Carpenters Local No. 491
Pension Fund

Board of Trustees Meeting

March 17, 2021

CARPENTERS LOCAL NO. 491
PENSION FUND
AGENDA
MARCH 17, 2021

A. ROLL CALL

B. MINUTES OF THE DECEMBER 16, 2020 BOARD MEETING

C. ADMINISTRATIVE REPORTS

1. Statement of Changes In Fund Balance (Jul - Dec, 2020)
2. Statement of Fund Balance (December 31, 2020)
3. Employer Contributions (Jul - Dec, 2020)
4. Monthly Pension Payments (Oct - Dec, 2020)
5. Bills to be Approved and Paid (March 17, 2021)
6. Cash Management Statement

D. UNFINISHED BUSINESS

1. Delinquent Employer Listing
2. Positive ID (BuildTask) Request
3. Payroll Audits

E. NEW BUSINESS

1. Normal

Boecker, Gerald	**75% J&S**	**$ 1,429.65**	**Effective**	**08/01/20**
Ellis, Loretta	**Single Life**	**$ 437.60**	**Effective**	**04/01/20**
Freeman, Shephard	**Single Life**	**$ 673.80**	**Effective**	**09/01/19**
Kush, Omoboinale	**Single Life**	**$ 718.20**	**Effective**	**04/01/20**
Reges, Robert	**Single Life**	**$ 1,460.70**	**Effective**	**04/01/20**
Sener, Donald	**75% J&S**	**$ 529.69**	**Effective**	**06/01/20**
Shaw, Randolph	**Single Life**	**$ 1,172.60**	**Effective**	**12/01/17**

2. Early

Foster, Bjorn	**Single Life**	**$ 1,603.80**	**Effective**	**08/01/20**
Williams, Sylvester Jr.	**75% J&S**	**$ 969.29**	**Effective**	**12/01/20**

3. Survivor

Miller, Ashley (John Miller)	**Single Life**	**$ 72.44**	**Effective**	**10/01/20**
Miller, Brianna (John Miller)	**Single Life**	**$ 71.66**	**Effective**	**10/01/20**

4. Disability
   None

5. Disability Request
6. Bolton Investment Report
7. Bolton Actuarial Report
8. Break In Service Discussion
9. Annual Audit - Year Ended 6/30/2020
10. Conflict of Interest and Gift Policies Form for 2021
11. American Rescue Act
12. Update Letters
13. Questions
14. Date of Next Meeting - June 16, 2021

CARPENTERS LOCAL NO. 491
PENSION PLAN
REGULAR MEETING OF THE BOARD OF TRUSTEES
December 16, 2020

MINUTES

A regular meeting of the Trustees of the Carpenters Local No. 491 Pension Plan was held at 11:00 a.m. on December 16, 2020, via telephone conference call. Present on the call were the following Trustees:

UNION TRUSTEES	EMPLOYER TRUSTEES
Sandy Forstner	Mike Goodwin was absent
Bill Sproule	Scott Staub
Robert Tarby	Todd Weitzman

Also present on the call were Albert Kroll, Esq., Counsel for the Union; David J. Jensen, Dawn Welch, and Kathy Phillips, Administrative Manager; Timothy Boles and Robert Niehaus, of Bolton Partners, Inc.; Ira Marc Miller, CPA; Alton Fryer, of Bolton Partners Investment Consulting Group, Inc.; Pete Tonia; and Steven I. Batoff, Attorney.

The following matters were discussed with the indicated action taken:

1. The minutes of the meeting of September 16, 2020, were approved as read after a motion was made by Mr. Tarby and seconded by Mr. Staub.

2. The Administrative Manager reviewed with the Trustees the Administrative Manager's report for the three months ending September 30, 2020. The Administrative Manager reviewed with the Trustees the Fund balance report at market value as of September 30, 2020. The Fund balance as of September 30, 2020, was $44,179,348.43. The market value as of September 30, 2020, was $53,555,628.86. The Administrative Manager then

reviewed the Trustees the Administrative Manager's report for the three months ending Administrative Manager's quarterly report as of December 30, 2020. For the fiscal year of 2021, contributions to date were $40,935.82. Upon motion duly made by Mr. Tarby and seconded by Mr. Staub, the Administrative Manager's report was unanimously approved by the Trustees.

3. Administrative Manager then reviewed with the Trustees the bills to be paid, as listed in an attachment to these minutes. Upon motion duly made by Mr. Tarby and seconded by Ms. Forstner, the Trustees unanimously approved payment of the aforementioned checks.

4. The following Delinquent Contractor Listing was reviewed by the Trustees and the Administrative Manager:

   NONE

5. The Administrative Manager reviewed with the Trustees the cash management statement.

6. The Administrative Manager reported the following survivor benefits, approved by the Trustees:

Cash, Melissa (John Cash)	Single Life	$ 125.11	Effective 11/01/19
Williams, Grace (John Cash)	Single Life	$ 124.40	Effective 11/01/19
Nikirk, Connie (Robert)	Single Life	$ 241.74	Effective 08/01/20
Rock, Valerie (Thomas Rock)	Single Life	$ 86.44	Effective 08/01/20

7. The Administrative Manager reported the following retirement benefits were approved by the Trustees at the meeting:

   A. Normal

Abernethy, Donald	75% J&S	$ 373.20	Effective 10/01/20
Barrett, Brenda	120 Month	$1,076.74	Effective 09/01/20
Burke, Dennis	50% J&S	$1,024.48	Effective 06/01/20
Gregory, Donald	75% J&S	$1,191.90	Effective 08/01/19
Gregory, Jerry	Single Life	$1,425.60	Effective 09/01/20
Hewitt, Roger	50% J&S	$1,641.93	Effective 07/01/20
Hoffman, Theodore	75% J&S	$ 778.74	Effective 08/01/17

Menjivar, Jose	50% J&S	$1,200.52	Effective 09/01/20
Offutt, John	120 Month	$ 217.91	Effective 12/01/20
Petway, Jimmy	Single Life	$1,314.90	Effective 08/01/20
Zambrana, Roberto	Single Life	$ 414.40	Effective 04/01/20

B. Early

NONE

C. Deferred

NONE

8. The Administrative Manager reported the following disability benefits approved by the Trustees at the meeting:

NONE

9. The Administrative Manager reported the following QDRO, approved prior to the meeting:

NONE

10. Alton Fryer, of Bolton Partners Investment Consulting Group, Inc., then reviewed the quarterly review of the Fund as of September 30, 2020. Mr. Fryer then provided a review of the economy and capital markets. He then reviewed asset allocation; asset reconciliation; long term asset growth; portfolio targets; historical performance; calendar year performance; and 3-year risk/reward summary, 5-year risk/reward summary, and 10-year risk/reward summary. He then reviewed calendar year-to-date returns for various investments and their respective benchmark.

He also reviewed the asset allocation as of December 14, 2020.

Mr. Fryer stated that there were no recommended changes to investment managers and no investment managers were on the watch list.

Mr. Fryer then stated that he will be conducting an asset allocation review and will present it to the Trustees in early 2021. He also stated that he will invite some investment

managers to the March 17, 2021, meeting. Upon motion duly made by Mr. Tarby and seconded by Mr. Goodwin, the Trustees approved Mr. Fryer's report.

11. Mr. Batoff and Mr. Boles then discussed with the Trustees an e-mail sent by Mr. Batoff to the Trustees regarding break in service options. The Trustees, after discussing the options, tabled any decision until the March 17, 2021, meeting of the Trustees. The Trustees requested that Mr. Boles and Mr. Niehaus look into the cost to the Plan, as well as how many participants would benefit under the various options.

12. Mr. Boles and Mr. Niehaus stated that there were no changes to the draft 2020 Pension Protection Act Zone Certification presented to the Trustees at their last meeting. Mr. Boles and Mr. Niehaus reviewed the PPA Actuarial Certification.

13. Mr. Tonia and Mr. Miller then reviewed with the Trustees an update as to the payroll audits. Mr. Miller reviewed the status of the payroll audits for Blair, Inc., Exhibit Edge, and Atlantic Skyline. Mr. Miller reported that he was having some problems with the payroll audit of Blair, Inc. The Trustees requested that Mr. Batoff send a demand letter to Blair, Inc.

