Carpenters Local No. 491
Pension Fund

Board of Trustees Meeting

December 16, 2020

CARPENTERS LOCAL NO. 491
PENSION FUND
AGENDA
DECEMBER 16, 2020

A. ROLL CALL

B. MINUTES OF THE SEPTEMBER 16, 2020 BOARD MEETING

C. ADMINISTRATIVE REPORTS

1. Statement of Changes In Fund Balance (Jul - Sep, 2020)
2. Statement of Fund Balance (September 30, 2020)
3. Employer Contributions (Jul - Sep, 2020)
4. Monthly Pension Payments (Jul - Sep, 2020)
5. Bills to be Approved and Paid (December 16, 2020)
6. Cash Management Statement

D. UNFINISHED BUSINESS

1. Delinquent Employer Listing
2. Payroll Audits

E. NEW BUSINESS

1. 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**	**08/01/20**
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**

2. Early
   None

3. Survivor

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**	**08/01/18**

4. Disability
   None

5. Bolton Investment Report
6. Bolton Actuarial Report
7. PPA Actuarial Certification - July 1, 2020 - Final
8. Cyber Liability Insurance Renewal
9. Amendment to the Trust Agreement and Delinquency Policy
10. Revenue Ruling - Revenue Procedure
11. Update Letters
12. Questions
13. Date of Next Meeting - March 17, 2021

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

MINUTES

A regular meeting of the Trustees of the Carpenters Local No. 491 Pension Plan was held at 10:36 p.m. on September 16, 2020, via telephone conference call. Present on the call were the following Trustees:

UNION TRUSTEES	EMPLOYER TRUSTEES
Sandy Forstner	Mike Goodwin
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. Mr. Sproule welcomed Scott Staub as a new employer trustee to take the place of Ken Bisch. Mr. Batoff informed the Trustees that Mr. Staub had executed the acceptance of trusteeship as prepared by Mr. Batoff's firm. Mr. Batoff noted that his firm had emailed to Mr. Staub all relevant documents and forms related to the Fund.

The following matters were discussed with the indicated action taken:

1. The minutes of the meeting of June 19, 2020, were approved as read after a motion was made by Mr. Tarby and seconded by Ms. Forstner.

2. The Administrative Manager reviewed with the Trustees the Administrative Manager's report for the twelve months ending June 30, 2020. The Administrative Manager reviewed with the Trustees the Fund balance report at market value as of June 30, 2020. The Fund balance as of June 30, 2020, was $44,091,797.76. The market value as of June 30, 2020, was $50,995,025.56. The Administrative Manager then reviewed the Trustees the Administrative Manager's report for the twelve months ending Administrative Manager's quarterly report as of June 30, 2020. For the fiscal year of 2020, contributions to date were $2,447,296.99. Upon motion duly made by Mr. Tarby and seconded by Mr. Goodwin, 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 Mr. Goodwin, the Trustees unanimously approved payment of the aforementioned checks.

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

J.K. Cabinet 10/16 – 11/16

The Trustees then discussed the delinquent employer with Mr. Batoff and the Administrative Manager.

Mr. Batoff reported that J.K. Cabinet Co., Inc. is still delinquent in paying the amounts it agreed to pay to the Plan.

Mr. Batoff recommended that the Trustees consider deleting J.K. Cabinet Co., Inc. from the list of delinquent employers, as the company is apparently out of business and it has been almost four years since the last required contribution was to be made. The Trustees,

upon motion duly made by Mr. Goodwin and seconded by Mr. Tarby, unanimously agreed to remove J.K. Cabinet Co., Inc. from the delinquency list.

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:

   NONE

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

   A. Normal

Cannedy, Alexandra	Single Life	$1,085.40	Effective 04/01/20
Douglas, Robin	Single Life	$1,584.90	Effective 06/01/20
Grant, Michael	Single Life	$ 702.00	Effective 04/01/20
Krumholtz, Charles	Single Life	$ 210.57	Effective 03/01/19

   B. Early

Gunkel Jr., Charles	Single Life	$ 193.20	Effective 06/01/20

   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:

Tibbits, Bonnie (C. Krumholtz)	Single Life	$ 121.88	Effective 03/01/19

10. Alton Fryer, of Bolton Partners Investment Consulting Group, Inc., then reviewed the quarterly review of the Fund as of June 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 September 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 reviewed materials showing a rebalancing of plan assets on a temporary basis. Mr. Fryer noted that the temporary rebalancing to the asset allocation will still be in line with the investment policy statement, so there is no need to change the investment policy statement. Upon motion duly made by Mr. Tarby and seconded by Mr. Goodwin, the Trustees concurred with Mr. Fryer's recommendation.

