock			442	47,328	48,072
AFLAC Inc	Stock			2,314	114,210	206,663
Agilysys Inc	Stock			672	48,283	69,982
Allegiant Travel Co	Stock			392	43,365	19,690
Alphabet Inc	Stock			4,393	105,291	805,764
Amazon.com Inc	Stock			3,660	68,793	707,295
American Electric Power Co Inc	Stock			2,580	248,055	226,369
American Tower Corp	Stock			911	70,175	177,081
Ameris Bancorp	Stock			1,177	53,389	59,262
ASML Holding NV	Stock			322	69,553	329,319
Azek Co Inc	Stock			1,309	25,587	55,148
Badger Meter Inc	Stock			177	13,979	32,984
Balchem Corp	Stock			361	46,053	55,576
Berry Global Group Inc	Stock			3,839	238,302	225,925
Bio-Techne Corp	Stock			1,150	86,720	82,397
Boston Scientific Corp	Stock			3,606	141,993	277,698
Bristol-Myers Squibb Co	Stock			4,525	252,922	187,923
Brookfield Infrastructure Corp	Stock			492	21,977	16,561

Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b-Common stocks (continued):</u>						
Caci International Inc	Stock			269	\$ 81,590	\$ 115,705
Cadence Design Systems Inc	Stock			561	156,364	172,648
Capital One Financial	Stock			1,546	152,704	214,044
Carlisle Cos Inc	Stock			173	40,822	70,101
Casella Waste Systems Inc	Stock			667	53,641	66,180
Casey's General Stores Inc	Stock			181	33,695	69,062
CCC Intelligent Solutions Hold	Stock			6,282	59,004	69,793
Cencora Inc	Stock			736	162,633	165,821
CH Robinson Worldwide Inc	Stock			729	63,822	64,239
Chemed Corp	Stock			76	35,539	41,236
Chord Energy Corp	Stock			241	37,819	40,411
Churchill Downs Inc	Stock			502	51,406	70,079
Cisco Systems Inc	Stock			4,733	195,116	224,865
Citigroup Inc	Stock			4,269	220,656	270,911
Citizens Financial Group Inc	Stock			5,967	190,505	214,991
Civitas Resources Inc	Stock			807	57,773	55,683
Clean Harbors Inc	Stock			495	84,892	111,944
Coca-Cola Co	Stock			2,849	160,359	181,339
Coca-Cola Consolidated Inc	Stock			29	14,388	31,465
Comcast Corp	Stock			5,579	219,098	218,474
ConocoPhillips	Stock			1,879	109,973	214,920
Constellation Brands Inc	Stock			720	152,265	185,242
Costco Wholesale Corp	Stock			432	50,786	367,196
Crane Co	Stock			781	48,028	113,229
Crane NXT Co	Stock			1,207	48,818	74,134
CrowdStrike Holdings Inc	Stock			988	161,847	378,592
CVS Health Corp	Stock			2,960	209,022	174,818
Descartes Systems Group Inc	Stock			1,220	94,777	118,145
Dexcom Inc	Stock			1,796	163,607	203,630
Diamondback Energy Inc	Stock			311	41,842	62,259
Dollar General Corp	Stock			1,336	242,790	176,659
Dover Corp	Stock			1,201	126,718	216,720
Eagle Materials Inc	Stock			249	32,448	54,148
Element Solutions Inc	Stock			3,452	65,550	93,618
Emcor Group Inc	Stock			256	25,149	93,460
Emerson Electric Co	Stock			2,049	172,510	225,718
Encompass Health Corp	Stock			551	39,352	47,270
Enpro Inc	Stock			536	44,426	78,026
Ensign Group Inc	Stock			604	56,726	74,709
Entergy Corp	Stock			2,162	218,323	231,334
EOG Resources	Stock			1,600	213,841	201,392
Exxon Mobil Corp	Stock			1,903	166,293	219,073
First Industrial Realty Trust	Stock			1,214	63,376	57,677
Fiserv Inc	Stock			1,441	149,618	214,767
Five Below Inc	Stock			208	33,638	22,666
Five9 Inc	Stock			776	57,948	34,222
Fox Factory Holding Corp	Stock			716	46,335	34,504
Gartner Inc	Stock			449	152,994	201,628
GE Aerospace	Stock			509	80,932	80,916
Gentex Corp	Stock			1,768	49,153	59,599
Genuine Parts Co	Stock			1,472	157,032	203,607
Gildan Activewear Inc	Stock			1,831	51,325	69,432
Glacier Bancorp Inc	Stock			1,333	60,121	49,748
Globus Medical Inc	Stock			954	51,835	65,339
Graco Inc	Stock			518	42,972	41,067
Graphic Packaging Holding Co	Stock			1,534	30,226	40,206
Griffon Corp	Stock			653	40,682	41,701
Guidewire Software Inc	Stock			954	77,746	131,547
Halozyne Therapeutics Inc	Stock			1,197	46,231	62,675
Hancock Whitney Corp	Stock			1,277	56,482	61,079

Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b-Common stocks (continued):</u>						
Hashicorp Inc	Stock			1,357	\$ 35,187	\$ 45,717
HCA Healthcare Inc	Stock			623	102,604	200,157
Henry Schein Inc	Stock			2,503	170,652	160,443
Hershey Co	Stock			1,037	193,304	190,632
Home Depot Inc	Stock			1,262	286,574	434,431
Hub Group Inc	Stock			1,148	50,246	49,421
Hubbell Inc	Stock			588	102,977	214,902
Insight Enterprises Inc	Stock			200	37,083	39,672
Insulet Corp	Stock			207	41,930	41,773
Intel Corp	Stock			6,039	243,547	187,028
International Business Machine	Stock			1,202	162,116	207,886
Interpublic Group Of Cos Inc	Stock			6,144	178,408	178,729
Intuitive Surgical Inc	Stock			631	157,784	280,700
Irhythm Technologies Inc	Stock			531	61,163	57,157
ITT Inc	Stock			742	53,575	95,852
J M Smucker Co	Stock			1,385	162,142	151,021
Jacobs Solutions Inc	Stock			344	41,241	48,060
Johnson & Johnson	Stock			1,491	191,793	217,924
JP Morgan Chase & Co	Stock			1,539	171,655	311,278
KBR Inc	Stock			2,094	102,830	134,309
Kraft Heinz Co	Stock			6,206	206,710	199,957
Lamb Weston Holdings Inc	Stock			596	47,540	50,112
Landstar System Inc	Stock			252	44,823	46,489
Littelfuse Inc	Stock			209	58,003	53,418
LKQ Corp	Stock			772	37,061	32,107
Lockheed Martin Corp	Stock			461	178,716	215,333
M&T Bank Corp	Stock			1,398	182,043	211,601
Marathon Petroleum Corp	Stock			1,252	86,749	217,197
Masco Corp	Stock			616	38,130	41,069
Mastercard Inc	Stock			768	108,548	338,811
Matador Resources Co	Stock			1,373	76,119	81,831
Materion Corp	Stock			576	57,253	62,283
Maximus Inc	Stock			548	40,171	46,964
Medpace Holding Inc	Stock			109	32,966	44,892
Meta Platforms Inc	Stock			735	347,611	370,602
Metlife Inc	Stock			3,387	135,449	237,733
Microsoft Corp	Stock			1,791	466,175	800,487
Modine Manufacturing Co	Stock			533	18,165	53,401
Morningstar Inc	Stock			254	56,975	75,146
Neurocrine Biosciences Inc	Stock			281	38,916	38,685
Nucor Corp	Stock			1,031	128,793	162,980
Nvidia Corp	Stock			12,849	72,733	1,587,365
Onto Innovation Inc	Stock			326	27,047	71,577
O'Reilly Automotive Inc	Stock			234	226,313	247,118
Palo Alto Networks Inc	Stock			791	178,148	268,157
Q2 Holdings Inc	Stock			1,032	52,844	62,261
Qiagen NV	Stock			1,072	52,528	44,048
Quest Diagnostics Inc	Stock			1,129	148,630	154,537
Rev Group Inc	Stock			3,579	84,411	89,081
Rush Enterprises Inc	Stock			961	41,923	40,237
S&P Global Inc	Stock			731	130,359	326,026
Salesforce Inc	Stock			1,031	58,247	265,070
Seacoast Banking Corp of Florida	Stock			2,396	76,290	56,641
Servicenow Inc	Stock			866	53,328	681,256
Shopify Inc	Stock			2,759	189,511	182,232
Silgan Holdings Inc	Stock			1,906	82,609	80,681
Silicon Laboratories Inc	Stock			401	52,839	44,363
Simon Property Group	Stock			1,528	183,307	231,951
Snap-On Inc	Stock			801	139,260	209,373
Snowflake Inc	Stock			531	112,513	71,733

Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
<u>Item 1c(4)b-Common stocks (continued):</u>						
Southstate Corp	Stock			813	\$ 62,770	\$ 62,129
Stag Industrial Inc	Stock			1,680	61,093	60,581
State Street Corp	Stock			3,107	204,286	229,918
Steven Madden LTD	Stock			1,113	38,652	47,080
Summit Materials Inc	Stock			1,811	71,562	66,301
Texas Roadhouse Inc	Stock			530	39,910	91,006
Timken Co	Stock			576	47,234	46,155
Topbuild Corp	Stock			127	31,927	48,929
Trade Desk Inc	Stock			2,208	45,334	215,655
Tyler Technologies Inc	Stock			84	28,904	42,234
UDR Inc	Stock			2,500	101,652	102,875
UFP Industries Inc	Stock			420	39,160	47,040
Ulta Beauty Inc	Stock			332	72,046	128,109
United Rentals	Stock			355	149,203	229,589
Unitedhealth Group Inc	Stock			974	367,205	496,019
Universal Display Corp	Stock			369	43,998	77,582
Valmont Industries Inc	Stock			175	47,711	48,029
Veracyte Inc	Stock			1,437	28,615	31,140
Visa Inc	Stock			1,715	68,627	450,136
Warner Bros Discovery Inc	Stock			18,311	338,873	136,234
Waste Connections Inc	Stock			1,629	130,743	285,662
WNS Holdings Ltd	Stock			805	55,987	42,262
Xcel Energy Inc	Stock			4,355	277,907	232,601
Zoetis Inc	Stock			1,362	102,732	236,116
Total common stocks					<u>17,102,246</u>	<u>26,468,806</u>
<u>Item 1c(5)-Partnership/joint venture:</u>						
Grosvenor Institutional Partners LP				6,575,942	<u>3,750,000</u>	<u>6,699,612</u>
<u>Item 1c(9)-Common collective trusts:</u>						
ASB Allegiance Real Estate Fund				3,050	4,086,779	4,335,294
ASB Labor Equity Index Fund				108,864	1,906,922	5,738,923
* EB Temp Inv Fund				9,369,488	9,369,488	9,369,488
Longview Smallcap 600 Index Fund				2,564	571,941	4,903,544
MacKay Shields High Yield Bond CIT				235,560	2,454,500	3,361,446
Multi-Employer Property Trust				879	3,030,956	11,005,351
Rainier Int'l Small Cap Equity CIT Fund				102,093	2,000,000	2,495,151
UBC Russell 3000 Index Trust				35,491	5,000,000	5,262,635
Total common collective trusts					<u>28,420,586</u>	<u>46,471,832</u>
<u>Item 1c(10)-Pooled separate account:</u>						
Ullico Separate Account J				514,797	<u>9,626,461</u>	<u>9,398,077</u>
<u>Item 1c(13)-Exchange traded funds:</u>						
American Funds International Vntg-F2				208,627	3,028,888	3,559,170
Blackrock Liquidity Funds Federal Trust Fund				1,779	1,779	1,779
Vanguard Develop Markets Index				183,012	2,602,841	2,898,918
Vanguard FTSE Emerging Markets				52,474	2,113,552	2,296,262
Total exchange traded funds					<u>7,747,060</u>	<u>8,756,129</u>
<u>Item 1c(15)-Municipal Bonds:</u>						
California St	Bond	04/15/33	5.875 %	75,000	73,564	77,830
California St	Bond	09/01/24	5.150	100,000	100,989	101,010
Total municipal bonds					<u>174,553</u>	<u>178,840</u>
Total investments					<u>\$ 77,503,872</u>	<u>\$ 108,813,670</u>

* A party-in-interest as defined by ERISA.