14. Mr. Batoff reported that he had still not yet received an executed copy of the first amendment to the settlement agreement with Buildtask. Mr. .Tarby states that he was informed that Buildtask has been making contributions to the Fund as required under the settlement agreement.

15. Mr. Batoff then reviewed with the Trustees the amendment to the trust agreement and the amended delinquency policy regarding the option of the Trustees to seek arbitration in various matters. The Trustees, upon motion by Ms. Forstner and seconded by Mr.

Weitzman, unanimously agreed to adopt the amendment to the trust agreement and the amended delinquency policy.

16. Mr. Batoff then reviewed with the Trustees update letters emailed to the Administrative Manager since the last Trustees meeting. He also reviewed a Revenue Ruling and Revenue Procedure related to the IRS's position on taxation of unclaimed funds.

17. Mr. Jensen reviewed with the Trustees the cyber liability insurance policy renewal. Upon motion duly made by Mr. Staub and seconded by Mr. Tarby, the Trustees unanimously agreed to the renewal.

There being no further business, the meeting was thereupon adjourned 11:42 p.m. with the next meeting scheduled for March 17, 2021, at 9:00 a.m.

Respectfully submitted,

Steven J. Batoff
Secretary of the Meeting

CARPENTERS LOCAL NO. 491 PENSION FUND
STATEMENT OF CHANGES IN FUND BALANCE - CASH BASIS
FOR THE SIX MONTHS ENDED DECEMBER 31, 2020

	Current Quarter	Year To Date
Additions		
Employer Contributions	$ 49,338.14	$ 90,273.96
Dividend Income	921,212.95	1,103,689.28
Interest Income	3.54	27.29
Rebates	-	-
Gain (Loss) on Sale of Investments	-	273,954.81
Securities Litigation Proceeds	-	-
Total Additions	970,554.63	1,467,945.34
Deductions		
Pension Benefits	429,451.29	782,642.70
Actuarial Fees	11,537.75	16,604.00
Administration	25,750.00	51,500.00
Audit Fees	-	-
Pensioner Verification Fees	-	-
Computer Expense	110.00	110.00
Conference Expense	-	-
Consulting Fees	-	-
Dues	-	532.50
Employer Audits	-	-
Fidelity Bond	-	-
Fiduciary Responsibility Insurance	-	-
Cyber Liability Insurance	1,566.56	1,566.56
Investment Performance Fees	3,375.00	6,750.00
Investment Manager Fees	510.00	1,010.00
IRS User Fee	-	-
Legal Fees	6,422.15	23,902.10
Medical Consulting Fees	-	-
Crime Policy	-	-
PBGC	-	-
Postage	734.82	1,576.62
Printing	885.51	3,874.12
Reciprocals Paid	498.53	613.05
Bank Service Charge	-	-
Settlement	-	-
Social Security Reports	-	-
Trustee Fees	-	-
Trustee Meeting Expense	-	-
Total Deductions	480,841.61	890,681.65
Net Increase (Decrease)	$ 489,713.02	$ 577,263.69
Fund Balance - June 30, 2020		44,091,797.76
Fund Balance - December 31, 2020		$ 44,669,061.45

CARPENTERS LOCAL NO. 491 PENSION FUND
STATEMENT OF FUND BALANCE
AS OF DECEMBER 31, 2020

	Cost Basis 12/31/20	Market Basis 12/31/20	Market Basis 06/30/20
Bank of America - Operating	$ 339,031.77	$ 339,031.77	$ 412,035.29
Bank of America - Pension Payment	198,521.25	198,521.25	174,925.42
	537,553.02	537,553.02	586,960.71
Amalgamated Bank of Chicago - Cash	-	-	-
Amalgamated Bank of Chicago - Money Market	89,717.91	89,717.91	90,700.62
Amalgamated Bank of Chicago - Equities	24,525,452.26	37,268,616.78	30,170,360.04
Amalgamated Bank of Chicago - Fixed Income	19,516,322.66	21,054,663.94	20,146,998.59
	44,131,492.83	58,412,998.63	50,408,059.25
Due From/(To) Benefit Fund	-	-	-
Taxes Withheld	15.60	15.60	5.60
	$ 44,669,061.45	$ 58,950,567.25	$ 50,995,025.56

Market Value of Fund Balance as of June 30, 2020	$ 50,995,025.56
Increase in Market Value of Fund Balance as of December 31, 2020	$ 7,955,541.69

Increase In Cash	577,263.69
Unrealized Gain on Investments	7,378,278.00
	$ 7,955,541.69

CARPENTERS LOCAL NO. 491 PENSION FUND
EMPLOYER CONTRIBUTIONS
FOR THE SIX MONTHS ENDED DECEMBER 31, 2020

EMPLOYER CONTRIBUTIONS

Hourly rates and their effective dates

Date	Shops	Exhibitors
07/17/06	0.95	1.33
03/01/07	0.95	1.55
07/17/07	0.95	1.55
03/01/08	0.95	1.82
03/01/09	0.95	1.97
03/01/10	0.95	2.22
03/01/11	0.95	2.22
03/01/12	0.95	2.40
03/01/13	0.95	2.65
03/01/14	0.95	2.85
03/01/15	0.95	3.10
03/01/18	0.95	3.60
05/01/19	0.95	4.15
05/01/20	0.95	4.40

CONTRIBUTIONS BY QUARTER

	Fiscal Year 2012	Fiscal Year 2013	Fiscal Year 2014	Fiscal Year 2015	Fiscal Year 2016
September	$ 543,596.67	$ 424,097.47	$ 364,584.68	$ 411,963.28	$ 439,145.91
December	578,146.70	503,618.23	584,409.35	673,539.74	769,576.17
March	240,815.03	310,884.12	318,951.42	364,283.19	415,339.03
June	533,720.67	595,703.52	595,205.36	656,331.56	789,368.36
Totals	$ 1,896,279.07	$ 1,834,303.34	$ 1,863,150.81	$ 2,106,117.77	$ 2,413,429.47

	Fiscal Year 2017	Fiscal Year 2018	Fiscal Year 2019	Fiscal Year 2020	Fiscal Year 2021
September	$ 472,671.96	$ 549,136.33	$ 627,415.39	$ 625,212.43	$ 40,935.82
December	739,831.55	692,519.71	838,194.17	1,057,029.05	49,338.14
March	504,829.07	370,634.23	465,735.77	550,167.73	-
June	783,946.34	901,490.33	947,491.32	214,887.78	-
Totals	$ 2,501,278.92	$ 2,513,780.60	$ 2,878,836.65	$ 2,447,296.99	$ 90,273.96

CARPENTERS LOCAL NO. 491 PENSION FUND
MONTHLY PENSION PAYMENTS
AS OF DECEMBER 31, 2020

	October	November	December	Total
Donald Abernethy	$0.00	$746.40	$373.20	$1,119.60
Jumah Abuikhdair	805.20	805.20	805.20	2,415.60
Alderman Richard Sr	920.47	-	-	920.47
Joan Alt	166.80	166.80	166.80	500.40
Michael Alt	426.29	426.29	426.29	1,278.87
Ronald Andrychowski	1,150.14	1,150.14	1,150.14	3,450.42
Donna Ashley-Beck	210.61	210.61	210.61	631.83
Robert Baker	328.83	328.83	328.83	986.49
Robert Baranoski	243.98	243.98	243.98	731.94
Richard Barge	171.70	171.70	171.70	515.10
Felix Barrera	193.72	193.72	193.72	581.16
Brenda Barrett	-	3,230.22	1,076.74	4,306.96
Rickey Beard	386.29	386.29	386.29	1,158.87
Diane Bell	850.60	850.60	850.60	2,551.80
William Benbow	699.50	699.50	699.50	2,098.50
John Bengough	828.80	828.80	828.80	2,486.40
Jamie Bengtson	896.60	896.60	896.60	2,689.80
Victor Bengtson	441.20	441.20	441.20	1,323.60
George Bilenki	390.82	390.82	390.82	1,172.46
Robert Bird	163.70	163.70	163.70	491.10
Dennis Bittinger	279.60	279.60	279.60	838.80
Thomas Blanton	320.00	320.00	320.00	960.00
Jennelle Bosley	50.29	50.29	50.29	150.87
Bruce Brown	411.31	411.31	411.31	1,233.93
David Brown	699.30	699.30	699.30	2,097.90
Valenetra Brown	143.28	143.28	143.28	429.84
Warren Brown	600.00	600.00	600.00	1,800.00
Katrina Brownson	90.66	90.66	90.66	271.98
Eddie Bunn	912.00	912.00	912.00	2,736.00
Dennis Burke	-	6,146.88	1,024.48	7,171.36
Kathleen Burns	174.79	174.79	174.79	524.37
William Butz Jr.	192.60	192.60	192.60	577.80
Clyde Campbell	415.68	415.68	415.68	1,247.04
Alexandria Cannedy	1,085.40	1,085.40	1,085.40	3,256.20
Denver Cannedy	931.74	931.74	931.74	2,795.22
Carlos Caraballo	498.89	498.89	498.89	1,496.67
Clarence Carter	648.72	648.72	648.72	1,946.16
Melissa Cash	1,501.32	125.11	125.11	1,751.54
Daniel Cavan	199.78	199.78	199.78	599.34
Debra Chaney	105.44	105.44	105.44	316.32
Ted Chwastyk	653.80	653.80	653.80	1,961.40

CARPENTERS LOCAL NO. 491 PENSION FUND
MONTHLY PENSION PAYMENTS
AS OF DECEMBER 31, 2020

	October	November	December	Total
Donald Abernethy	$0.00	$746.40	$373.20	$1,119.60
Frank Cina	1,142.42	1,142.42	1,142.42	3,427.26
Billy Cobb	649.35	649.35	649.35	1,948.05
Donald Cobb	306.93	306.93	306.93	920.79
Edward Cobb	272.25	272.25	(272.25)	272.25
Mary Coburn	171.62	171.62	171.62	514.86
Chester Collins	316.45	316.45	316.45	949.35
James Collins	277.69	277.69	277.69	833.07
Burnard Colly	350.50	350.50	350.50	1,051.50
Patricia Coomes	363.02	363.02	363.02	1,089.06
David Cooper	157.98	157.98	157.98	473.94
James Cunningham	241.37	241.37	241.37	724.11
Giovanna DiFrancesca	231.85	231.85	231.85	695.55
Santo DiFrancesca	1,136.15	1,136.15	1,136.15	3,408.45
Phillip Peter Dimaggio	203.50	203.50	203.50	610.50
Deloris Dixon	218.30	218.30	218.30	654.90
John Dobash	354.61	354.61	354.61	1,063.83
Alma Dolin	293.79	293.79	293.79	881.37
Rodney Donadoni	194.04	194.04	194.04	582.12
George Dorsey	122.75	122.75	122.75	368.25
Robin Douglas	1,584.90	1,584.90	1,584.90	4,754.70
John Duff	306.51	306.51	306.51	919.53
Roland Dupree Sr	191.29	191.29	191.29	573.87
John Edwards	672.94	672.94	672.94	2,018.82
Mamie Evans	423.90	423.90	423.90	1,271.70
Michael Evans	450.90	450.90	450.90	1,352.70
Barbara Everhart	286.80	286.80	286.80	860.40
Paul Ferguson	394.50	394.50	1,222.50	2,011.50
Joaquin Fernandez	391.20	391.20	391.20	1,173.60
Bernard Fleet	633.60	633.60	633.60	1,900.80
Timothy Forrest	599.95	599.95	599.95	1,799.85
Owen Forster	186.19	186.19	186.19	558.57
Thomas Forstner	640.95	640.95	640.95	1,922.85
Sandra Fowler	690.05	690.05	690.05	2,070.15
Jeff Franklin	214.39	214.39	214.39	643.17
Frederick Freas	856.00	856.00	856.00	2,568.00
Raymond Freshour	662.40	662.40	662.40	1,987.20
Giuseppe Frisone	1,111.05	1,111.05	1,111.05	3,333.15
Bernard Gabriel	243.54	243.54	243.54	730.62
Stanton Gaines	376.20	376.20	376.20	1,128.60
Alfonso Galvez	556.77	556.77	556.77	1,670.31

CARPENTERS LOCAL NO. 491 PENSION FUND
MONTHLY PENSION PAYMENTS
AS OF DECEMBER 31, 2020

	October	November	December	Total
Donald Abernethy	$0.00	$746.40	$373.20	$1,119.60
Costantino Gizzi	1,075.70	1,075.70	1,075.70	3,227.10
Evanston Glascoe	1,223.10	1,223.10	1,223.10	3,669.30
Dwight Glaze	318.23	318.23	318.23	954.69
John Glodeck	448.41	448.41	448.41	1,345.23
Charles Goldsborough	71.80	71.80	71.80	215.40
Gilson Gott	792.00	792.00	792.00	2,376.00
Michael Grant	702.00	702.00	702.00	2,106.00
Grauer William	324.20	324.20	324.20	972.60
Donald Gregory	3,575.70	1,191.90	1,191.90	5,959.50
Jerry Gregory	-	4,276.80	1,425.60	5,702.40
Franklin Gross	79.77	79.77	79.77	239.31
Charles Gunkel Jr.	193.20	193.20	193.20	579.60
Charles Gunkel Sr.	326.66	326.66	326.66	979.98
Mary Hahn	612.00	612.00	612.00	1,836.00
Dieter Halle	814.20	814.20	814.20	2,442.60
James Hamor	804.20	804.20	804.20	2,412.60
Daniel Hansen	400.01	400.01	400.01	1,200.03
Johnny Hapney	440.00	440.00	440.00	1,320.00
Deborah Harold	110.77	110.77	110.77	332.31
Eva Harris	108.22	108.22	108.22	324.66
John Harris	1,202.84	1,202.84	1,202.84	3,608.52
Diana Helsley	20.59	20.59	20.59	61.77
Stephen Herhei	555.60	555.60	555.60	1,666.80
Roger Hewitt Jr.	-	8,209.65	1,641.93	9,851.58
Carola Hoffman	370.55	370.55	370.55	1,111.65
Steve Hoffman	751.30	751.30	751.30	2,253.90
Ted Hoffman	-	31,149.60	778.74	31,928.34
Garland Hopkins	336.10	336.10	336.10	1,008.30
Lawrence Hornberger	995.30	995.30	995.30	2,985.90
Patricia Hornberger	1,089.45	1,089.45	1,089.45	3,268.35
Lela Horner	175.64	175.64	175.64	526.92
William Horshaw	407.68	407.68	407.68	1,223.04
Raymond Howard	788.30	788.30	788.30	2,364.90
Paul Huebner	341.00	341.00	341.00	1,023.00
John Humphries	344.10	344.10	344.10	1,032.30
Ronald Humphries	375.33	375.33	375.33	1,125.99
Mary Iramain	299.32	299.32	299.32	897.96
Agnes Januszkiewicz	75.94	75.94	75.94	227.82
Mary Jay	286.51	286.51	286.51	859.53
Leslie Jenkins	1,344.82	1,344.82	1,344.82	4,034.46