**RETIREMENT AND PENSION PLAN
FOR OFFICERS AND EMPLOYEES OF THE
NEW YORK CITY DISTRICT COUNCIL OF
CARPENTERS AND RELATED ORGANIZATIONS**

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED JUNE 30, 2024

<u>Form 5500, Schedule H, Item 4j</u>				<u>E.I.N. 51-0167964 Plan No. 001</u>		
(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
	ASB Labor Equity Index Fund	N/A	\$ 6,500,000	\$ 2,321,095	\$ 6,500,000	\$ 4,178,905
*	EB Temp Investment Fund	\$ 29,044,366	N/A	N/A	29,044,366	N/A
*	EB Temp Investment Fund	N/A	21,625,222	21,625,222	21,625,222	-

* A party-in-interest as defined by ERISA.

Schedule MB, line 6 – Summary of Plan Provisions

<i>Effective Date</i>	April 1, 1961; restated July 1, 2014
<i>Plan Year</i>	12-month period beginning on a July 1 st and ending June 30 th .
<i>Participation</i>	If an employee is scheduled to work at least 1,000 hours in a calendar year, he/she becomes a Participant on the first day of the calendar month coincident with or next following the one-month anniversary of his/her employment date. If an employee is scheduled to work less than 1,000 hours in a calendar year, he/she becomes a Participant on the January 1 st or July 1 st immediately following completion of 1,000 hours of service and one year of service. Participation shall not commence prior to an employee's employer joining the Plan.
<i>Active Participant</i>	A Participant who has earned at least 1,000 Hours of Service under this Plan or in another plan maintained by a contributing employer to this Plan in the current Plan year or the immediately preceding Plan year.

District Council of Carpenters Group

<i>Years of Service</i>	For service prior to January 1, 1986, Years of Service are calculated based on elapsed time. For service after December 31, 1985, one Year of Service is granted for each calendar year in which a Participant completes at least 1,000 hours of service. If a Participant completes at least 500 but less than 1,000 hours of service, ½ Year of Service is granted. If a Participant completes less than 500 hours of service and is regularly scheduled to work at least 1,000 hours per year, a partial Year of Service is granted determined by dividing the number of completed months by 12. For purposes of determining benefit eligibility (but not for purposes determining the benefit amount), service with employers contributing to the New York City Council Carpenters Pension Fund is also counted.
<i>Final Average Compensation</i>	For retirement after June 30, 1992, Final Average Compensation is the average annual rate of compensation in the highest 36 consecutive months out of the last 180 months of employment prior to July 31, 2005.
<i>Accrued Benefit</i>	The Accrued Benefit is equal to the August 1, 2005, accrued benefit plus 2.0% of Annual Compensation earned on and after August 1, 2006. Benefits were frozen under the plan as of December 31, 2010.
<i>Normal Retirement Benefit</i>	Eligibility: Age 60 and completion of 3 Years of Service. Amount: Accrued Benefit.

<i>Plan Name:</i>	Retirement and Pension Plan for Officers & Employees of the NYCDCC and Related Organizations
<i>EIN/PN:</i>	51-0167964/001
<i>Plan Sponsor:</i>	Bd Trustees Ret and Pension Plan for Officers and Empl of the NYCDCC and Related Organizations