CARPENTERS LOCAL NO. 491 PENSION FUND
MONTHLY PENSION PAYMENTS
AS OF DECEMBER 31, 2020

	October	November	December	Total
Donald Abernethy	$0.00	$746.40	$373.20	$1,119.60
Ismael Jimenez Sr	181.00	181.00	181.00	543.00
Alvin Johnson	694.40	694.40	694.40	2,083.20
Carey Johnson	850.00	850.00	850.00	2,550.00
Ronald Johnson	1,026.76	1,026.76	1,026.76	3,080.28
Peggy Jones	426.60	426.60	426.60	1,279.80
Marline Juratovac	472.62	472.62	472.62	1,417.86
Denise Kaline	143.34	143.34	143.34	430.02
Scott Kania	261.00	261.00	261.00	783.00
Joan Kemp	399.02	399.02	399.02	1,197.06
Joel Kilgore	162.00	162.00	162.00	486.00
Reginald King	240.90	240.90	240.90	722.70
Jesse Kling	395.29	395.29	395.29	1,185.87
Robert Knight	546.95	546.95	546.95	1,640.85
Howard Knipp III	237.17	237.17	237.17	711.51
Marion Knipp	158.39	158.39	158.39	475.17
Monika Knott	393.05	393.05	393.05	1,179.15
Mary Koerner	166.80	166.80	166.80	500.40
Fillip Kozlyuk	262.54	262.54	262.54	787.62
Charles Krumholtz	210.57	210.57	210.57	631.71
James Kundratic	322.02	322.02	322.02	966.06
Roseanna Kyle	37.54	37.54	37.54	112.62
Ruth Lamoon	942.00	942.00	942.00	2,826.00
Carole Leoffler	149.34	149.34	149.34	448.02
Zdzislaw Libera	784.80	784.80	784.80	2,354.40
Roger Long	752.34	752.34	752.34	2,257.02
Thurman Long	247.83	247.83	247.83	743.49
Mary Lozuk	288.83	288.83	288.83	866.49
Joseph Lubbehusen	409.91	409.91	409.91	1,229.73
James Lundgren	506.87	506.87	506.87	1,520.61
Paula Martin	832.50	832.50	832.50	2,497.50
Jacqueline Mason	197.10	197.10	197.10	591.30
Samuel Massey	233.13	233.13	233.13	699.39
Merrie Mauro-Freas	916.60	916.60	916.60	2,749.80
Raymond McClure	244.92	244.92	244.92	734.76
George McCullers	596.06	596.06	596.06	1,788.18
Jason Mceuen	1,083.58	1,083.58	1,083.58	3,250.74
Bernard McFadden	220.03	220.03	220.03	660.09
Alex Mcilhatton	642.84	642.84	642.84	1,928.52
Barbara McLaughlin	128.23	128.23	128.23	384.69
John McLaughlin	61.91	61.91	61.91	185.73

CARPENTERS LOCAL NO. 491 PENSION FUND
MONTHLY PENSION PAYMENTS
AS OF DECEMBER 31, 2020

	October	November	December	Total
Donald Abernethy	$0.00	$746.40	$373.20	$1,119.60
Nelson Medina	705.60	705.60	705.60	2,116.80
Christina Mele-Impallaria	(80.00)	(166.00)	-	(246.00)
John Menager	1,280.45	1,280.45	1,280.45	3,841.35
Jose Menjivar	-	3,601.56	1,200.52	4,802.08
William Milchling	1,044.70	1,044.70	1,044.70	3,134.10
John Miller	383.56	383.56	383.56	1,150.68
Linda Miller	442.85	442.85	442.85	1,328.55
Joseph Mirizio	730.95	730.95	730.95	2,192.85
Teresa Monahan	291.28	291.28	291.28	873.84
Lyle Molreland	868.72	868.72	868.72	2,606.16
Eugenio Moreno	295.40	295.40	295.40	886.20
Morikawa Lawrence	250.75	250.75	250.75	752.25
Melvin Morris	79.78	79.78	79.78	239.34
Albert Murray	498.28	498.28	498.28	1,494.84
Sharon Murray	582.85	582.85	582.85	1,748.55
Balazs Nagy	463.43	463.43	463.43	1,390.29
Henry Netzer, Jr.	364.23	364.23	364.23	1,092.69
Shelley Netzer-Edgerton	364.23	364.23	364.23	1,092.69
Ba Nguyen	286.00	286.00	286.00	858.00
Thompson Nguyen	327.75	327.75	327.75	983.25
Elaine Nichols	1,250.10	1,250.10	1,250.10	3,750.30
Walter Nicholson	521.40	521.40	521.40	1,564.20
Connie Nikirk	-	966.96	241.74	1,208.70
Robert Nikirk	(483.47)	-	-	(483.47)
Joseph Noranbrock	284.90	284.90	284.90	854.70
Vincent O'Hop	1,200.60	1,200.60	1,200.60	3,601.80
William O'Connor	228.42	228.42	228.42	685.26
John Offutt	-	-	217.91	217.91
William Ogilvie	815.60	815.60	815.60	2,446.80
Malcolm Oughton	333.18	333.18	333.18	999.54
Sheila Owens-Miser	200.10	200.10	200.10	600.30
Efstathios Papadopoulos	218.45	218.45	218.45	655.35
James Parker	242.61	242.61	242.61	727.83
Patrick Parker	279.94	279.94	279.94	839.82
Jimmy Petway	3,944.70	1,314.90	1,314.90	6,574.50
Dorothy Pielert	315.17	315.17	315.17	945.51
Diane Pirrone	177.60	177.60	177.60	532.80
Luis Plaza	1,382.43	1,382.43	1,382.43	4,147.29
Madeline Plaza	221.07	221.07	221.07	663.21
Rafael Quinones	625.30	625.30	625.30	1,875.90

CARPENTERS LOCAL NO. 491 PENSION FUND
MONTHLY PENSION PAYMENTS
AS OF DECEMBER 31, 2020

	October	November	December	Total
Donald Abernethy	$0.00	$746.40	$373.20	$1,119.60
Randall Raub	264.00	264.00	264.00	792.00
Emma Riley	179.28	179.28	179.28	537.84
Joaquin Rivera	784.26	784.26	784.26	2,352.78
Kathy Ann Robbins	273.60	273.60	273.60	820.80
Deborah Rock	88.84	88.84	88.84	266.52
John Rock	1,109.04	1,109.04	1,109.04	3,327.12
Kevin Rock	83.24	83.24	83.24	249.72
Valerie Rock	-	2,420.32	86.44	2,506.76
Duane Roos	101.30	101.30	101.30	303.90
Lauralee Roos	100.76	100.76	100.76	302.28
Nathanial Rorie	313.20	313.20	313.20	939.60
Debra Rose	251.00	251.00	251.00	753.00
Patricia Rossi	89.64	89.64	89.64	268.92
Gerard Rzany	513.76	513.76	513.76	1,541.28
Donald Sachs Jr.	116.40	116.40	116.40	349.20
Mohamed Salem	1,524.82	1,524.82	1,524.82	4,574.46
Mary Shea	389.28	389.28	389.28	1,167.84
Ronald Shears	1,056.14	1,056.14	1,056.14	3,168.42
Betty Siggers	56.90	56.90	56.90	170.70
Stephen Smell	623.13	623.13	623.13	1,869.39
James Smith	441.45	441.45	441.45	1,324.35
Linda Squires	116.88	116.88	116.88	350.64
Wendy Stahl	272.48	272.48	272.48	817.44
Robert Stangle Jr	774.00	774.00	774.00	2,322.00
Kevin George Stansberry	208.90	208.90	208.90	626.70
Kenny Stanton	333.70	333.70	333.70	1,001.10
Rita Steffe	980.00	980.00	980.00	2,940.00
Linda Sweitzer	277.24	277.24	277.24	831.72
Wojciech Szelag	529.65	529.65	529.65	1,588.95
David Tarleton	700.24	700.24	700.24	2,100.72
Roger Testerman	1,543.30	1,543.30	1,543.30	4,629.90
Amber Thomas	362.54	362.54	362.54	1,087.62
Thompson Keith	460.27	460.27	460.27	1,380.81
Richard Thompson	139.20	139.20	139.20	417.60
Bonnie Tibbetts	121.88	121.88	121.88	365.64
Lula Tipton	286.82	286.82	286.82	860.46
Angel Tirado	316.80	316.80	316.80	950.40
Bernard Tomaszewski	217.99	217.99	217.99	653.97
Michael Tomaszewski	86.24	86.24	86.24	258.72
Joseph Trammel	231.30	231.30	231.30	693.90

CARPENTERS LOCAL NO. 491 PENSION FUND
MONTHLY PENSION PAYMENTS
AS OF DECEMBER 31, 2020

	October	November	December	Total
Donald Abernethy	$0.00	$746.40	$373.20	$1,119.60
Dumrong Upathambhakul	508.33	508.33	508.33	1,524.99
Richard Varshal	86.14	86.14	86.14	258.42
David Wasson	185.95	185.95	185.95	557.85
Evelyn Weitzman	370.02	370.02	370.02	1,110.06
Coslo White	543.90	543.90	543.90	1,631.70
Earl White	287.50	287.50	287.50	862.50
Thomas White	185.63	185.63	185.63	556.89
Zelecea Whiting	75.67	75.67	75.67	227.01
Margaret Whittington	236.88	236.88	236.88	710.64
Judy Wiley-Garrett	1,042.25	1,042.25	1,042.25	3,126.75
Daniel Willhide	252.10	252.10	252.10	756.30
Grace Williams	1,492.80	124.40	124.40	1,741.60
Ernest Wilson	893.69	893.69	893.69	2,681.07
Daniel Winchester	873.70	873.70	873.70	2,621.10
Stephen Winston	230.63	230.63	230.63	691.89
Martha Woodland	61.47	61.47	61.47	184.41
Walter Woodland	61.25	61.25	61.25	183.75
Clark Woodward	596.30	596.30	596.30	1,788.90
Judy Young	1,209.80	1,209.80	1,209.80	3,629.40
Piotr Zajaczkowski	379.38	379.38	379.38	1,138.14
Roberto Zambrana	-	3,315.20	414.40	3,729.60
Walter Zigler	217.70	217.70	217.70	653.10
Chester Zukowski Jr	614.40	614.40	614.40	1,843.20
	$124,339.64	$180,122.02	$124,989.63	$429,451.29

CARPENTERS LOCAL NO. 491 PENSION FUND
BILLS TO BE APPROVED AND PAID
OPERATING ACCOUNT
March 17, 2021

Payee/Purpose	Period	Check #	Amount
1. Batoff Associates, P.A.			
Legal Fees	11/20	2707	1,518.45
2. Bolton Partners, Inc.			
Actuarial & Consulting Fees - COVID19		2708	1,000.00
3. Bolton Partners Investment Consulting Group, Inc.			
Investment Performance Fee		2709	3,375.00
4. Associated Administrators, LLC			
Printing-Envelopes-$35.65-Accurint-10/20 -11/20 $3.18		2710	38.83
5. Washington Area Carpenters' Fund			
Reciprocal Hours - A. Mansfield	9/20 - 10/20	2711	116.60
6. Washington Area Carpenters' Fund			
Reciprocal Hours - N. Hawkins	9/19 - 10/19	2712	246.93
7. Associated Administrators, LLC			
1st Quarter Administration Fee	1/21 - 3/21	2713	25,750.00
8. Schoenfeld Insurance Associates			
Crime Policy Renewal	12/20 - 12/21	2714	500.00
9. Batoff Associates, Inc.			
Legal Fees	12/20	2715	6,248.10
10. Void			
		2716	-
11. Clyde C. Campbell			
Replaces Pension Check #42018 - 8/1/20		2717	365.80
12. Steve W. Hoffman			
Replaces Pension Check #42410 - 12/1/20		2718	751.30
13. Clyde C. Campbell			
Replaces Pension Check #41926 - 7/1/20		2719	365.80
14. Batoff Associates, P.A.			
Legal Fees	1/21	2720	2,595.65
15. Bolton Partners, Inc.			
Actuarial & Consulting Fees	1/21	2721	890.00
16. Associated Administrators, LLC			
Printing - Envelopes - $13.20 - Accurint - 12/20 - $1.61		2722	14.81

CARPENTERS LOCAL NO. 491 PENSION FUND
BILLS TO BE APPROVED AND PAID
OPERATING ACCOUNT
March 17, 2021

Payee/Purpose	Period	Check #	Amount
17. Ira Marc Miller & Company, P.A.			
Payroll Audit - Exhibit Edge		2723	437.50
18. Ira Marc Miller & Company, P.A.			
Progress Billing Audit	6/20	2724	14,000.00
			$ 58,214.77

Carpenters Local 491 Benefit Funds
Cash Management

		Pension
Yearly Deductions		$ 1,803,179
Loans per Year		
Total Yearly Deductions		
10% of Expenses		$ 180,318
Current Cash Balance	As of 1/31/21	$ 250,141
5% Floor		$ 90,159
Replenish		Not now
15% Ceiling		$ 270,477
Send to Amalgamated		**Not now**
Transfer Made:	Mar-12-21	$ -

CARPENTERS DELINQUENCY LIST
AS OF
MARCH 12, 2021

1) If Local has "X" in a block, please indicate "Worked" or "No Men"
2) Please fax updates to Ramona at 410-683-7794

EMP #	See Instructions Above Balt.	Wash.	COMPANY NAME	WORK MONTHS DELINQ.

Positive ID

3334 West Penn Street Philadelphia PA 19129 | 215-510-3773 | Jeffh@positiveid-bt.com

09MAR2021

Steven I. Batoff

Batoff Associates, P.A.

Suite 1510 36 South Charles Street Baltimore MD 21201

Re: Failure to pay

Dear Mr. Batoff:

This letter is in response to your certified letter dated on 17FEB2021. Our industry has been closed for business since 10MAR2020 due to the global pandemic and the resulting action of our government to freeze large scale gatherings to slow the spread of the COVID19 Virus. The Convention and Trade Show Industry has been completely shut down for a year, and our financial situation has dwindled. It is my intent to pay the amount off as quickly as possible.

Chris Miller reached out Local 491 and made known our financial issues in 2020. I was not part of the conversations and feel I cannot speak to the arrangements he made specifically.

The purpose I am writing this letter is to ask for help from UBC&J of America Local 491 in making a change to our "Plans." I would like to request that our total debt be divided to the current owners of Positive ID, ½ the responsibility of Jeff Haefner and ½ the responsibility of Chris Miller. I, Jeff Haefner would like to start payments on 7-15-2021 if we are back to work in our venues. If we are not back to work, I would like a chance to ask for an opportunity to contact you and Local 491 again by 01JULY2021 to discuss the "Plans." I Jeff Haefner, 50% owner of Positive I&D, am personally responsible for 50% of the benefits owed to the 491 Carpenters Funds.

I am asking that the trustees consider forbearance of the payments that were or are due from June 2020 through June 2021 without interest or penalties. I will resume monthly payments in July 2021 for a period of 4 years. I will also make a $10,000 dollar payment in good faith on the day I execute the amended payment plan.

I apologize for my part in this debacle that I find myself in and look forward to the day I have resolved this. If there are in questions of me, please do not hesitate to contact me via phone or email.

Regards,

Jeffrey T. Haefner

Carpenters' Local No. 491
Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

APPLICATION FOR PENSION

SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE YOU A PENSION BENEFIT.

Complete this form in full and return it to the address mentioned above. Please print and complete all blanks.

Boecker Gerald thomas [redacted]-9052 410-500-1812
Name (Last, First, Middle) Social Security Number Home Telephone Number

11229 Lilaclane Perryhall Maryland 21128
Address City State Zip Code

July 17, 1955 Dec. 27, 1983 Nov. 17, 2020
Date of Birth (Attach proof of age.) Initiation Date Date of Retirement

Marital Status (Attach copy of marriage certificate, divorce decree or separation papers or death certificate as applicable)

☒ Married ☐ Widowed ☐ Never been married ☐ Separated ☐ Divorced

If you are divorced, is there a Qualified Domestic Relations Order (QDRO) in place or pending? ☐ Yes ☐ No

Boecker Rosalina Marie [redacted]-2624 08/18/1955
Spouse's Name (Last, First, Middle) Spouse's Social Security Number Spouse's Date of birth

Are you working now? ☐ Yes ☒ No List all present employers.

Name of present employer(s): _____ 3/12/2020
Actual last day of work or to be worked

Type of Industry of Present Employer? _____ (Mo./Day/Year)

Type of Pension (Circle One): (Normal), Early, Disability, Vested

Do you have any present intention of returning to Covered Employment with the Carpenters' Local 491? ☐ Yes ☒ No

DISABILITY SECTION

Are you applying for a Disability Award? ☐ Yes ☒ No **Date Disability Occurred:** _____

Nature of Disability: _____

Have you received a Social Security Disability Award? ☐ Yes ☒ No

If yes, attach a copy of the favorable decision and the Award to this application. If no, you must receive an Award before further action can be taken.