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

<i>Early Retirement Benefit</i>	Eligibility: Age 55 and completion of 15 Years of Service. Amount: Accrued Benefit reduced by 0.125% for each month or partial month by which early retirement precedes age 60 for those first eligible to retire from active status after August 1, 2015. There is no reduction for those eligible to retire on or before July 1, 2011, or for any Active Participant who worked under the Plan on or after July 1, 2020, and was considered an Active Participant upon retirement. For all others the Accrued Benefit reduced on an actuarial equivalent basis from age 62.
<i>“Rule-of-70” Retirement Benefit</i>	Eligibility: Sum of Age and Years of Service equal to at least 70 (age 50 minimum age and 5 Years of Service earned in this plan), provided retirement is from active service after July 1, 2002. Amount: Actuarial equivalent of Accrued Benefit reduced from age 60 for those first eligible to retire after July 1, 2011. There is no reduction for those eligible to retire on or before July 1, 2011, or for any Active Participant who worked under the Plan on or after July 1, 2020, and was considered an Active Participant upon retirement.
<i>Deferred Vested Benefit</i>	Eligibility: 3 Years of Service. Amount: Accrued Benefit in effect when a Participant terminated his/her employment payable at age 62 or actuarial equivalent at an age between 55 and 62 if a Participant has 15 Years of Service.
<i>Special Pre-Retirement Death Benefit</i>	Eligibility: Immediate eligibility for Normal, Early or Deferred Vested Benefit, or 10 Years of Service and sum of age and Years of Service at least 70, or age 50 and at least 9 Years of Service. Amount: Accrued Benefit payable to a surviving spouse immediately.
<i>Other Pre-Retirement Death Benefit</i>	Eligibility: If a participant is not eligible for the Special Pre-Retirement Death Benefit, he/she is eligible for the Other Pre-Retirement Death Benefit if he/she has at least 3 Years of Service. Amount: Actuarial equivalent of the Accrued Benefit payable to a surviving spouse when the Participant would have attained age 60, or actuarial equivalent at age 55 if he/she had at least 15 Years of Service, had he/she lived.
<i>Lump Sum Death Benefit</i>	Eligibility: If a Participant was not married for at least one year at the time of his/her death or has less than 3 Years of Service, he/she is not eligible for any spousal Pre-Retirement Death Benefit, but is eligible for a Lump Sum Death Benefit.

Plan Name: Retirement and Pension Plan for Officers & Employees of the NYCDCC and Related Organizations
EIN/PN: 51-0167964/001
Plan Sponsor: Bd Trustees Ret and Pension Plan for Officers and Empl of the NYCDCC and Related Organizations

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

Amount: A sum of (a) the amount of any accumulated contributions with interest and (b) the lesser of (i) \$1,000 times full Years of Service up to a maximum of \$10,000 or (ii) 100 times the Accrued Benefit.

Normal Form of Benefit Actuarially reduced 100% Joint and Survivor Annuity for married Participants and Life Annuity for non-married Participants for those first eligible to retire after July 1, 2011. For members who were eligible to retire on or before July 1, 2011, or for any Active Participant who worked under the Plan on or after July 1, 2020, and was considered an Active Participant upon retirement, 100% Joint-and-Survivor Annuity with 120 payments guaranteed for married Participants (without actuarial reduction) and Life Annuity with 120 payments guaranteed for non-married Participants.

Industrial Carpenters

Years of Service One month (1/12-th of a year) is granted for each whole 150 hours worked in a year, not to exceed 12 months in any year.

Benefit Multiplier For those Participants contributing 60 cents per hour, the Benefit Multiplier is \$40; for those contributing \$1.15 per hour, the Benefit Multiplier is \$75.

Accrued Benefit A monthly Accrued Benefit equal to the Benefit Multiplier times Years of Service.
Benefits were frozen under the plan as of December 31, 2010.

Normal Retirement Benefit Eligibility: Age 65 and completion of 5 Years of Service.
Amount: Accrued Benefit.

Early Retirement Benefit Eligibility: Age 55 and completion of 10 Years of Service.
Amount: Accrued Benefit reduced by 0.5% for each month by which the early retirement date precedes the attainment of age 65.

Deferred Vested Benefit Eligibility: 5 Years of Service.
Amount: Accrued Benefit in effect when a Participant terminated his/her employment payable at age 65.

Death Benefit Eligibility: 5 Years of Service.
Amount: ½ of Accrued Benefit payable to a surviving spouse when the Participant would have attained age 65, had he/she lived. The benefit is payable in the form of life annuity and may be payable at early retirement eligibility.

Plan Name: Retirement and Pension Plan for Officers & Employees of the NYCDCC and Related Organizations
EIN/PN: 51-0167964/001
Plan Sponsor: Bd Trustees Ret and Pension Plan for Officers and Empl of the NYCDCC and Related Organizations

Schedule MB, line 6 – Summary of Plan Provisions (cont'd)

Normal Form of Benefit Actuarially reduced 50% Joint and Survivor Annuity for married Participants and Life Annuity for non-married Participants.

Changes in Plan Provisions Since the Prior Valuation

There were no changes to the plan provisions from the Plan's prior actuarial valuation.