Tax forms will be sent to you separately. You must complete the Form(s) and return whether or not you wish to withhold taxes.

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that a false statement or any false statements may disqualify me for pension benefits, and the Trustees have the right to recover payments made to me as a result of false statements.

Signature of Applicant: Gerald thomas Boecker Date: 11-18-20

DO NOT WRITE BELOW THIS LINE

The Trustees of the Carpenters Local #491 Pension Fund approve this Application.

EFFECTIVE DATE: 8/1/20 APPROVAL DATE: RECEIVED

OPTION CHOSEN: 75% Joint & Survivor CHAIRMAN: NOV 18 2020

MONTHLY BENEFIT AM: $1,429.65 SECRETARY: AA, LLC

Carpenters' Local No. 491
Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

RECEIVED
NOV 18 2020
AA, LLC

APPLICATION FOR PENSION

SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE YOU A PENSION BENEFIT.

Complete this form in full and return it to the address mentioned above. Please print and complete all blanks.

Name (Last, First, Middle)	Social Security Number	Home Telephone Number
Ellis, Loretta (UMN)	[redacted]-1363	301-547-9288

Address	City	State	Zip Code
12714 Broughton Bluff	Brandywine	Md	20613

Date of Birth (Attach proof of age.)	Initiation Date	Date of Retirement
03-02-1954	1983	08-03-2020

Marital Status (Attach copy of marriage certificate, divorce decree or separation papers or death certificate as applicable)

☐ Married ☐ Widowed ☐ Never been married ☒ Separated ☐ Divorced

If you are divorced, is there a Qualified Domestic Relations Order (QDRO) in place or pending? ☐ Yes ☒ No

Spouse's Name (Last, First, Middle)	Spouse's Social Security Number	Spouse's Date of birth
Ellis, Eddie Anthony	[redacted]-7727	11-20-62

Are you working now? ☐ Yes ☒ No List all present employers.

Name of present employer(s): N/A

March 5, 2020
Actual last day of work of to be worked (Mo./Day/Year)

Type of Industry of Present Employer? Vested

Type of Pension (Circle One): Normal, Early, Disability, Vested

Do you have any present intention of returning to Covered Employment with the Carpenters' Local 491? ☐ Yes ☒ No

DISABILITY SECTION

Are you applying for a Disability Award? ☐ Yes ☒ No **Date Disability Occurred:** _____

Nature of Disability: _____

Have you received a Social Security Disability Award? ☐ Yes ☒ No

If yes, attach a copy of the favorable decision and the Award to this application. If no, you must receive an Award before further action can be taken.

Tax forms will be sent to you separately. You must complete the Form(s) and return whether or not you wish to withhold taxes.

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that a false statement or any false statements may disqualify me for pension benefits, and the Trustees have the right to recover payments made to me as a result of false statements.

Signature of Applicant: Loretta Ellis Date: 11-03-2020

DO NOT WRITE BELOW THIS LINE

The Trustees of the Carpenters Local #491 Pension Fund approve this Application.

EFFECTIVE DATE: 4/1/20 APPROVAL DATE: _____

OPTION CHOSEN: Single Life CHAIRMAN: _____

MONTHLY BENEFIT AM: $437.60 SECRETARY: _____

Carpenters' Local No. 491
Pension Plan

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

AA, LLC
DEC 30 2020
LANDOVER

APPLICATION FOR PENSION

SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE YOU A PENSION BENEFIT.

Complete this form in full and return it to the address mentioned above. Please print and complete all blanks.

Name (Last, First, Middle)	Social Security Number	Home Telephone Number
Freeman Shephard Earl	[redacted]7198	202-423-3626

Address	City	State	Zip Code
4627 6th Street S.E.	Washington	D.C.	20032

Date of Birth (Attach proof of age.)	Initiation Date	Date of Retirement
08-29-1954	1996	08-29-2019

Marital Status (Attach copy of marriage certificate, divorce decree or separation papers or death certificate as applicable)

☐ Married ☐ Widowed ☑ Never been married ☐ Separated ☐ Divorced

If you are divorced, is there a Qualified Domestic Relations Order (QDRO) in place or pending? ☐ Yes ☐ No

Spouse's Name (Last, First, Middle)	Spouse's Social Security Number	Spouse's Date of birth

Are you working now? ☐ Yes ☑ No List all present employers.

Name of present employer(s): _____

01-25-2017
Actual last day of work or to be worked (Mo./Day/Year)

Type of Industry of Present Employer? _____

Type of Pension (Circle One): Normal, Early, Disability, (Vested)

Do you have any present intention of returning to Covered Employment with the Carpenters' Local 491? ☐ Yes ☑ No

DISABILITY SECTION

Are you applying for a Disability Award? ☐ Yes ☑ No Date Disability Occurred: _____

Nature of Disability: _____

Have you received a Social Security Disability Award? ☐ Yes ☑ No

If yes, attach a copy of the favorable decision and the Award to this application. If no, you must receive an Award before further action can be taken.

Tax forms will be sent to you separately. You must complete the Form(s) and return whether or not you wish to withhold taxes.

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that a false statement or any false statements may disqualify me for pension benefits, and the Trustees have the right to recover payments made to me as a result of false statements.

Signature of Applicant: Shephard E Freeman Date: 12-30-2020

DO NOT WRITE BELOW THIS LINE

The Trustees of the Carpenters Local #491 Pension Plan approve this Application.

EFFECTIVE DATE: 9/1/19 APPROVAL DATE: _____

OPTION CHOSEN: Single Life CHAIRMAN: _____

MONTHLY BENEFIT AM: $673.80 SECRETARY: _____

Carpenters' Local No. 491
Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

APPLICATION FOR PENSION

SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE YOU A PENSION BENEFIT.

Complete this form in full and return it to the address mentioned above. Please print and complete all blanks.

Name (Last, First, Middle)	Social Security Number	Home Telephone Number
Kush Omobowale Amenhotep	[redacted] 4272	202-213-0886

Address	City	State	Zip Code
3951 Burns Place S.E.	Washington	D.C.	200199981

Date of Birth (Attach proof of age.)	Initiation Date	Date of Retirement
April 22, 1954	10-15-2004	10-28-2020

Marital Status (Attach copy of marriage certificate, divorce decree or separation papers or death certificate as applicable)

☐ Married ☐ Widowed ☒ Never been married ☐ Separated ☐ Divorced

If you are divorced, is there a Qualified Domestic Relations Order (QDRO) in place or pending? ☐ Yes ☐ No

Spouse's Name (Last, First, Middle)	Spouse's Social Security Number	Spouse's Date of birth
NA		

Are you working now? ☐ Yes ☒ No List all present employers.

Name of present employer(s): _____

Actual last day of work or to be worked (Mo./Day/Year) _____

Type of Industry of Present Employer? _____

Type of Pension (Circle One): Normal, Early, Disability, Vested

Do you have any present intention of returning to Covered Employment with the Carpenters' Local 491? ☐ Yes ☒ No

DISABILITY SECTION

Are you applying for a Disability Award? ☐ Yes ☒ No **Date Disability Occurred:** _____

Nature of Disability: _____

Have you received a Social Security Disability Award? ☐ Yes ☒ No

If yes, attach a copy of the favorable decision and the Award to this application. If no, you must receive an Award before further action can be taken.

Tax forms will be sent to you separately. You must complete the Form(s) and return whether or not you wish to withhold taxes.

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that a false statement or any false statements may disqualify me for pension benefits, and the Trustees have the right to recover payments made to me as a result of false statements.

Signature of Applicant: Omobowale A. Kush Date: 10-28-20

DO NOT WRITE BELOW THIS LINE

The Trustees of the Carpenters Local #491 Pension Fund approve this Application.

EFFECTIVE DATE: 4/1/20 APPROVAL DATE: _____

OPTION CHOSEN: Single Life CHAIRMAN: _____

MONTHLY BENEFIT AM: $ 718.20 SECRETARY: _____

RECEIVED
OCT 30 2020
AA, LLC

Carpenters' Local No. 491 Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

RECEIVED
JAN 06 2021
AA, LLC

RECEIVED
OCT 19 2020
AA, LLC

APPLICATION FOR PENSION

SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE YOU A PENSION BENEFIT.

Complete this form in full and return it to the address mentioned above. Please print and complete all blanks.

REGES, ROBERT JOSEPH [redacted]-6547 (301) 356-7900
Name (Last, First, Middle) | Social Security Number | Home Telephone Number

18711 MINK HOLLOW RD. HIGHLAND, MD 20777-9607
Address | City | State | Zip Code

8-16-54 | | 4-1-20
Date of Birth (Attach proof of age.) | Initiation Date | Date of Retirement

Marital Status (Attach copy of marriage certificate, divorce decree or separation papers or death certificate as applicable)

☒ Married ☐ Widowed ☐ Never been married ☐ Separated ☐ Divorced

If you are divorced, is there a Qualified Domestic Relations Order (QDRO) in place or pending? ☐ Yes ☐ No

REGES, BARBARA JEAN | | 9-26-55
Spouse's Name (Last, First, Middle) | Spouse's Social Security Number | Spouse's Date of birth

Are you working now? ☒ Yes ☒ No List all present employers.

Name of present employer(s): _____

3-7-20
Actual last day of work or to be worked (Mo./Day/Year)

Type of Industry of Present Employer? TRADESMEN

Type of Pension (Circle One): Normal, Early, Disability, Vested

Do you have any present intention of returning to Covered Employment with the Carpenters' Local 491? ☐ Yes ☒ No

DISABILITY SECTION

Are you applying for a Disability Award? ☐ Yes ☒ No **Date Disability Occurred:** _____

Nature of Disability: _____

Have you received a Social Security Disability Award? ☐ Yes ☒ No

If yes, attach a copy of the favorable decision and the Award to this application. If no, you must receive an Award before further action can be taken.

Tax forms will be sent to you separately. You must complete the Form(s) and return whether or not you wish to withhold taxes.

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that a false statement or any false statements may disqualify me for pension benefits, and the Trustees have the right to recover payments made to me as a result of false statements.

Signature of Applicant: Robert J Reges Date: 10-15-20

DO NOT WRITE BELOW THIS LINE

The Trustees of the Carpenters Local #491 Pension Fund approve this Application.

EFFECTIVE DATE: 4/1/20 APPROVAL DATE: _____

OPTION CHOSEN: Single Life CHAIRMAN: _____

MONTHLY BENEFIT AM: $1,460.70 SECRETARY: _____

Carpenters' Local No. 491
Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
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DEC 17 2020
AA, LLC

APPLICATION FOR PENSION

SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE YOU A PENSION BENEFIT.

Complete this form in full and return it to the address mentioned above. Please print and complete all blanks.

SENER Donald LAWRENCE	[redacted]-1381	410-484-3392
Name (Last, First, Middle)	**Social Security Number**	**Home Telephone Number**

739 Howard Rd	Pikesville	MD	21208
Address	**City**	**State**	**Zip Code**

5/3/55		4/1/2015
Date of Birth (Attach proof of age.)	**Initiation Date**	**Date of Retirement**

Marital Status (Attach copy of marriage certificate, divorce decree or separation papers or death certificate as applicable)

☒ Married ☐ Widowed ☐ Never been married ☐ Separated ☐ Divorced

If you are divorced, is there a Qualified Domestic Relations Order (QDRO) in place or pending? ☐ Yes ☐ No

SENER JEAN MARIE	[redacted]2955	7/16/58
Spouse's Name (Last, First, Middle)	**Spouse's Social Security Number**	**Spouse's Date of birth**

Are you working now? ☒ **Yes** ☐ **No** List all present employers.

Name of present employer(s): MAINTENANCE Supply Hold Otr.

Actual last day of work or to be worked (Mo./Day/Year)

Type of Industry of Present Employer? Multi Family Properties

Type of Pension (Circle One): Normal, Early, Disability, ~~Vested~~

Do you have any present intention of returning to Covered Employment with the Carpenters' Local 491? ☐ **Yes** ☒ **No**

DISABILITY SECTION

Are you applying for a Disability Award? ☐ **Yes** ☒ **No** **Date Disability Occurred:** _____

Nature of Disability: _____

Have you received a Social Security Disability Award? ☐ **Yes** ☐ **No**

If yes, attach a copy of the favorable decision and the Award to this application. If no, you must receive an Award before further action can be taken.

Tax forms will be sent to you separately. You must complete the Form(s) and return whether or not you wish to withhold taxes.

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that a false statement or any false statements may disqualify me for pension benefits, and the Trustees have the right to recover payments made to me as a result of false statements.

Signature of Applicant: Donald Lawrence Sener Jr. Date: 12/17/2020 12/5/2020

DO NOT WRITE BELOW THIS LINE

The Trustees of the Carpenters Local #491 Pension Fund approve this Application.

EFFECTIVE DATE: 6/1/20 APPROVAL DATE: _____

OPTION CHOSEN: 75% Joint & Survivor CHAIRMAN: _____

MONTHLY BENEFIT AM: $529.69 SECRETARY: _____

Carpenters' Local No. 491
Pension Fund

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APPLICATION FOR PENSION

SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE YOU A PENSION BENEFIT.

Complete this form in full and return it to the address mentioned above. Please print and complete all blanks.

Name (Last, First, Middle)	Social Security Number	Home Telephone Number
Shaw Randolph	[redacted]-4201	410-688-7562

Address	City	State	Zip Code
1694 Oneida St.	Havre De Grace	MD	21078

Date of Birth (Attach proof of age.)	Initiation Date	Date of Retirement
11-29-1952	7-17-2020	11-11-2014

Marital Status (Attach copy of marriage certificate, divorce decree or separation papers or death certificate as applicable)

☐ Married ☒ Widowed ☐ Never been married ☐ Separated ☐ Divorced

If you are divorced, is there a Qualified Domestic Relations Order (QDRO) in place or pending? ☐ Yes ☐ No

Spouse's Name (Last, First, Middle)	Spouse's Social Security Number	Spouse's Date of birth
Shaw Janet	[redacted]-8051	12-19-1954

Are you working now? ☐ Yes ☒ No List all present employers.

Name of present employer(s): N/A

Actual last day of work or to be worked (Mo./Day/Year)

Type of Industry of Present Employer? N/A

Type of Pension (Circle One): Normal, Early, Disability, Vested

Do you have any present intention of returning to Covered Employment with the Carpenters' Local 491? ☐ Yes ☒ No

DISABILITY SECTION

Are you applying for a Disability Award? ☐ Yes ☒ No **Date Disability Occurred:** _____

Nature of Disability: _____

Have you received a Social Security Disability Award? ☒ Yes ☐ No

If yes, attach a copy of the favorable decision and the Award to this application. If no, you must receive an Award before further action can be taken.

Tax forms will be sent to you separately. You must complete the Form(s) and return whether or not you wish to withhold taxes.

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that a false statement or any false statements may disqualify me for pension benefits, and the Trustees have the right to recover payments made to me as a result of false statements.

Signature of Applicant: _____ Date: 10-23-2020

DO NOT WRITE BELOW THIS LINE

The Trustees of the Carpenters Local #491 Pension Fund approve this Application.

EFFECTIVE DATE: 12/1/17

OPTION CHOSEN: Single Life

MONTHLY BENEFIT AM: $1,172.60

APPROVAL DATE: _____

CHAIRMAN: _____

SECRETARY: _____

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AA, LLC

APPLICATION FOR PENSION

SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE YOU A PENSION BENEFIT.

Complete this form in full and return it to the address mentioned above. Please print and complete all blanks.