Plan Name: Retirement and Pension Plan for Officers & Employees of the NYCDCC and Related Organizations
EIN/PN: 51-0167964/001
Plan Sponsor: Bd Trustees Ret and Pension Plan for Officers and Empl of the NYCDCC and Related Organizations

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Schedule MB, line 8b(2) – Schedule of Active Participant Data

Age	Years of Credited Service*										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 and up	
Under 25											0
25 to 29											0
30 to 34											0
35 to 39		3	2								5
40 to 44			7	1							8
45 to 49		1	7		1						9
50 to 54		2	6	3	1	2					14
55 to 59	1	2	6	2		1					12
60 to 64			1	1	2						4
65 to 69											0
70 & up											0
Total	1	8	29	7	4	3	0	0	0	0	52

* The years of credited service shown above reflect only the time when benefits were being earned under the Plan.

Plan Name: Retirement and Pension Plan for Officers & Employees of the NYCDCC and Related Organizations
EIN/PN: 51-0167964/001
Plan Sponsor: Bd Trustees Ret and Pension Plan for Officers and Empl of the NYCDCC and Related Organizations

Schedule MB, line 3(d) – Withdrawal Liability Amounts

There were no withdrawal liability payments collected during the 2023 plan year.

Plan Name: Retirement and Pension Plan for Officers & Employees of the NYCDCC and Related Organizations
EIN/PN: 51-0167964/001
Plan Sponsor: Bd Trustees Ret and Pension Plan for Officers and Empl of the NYCDCC and Related Organizations

Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases

	Date of First Charge or Credit	Remaining Period (years)	Outstanding Balance (beg. of year)	Amortization Charge or Credit
1. <u>Amortization Charges</u>				
(a) Actuarial Loss	7/1/2009	1.00	\$383,786	\$383,786
(b) 2008 ENIL recognized in 2009	7/1/2009	15.00	11,911,863	1,255,312
(c) Actuarial Loss	7/1/2010	2.00	2,223,097	1,151,725
(d) 2008 ENIL recognized in 2011	7/1/2011	15.00	4,712,181	496,585
(e) Actuarial Loss	7/1/2011	3.00	1,943,816	695,322
(f) Actuarial Loss	7/1/2012	4.00	547,965	152,190
(g) 2008 ENIL recognized in 2012	7/1/2012	15.00	1,924,639	202,825
(h) Assumption Change	7/1/2012	4.00	1,087,806	302,126
(i) 2008 ENIL recognized in 2013	7/1/2013	15.00	3,569,805	376,199
(j) 2008 ENIL recognized in 2014	7/1/2014	15.00	3,085,919	325,204
(k) Actuarial Loss	7/1/2016	8.00	2,698,347	428,540
(l) Actuarial Loss	7/1/2017	9.00	2,512,109	366,341
(m) Actuarial Loss	7/1/2018	10.00	1,028,127	139,333
(n) Actuarial Loss	7/1/2019	11.00	1,519,218	193,185
(o) Actuarial Loss	7/1/2020	12.00	2,275,681	273,670
(p) Assumption Change	7/1/2020	12.00	1,342,247	161,417
(q) Plan Amendment	7/1/2022	14.00	492,828	54,004
(r) Actuarial Loss	7/1/2023	15.00	<u>791,595</u>	<u>83,421</u>
Total			\$44,051,029	\$7,041,185
2. <u>Amortization Credits</u>				
(a) Asset Relief Method Change	7/1/2009	16.00	\$6,604,340	\$672,053
(b) 2008 ENIL recognized in 2010	7/1/2010	15.00	7,143,510	752,807
(c) Rehabilitation Plan	7/1/2011	3.00	1,892,471	676,954
(d) Actuarial Gain	7/1/2013	5.00	2,075,835	477,278
(e) Actuarial Gain	7/1/2014	6.00	3,576,050	708,706
(f) Actuarial Gain	7/1/2015	7.00	634,663	111,466
(g) Actuarial Gain	7/1/2021	13.00	2,283,043	261,359
(h) Actuarial Gain	7/1/2022	14.00	<u>458,840</u>	<u>50,279</u>
Total			\$24,668,752	\$3,710,902

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Plan Name: Retirement and Pension Plan for Officers & Employees of the NYCDCC and Related Organizations
EIN/PN: 51-0167964/001
Plan Sponsor: Bd Trustees Ret and Pension Plan for Officers and Empl of the NYCDCC and Related Organizations

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions

Interest Rates	Valuation	7.50% per annum
	RPA '94 Current Liability	2.85% per annum
	Withdrawal Liability	7.00% per annum

Mortality The mortality of healthy participants is assumed to follow the standard RP-2014 mortality table, adjusted to 2006 by removing projections under scale MP-2014, and then applying the standard mortality improvement scale MP of the valuation year on a fully generational basis.