FOSTER BJORN E.W.	[redacted]8214	410 746 7354
Name (Last, First, Middle)	Social Security Number	Home Telephone Number
512 ROCK SPRING CHURCH RD	FOREST HILL	MD 21050
Address	City	State Zip Code
6-30-1958	MARCH 1982	6-1-2019
Date of Birth (Attach proof of age.)	Initiation Date	Date of Retirement

Marital Status (Attach copy of marriage certificate, divorce decree or separation papers or death certificate as applicable)

☐ Married ☐ Widowed ☐ Never been married ☐ Separated ☑ Divorced

If you are divorced, is there a Qualified Domestic Relations Order (QDRO) in place or pending? ☐ Yes ☑ No

Spouse's Name (Last, First, Middle)	**Spouse's Social Security Number**	**Spouse's Date of birth**

Are you working now? ☐ Yes ☑ No List all present employers.

Name of present employer(s): _____ 5-31-2019

Actual last day of work or to be worked (Mo./Day/Year)

Type of Industry of Present Employer? _____

Type of Pension (Circle One): Normal, (Early), Disability, Vested

Do you have any present intention of returning to Covered Employment with the Carpenters' Local 491? ☐ Yes ☑ No

DISABILITY SECTION

Are you applying for a Disability Award? ☐ Yes ☑ No **Date Disability Occurred:** _____

Nature of Disability: _____

Have you received a Social Security Disability Award? ☐ Yes ☐ No

If yes, attach a copy of the favorable decision and the Award to this application. If no, you must receive an Award before further action can be taken.

Tax forms will be sent to you separately. You must complete the Form(s) and return whether or not you wish to withhold taxes.

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that a false statement or any false statements may disqualify me for pension benefits, and the Trustees have the right to recover payments made to me as a result of false statements.

Signature of Applicant: Bjorn Foster Date: 8/12/2020

DO NOT WRITE BELOW THIS LINE

The Trustees of the Carpenters Local #491 Pension Fund approve this Application.

EFFECTIVE DATE: 8/1/20 APPROVAL DATE: _____

OPTION CHOSEN: Single Life CHAIRMAN: _____

MONTHLY BENEFIT AM: $1,603.80 SECRETARY: _____

Carpenters' Local No. 491
Pension Fund

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APPLICATION FOR PENSION

SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE YOU A PENSION BENEFIT.

Complete this form in full and return it to the address mentioned above. Please print and complete all blanks.

Name (Last, First, Middle)	Social Security Number	Home Telephone Number
Williams JR Sylvester	[redacted]-4922	240-515-9399

Address	City	State	Zip Code
758 Newton Pl. N.W.	Washington	D.C.	20010

Date of Birth (Attach proof of age.)	Initiation Date	Date of Retirement
10-18-1957		

Marital Status (Attach copy of marriage certificate, divorce decree or separation papers or death certificate as applicable)

☑ Married ☐ Widowed ☐ Never been married ☐ Separated ☐ Divorced

If you are divorced, is there a Qualified Domestic Relations Order (QDRO) in place or pending? ☐ Yes ☐ No

Spouse's Name (Last, First, Middle)	Spouse's Social Security Number	Spouse's Date of birth
Williams Helsdie	[redacted]-3556	1-23-1955

Are you working now? ☐ Yes ☑ No List all present employers.

Name of present employer(s): _____ 3-19-20 Actual last day of work or to be worked (Mo./Day/Year)

Type of Industry of Present Employer? _____

Type of Pension (Circle One): Normal, Early, Disability, Vested

Do you have any present intention of returning to Covered Employment with the Carpenters' Local 491? ☐ Yes ☐ No

DISABILITY SECTION

Are you applying for a Disability Award? ☐ Yes ☑ No **Date Disability Occurred:** _____

Nature of Disability: _____

Have you received a Social Security Disability Award? ☐ Yes ☑ No

If yes, attach a copy of the favorable decision and the Award to this application. If no, you must receive an Award before further action can be taken.

Tax forms will be sent to you separately. You must complete the Form(s) and return whether or not you wish to withhold taxes.

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that a false statement or any false statements may disqualify me for pension benefits, and the Trustees have the right to recover payments made to me as a result of false statements.

Signature of Applicant: Sylvester Williams JR Date: 11-21-20

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The Trustees of the Carpenters Local #491 Pension Fund approve this Application. AA, LLC

EFFECTIVE DATE: 12/1/20 APPROVAL DATE: _____

OPTION CHOSEN: 75% Joint & Survivor CHAIRMAN: _____

MONTHLY BENEFIT AM: $969.29 SECRETARY: _____

Ashley

Carpenters' Local No. 491
Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

Pre-Retirement Survivor Election Form

I hereby apply for the survivor benefit, payable upon the death of participant, **John Miller**, (SSN **XXX-XX-5655**). I enclosed a copy of the Certificate of Death.

_____1. **Single Life Option – Effective: 2/1/2016**: $51.96
This option will provide you with a monthly benefit, payable for the remainder of your life. Upon your death, all payments will cease.

✓ 2. **Single Life Option – Effective: 10/1/2020**: $72.44
This option will provide you with a monthly benefit, payable for the remainder of your life. Upon your death, all payments will cease.

NAME: Ashley Miller

FULL ADDRESS: 12111 Tanglewood Lane
Bowie, Maryland 20715

SOCIAL SECURITY NUMBER: [redacted] 5155

DATE OF BIRTH: 4/4/96 PHONE NUMBER: 240-305-3287

RELATION TO DECEASED PARTICIPANT: Daughter

I realize that I may reverse this option election at any time prior to my benefit commencement by completing and filing a new Option Election Form.

Ashley Miller 6/16/2016
(~~Participant's~~ Signature) (Date)

Survivor AM

Subscribed and sworn to before me this 16th day of June 2016

Laurel C Danko
Notary Public

LAUREL C. DANKO NOTARY PUBLIC PRINCE GEORGE'S COUNTY, MD

My Commission Expires: ~~9/28/2018~~ 9/27/2018 LCD

DO NOT WRITE BELOW THIS LINE
The Trustees of the United brotherhood of Carpenters Local #491 Pension Fund approve this application for Survivor Benefit.

EFFECTIVE DATE: 10/1/20 APPROVAL DATE: _____

OPTION CHOSEN: Single Life CHAIRMAN: _____

MONTHLY BENEFIT AM: $72.44 SECRETARY: _____

JUN 27 2016
AA LLC

Brianna

Carpenters' Local No. 491
Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
www.associated-admin.com

Pre-Retirement Survivor Election Form

I hereby apply for the survivor benefit, payable upon the death of participant, **John Miller**, (SSN **XXX-XX-5655**). I enclosed a copy of the Certificate of Death.

_____1. **Single Life Option – Effective: 2/1/2016**: $51.46
This option will provide you with a monthly benefit, payable for the remainder of your life. Upon your death, all payments will cease.

X 2. **Single Life Option – Effective: 10/1/2020**: $71.66
This option will provide you with a monthly benefit, payable for the remainder of your life. Upon your death, all payments will cease.

NAME: Brianna Miller

FULL ADDRESS: 12111 Tanglewood Lane
Bowie, Maryland 20715

SOCIAL SECURITY NUMBER: [redacted] 5693

DATE OF BIRTH: 12/29/1997 PHONE NUMBER: 240-305-3287

RELATION TO DECEASED PARTICIPANT: Daughter

I realize that I may reverse this option election at any time prior to my benefit commencement by completing and filing a new Option Election Form.

Brianna Miller 10/16/2016
(~~Participant's~~ Survivor Sig) (Date)

Subscribed and sworn to before me this 16th day of June 20 16

LAUREL C. DANKO NOTARY PUBLIC PRINCE GEORGE'S COUNTY, MD

Laurel C. Danko
Notary Public

My Commission Expires: ~~9/28/2018~~ 9/27/2018 LCD

DO NOT WRITE BELOW THIS LINE
The Trustees of the United brotherhood of Carpenters Local #491 Pension Fund approve this application for Survivor Benefit.

EFFECTIVE DATE: 10/1/20 APPROVAL DATE: _____

OPTION CHOSEN: Single Life CHAIRMAN: _____

MONTHLY BENEFIT AM: $71.66 SECRETARY: _____

JUN 27 2016
AA LLC