The mortality of disabled participants is assumed to follow the standard RP-2014 disabled mortality table, adjusted to 2006 by removing projections under scale MP-2014, and then applying the standard mortality improvement scale MP of the valuation year on a fully generational basis.

For RPA'94 Current Liability, the tables specified in IRC Section 431(C)(6)(D)(iv)&(v) were used.

Retirement Age Active participants from the District Council of Carpenters group are assumed to retire at the following rates, if they are eligible for immediate unreduced retirement:

Age	Rate	Age	Rate
50-54	2%	61	10%
55	10	62-64	20
56-59	2	65	100
60	60		

Inactive participants are assumed to retire at age 62.

Termination Rates Sample rates for the participants from the District Council of Carpenters group are as follows:

Age	Rate	Age	Rate	Age	Rate
20	5.44%	35	2.35%	50+	0.00%
25	4.89	40	1.13		
30	3.70	45	0.27		

Disability Rates Sample rates are as follows:

Age	Rate	Age	Rate	Age	Rate
20	0.05%	35	0.06%	50	0.40%
25	0.05	40	0.09	55	0.85

Plan Name: Retirement and Pension Plan for Officers & Employees of the NYCDCC and Related Organizations
EIN/PN: 51-0167964/001
Plan Sponsor: Bd Trustees Ret and Pension Plan for Officers and Empl of the NYCDCC and Related Organizations

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (cont'd)

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
30	0.05%	45	0.18%	60	1.74%

Administrative Expenses \$375,000 payable at the beginning of the year.

Marriage 80% of participants are assumed to be married. Husbands are assumed to be three years older than wives.

Form of Payment Participants are assumed to elect the normal form.

New Entrants No new entrants or rehired employees are assumed in the future.

Future Increases in Maximum Benefits It is assumed that maximum benefit and plan compensation limitations under Internal Revenue Code will not increase in the future.

Future Increases in Benefits None.

Benefits Not Included in the Valuation None.

Actuarial Methods

Cost Method The Traditional Unit Credit cost method is employed in this valuation. Under this method, an “accrued benefit” is calculated as of the beginning of the year and is projected as of the end of the year for each benefit that may be payable in the future. The “accrued benefit” is based on the plan’s accrual formula and upon service as of the beginning or end of the year. For benefits where the plan’s accrual formula is not relevant, benefits are assumed to accrue on a straight-line basis over the period during which the employee earns credited service. The actuarial accrued liability is the present value of the “accrued benefit” as of the beginning of the year for employed participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the “accrued benefit” as of the beginning and the “accrued benefit” projected to the end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

Plan Name: Retirement and Pension Plan for Officers & Employees of the NYCDCC and Related Organizations
EIN/PN: 51-0167964/001
Plan Sponsor: Bd Trustees Ret and Pension Plan for Officers and Empl of the NYCDCC and Related Organizations

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (cont'd)

Asset Method The Five-Year Weighted Average of Asset Gains Method is employed in this valuation. The actuarial value of assets is determined by adjusting the market value of assets to reflect the asset gains and losses (the difference between expected investment return and actual investment return) during each of the last 5 years at the rate of 20% per year. The actuarial value is subject to a restriction that it not be less than 80% or more than 120% of market value.

Changes in Assumptions and Methods Since the Prior Valuation

There were no changes to the actuarial assumptions or methods from the Plan's prior actuarial valuation.

Modelling Disclosure ASOP 56

FACT utilizes ProVal, an actuarial valuation program leased from Winklevoss Technologies, to calculate the liabilities, normal costs and projected benefit payments. Winklevoss Technologies employs actuaries who are experts in the development of actuarial software and is utilized by many of the actuarial consulting firms worldwide. The ProVal software is customized by our staff to value the benefits described in this report. We have used ProVal in accordance with its original intended purpose and have reviewed the results from ProVal as it relates to the Plan.

Plan Name: Retirement and Pension Plan for Officers & Employees of the NYCDCC and Related Organizations
EIN/PN: 51-0167964/001
Plan Sponsor: Bd Trustees Ret and Pension Plan for Officers and Empl of the NYCDCC and Related Organizations

Schedule MB, line 3 – Contributions Made to the Plan for the Plan Year

Unless otherwise noted, contributions (other than withdrawal liability payments) are paid in substantially equal monthly installments pursuant to collective bargaining agreements. The interest credited to the Funding Standard Account is therefore assumed to be equivalent to a January 1 contribution date.

The source of contributions for the Plan Year ending June 30, 2024, was a draft of the Fund auditor's report.

Plan Name: Retirement and Pension Plan for Officers & Employees of the NYCDCC and Related Organizations
EIN/PN: 51-0167964/001
Plan Sponsor: Bd Trustees Ret and Pension Plan for Officers and Empl of the NYCDCC and Related Organizations

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Retirement and Pension Plan for Officers & Employees of the NYDCC and Related Organizations	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Bd Trustees Ret & Pen Plan for Officers & Empl of the NYDCC & Rel Org	D Employer Identification Number (EIN) 51-0167964

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

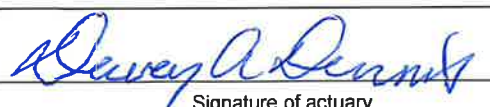
1a Enter the valuation date: Month 7 Day 1 Year 2023

b Assets

(1) Current value of assets	1b(1)	102,424,212
(2) Actuarial value of assets for funding standard account	1b(2)	107,622,968
c (1) Accrued liability for plan using immediate gain methods	1c(1)	118,742,921
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	118,742,921
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	184,828,850
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	375,000
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	11,175,925
(3) Expected plan disbursements for the plan year	1d(3)	11,170,644

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		4/1/2025
	Signature of actuary	Date

Dewey A. Dennis

23-05712

Type or print name of actuary

Most recent enrollment number

First Actuarial Consulting Inc.

(212) 395-9555

Firm name

Telephone number (including area code)

1501 Broadway, suite 1728

New York

NY 10036-5601

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule MB (Form 5500) 2023
v. 230728

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	102,424,212
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	400	150,379,317
(2) For terminated vested participants	234	24,832,352
(3) For active participants:		
(a) Non-vested benefits		241,321
(b) Vested benefits		9,375,860
(c) Total active	52	9,617,181
(4) Total	686	184,828,850
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	55.42 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2024	4,230,404				
Totals ▶			3(b)	4,230,404	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	90.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
 b ☐ Entry age normal
 c ☒ Accrued benefit (unit credit)
 d ☐ Aggregate
e ☐ Frozen initial liability
 f ☐ Individual level premium
 g ☐ Individual aggregate
 h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.85 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	7P
(2) Females	6c(2)	7FP
d Valuation liability interest rate	6d	7.50 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.4%
h Estimated investment return on current value of assets for year ending on the valuation date	6h	5.2%
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	375,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	791,595	83,421

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☐ Yes ☒ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☐ Yes ☒ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	375,000

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	44,051,029	7,041,185
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c..... **9d** 556,214**e** Total charges. Add lines 9a through 9d..... **9e** 7,972,399**Credits to funding standard account:****f** Prior year credit balance, if any..... **9f** 8,262,324**g** Employer contributions. Total from column (b) of line 3..... **9g** 4,230,404

	Outstanding balance	
9h	24,668,752	3,710,902

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h..... **9i** 1,056,632**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	26,827,735	
9j(2)	57,206,103	
9j(3)		0

k (1) Waived funding deficiency**(2)** Other credits**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)..... **9l** 17,260,262**m** Credit balance: If line 9l is greater than line 9e, enter the difference**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....**(3)** Total as of valuation date

9o(1)		0
9o(2)(a)		0
9o(2)(b)		0
9o(3)		0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)..... **10** 0**11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☐ Yes ☒ No