11. Ms. Forstner inquired as to what the Plan can do for many participants who are not working to avoid a break in service. Mr. Batoff recommended that Bolton Partners, Inc. do a study of the options available to the Trustees to minimize a participant's break in service for both vesting and benefits purposes. The Trustees requested that Mr. Boles and Mr. Niehaus work with Mr. Batoff to provide to the Trustees the options available to them so that participants can avoid break in service for both vesting and benefits purposes

12. Robert Niehaus, of Bolton Partners, Inc., the actuaries for the Plan, then reviewed with the Trustees a draft 2020 Pension Protection Act Zone Certification. Mr. Niehaus stated that the Plan will remain in the "green zone." Mr. Niehaus further noted that he will make any necessary revisions to the draft zone certification and will distribute it accordingly and file it with the government.

13. Mr. Tonia then reviewed with the Trustees an update as to the payroll audits. Mr. Staub noted that Brede Expositions Services is closing up shop. The Trustees requested that Mr. Tonia's staff perform an "exit audit" of Brede Expositions Services.

14. Mr. Batoff reported that he had not yet received an executed copy of the first amendment to the settlement agreement with Buildtask, apparently because Buildtask has been making contributions to the Fund as required under the settlement agreement.

15. The Administrative Manager reported that the updated summary plan description prepared by Mr. Batoff's firm was mailed to all participants. The Administrative Manager reported that the updated summary plan description prepared by Mr. Batoff's firm was mailed to all participants.

16. Mr. Batoff reviewed with the Trustees a letter of September 4, 2020, to Dave Jensen regarding a Federal court's determination to confirm an arbitration award in a case brought by plan trustees against an employer for failing to comply with an audit request. Mr. Goodwin noted his concern with the amount of time on the bill related to this update letter and requested that Mr. Batoff explain the importance of this letter. First, Mr. Batoff explained the importance of update letters. He stated that when the IRS audits a plan in its questionnaire provided to a plan, it asks how the plan is updated and by whom. Mr. Batoff also noted that if there is an error in the administration of a plan, the plan can correct the error by way of a voluntary compliance program with the IRS. In part of this voluntary compliance program, the IRS inquires as to whether the plan trustees have been updated as to changes in the law. Mr. Batoff also noted that both the IRS and the Department of Labor request to see payroll audits and will not accept a plan's response that an employer refused to permit a payroll audit to take place.

Mr. Batoff then reviewed at length this important case. Mr. Batoff stated that the subject case of this recent update letter was not only extremely important for the Trustees to know about, but it also involved a complex set of circumstances. It, therefore, took a greater amount of time to conduct all of the research that went into the update letter. In this case, a leading Federal district court confirmed an arbitrator's immense award without engaging in any "reasonableness" analysis whatsoever. Mr. Batoff stated that he was not aware of any case in which an arbitrator's award, apparently based solely on his or her interpretation of the agreements between the group of related multiemployer funds and a potentially delinquent employer, was rubber-stamped, so to speak, by a Federal district court. Arbitrators have mostly been limited to ordering employers to comply with payroll audit requests. This arbitrator went much further, issuing a monetary award that included estimated contribution deficiency, interest, liquidated damages (of 20% of the estimated contribution deficiency), court cost, attorney's fees, and arbitrator's fees. Mr. Batoff noted that it was surprising that the Federal court permitted the arbitrator to even calculate an award as opposed to only ordering the employer to submit to a payroll audit, and even more surprising that the court did not ask whether the arbitrator's award was reasonable under the circumstances. Until this case, the Carpenters Funds would pursue a lawsuit in Federal court rather than arbitration, which is less costly and time consuming, when employers have refused to submit to a payroll audit. The process of filing a lawsuit in Federal court takes time, and it was always the possibility that a company could go out of business before the matter could be decided. Arbitration is much quicker and easier than filing a lawsuit. This court decision shows that now arbitrators can issue monetary awards instead of just injunctions. With this knowledge, the Trustees can save the Fund money in the future by

requiring arbitration in its delinquency policy and by making appropriate changes to the trust agreement. Mr. Batoff stated that he wanted the Trustees to know of this important case by way of an update letter so that it could be discussed during the September 2020 Trustees meeting. This is the primary reason why his firm thoroughly research and explained the importance of the case. As part of this process, Mr. Batoff noted that he had to research other jurisdictions to make sure there were no contrary decisions. He also needed to review the underlying arbitration documents and the documents filed in the Federal court in addition to reviewing both the arbitrator's decision and the Federal court judge's ruling upholding the arbitrator's decision. This decision will be a critical tool in enforcing payroll audits by both the Philadelphia Funds and Ira Miller in performing payroll audits. At the same time, using this Federal decision does not adversely impact any of the employer's right to question the payroll audit procedures or results. In fact, it may be beneficial to the employer in that arbitration is less expensive and usual confidential as compared to a court proceeding.

Mr. Batoff recommended that the Trustees amend the delinquency policy and the trust agreement to take advantage of this Federal case approving the arbitrator's decision. Upon motion duly made by Mr. Goodwin and seconded by Ms. Forstner, the Trustees unanimously agreed to amend the trust agreement and the delinquency policy per Mr. Batoff's recommendation. Nevertheless, Mr. Goodwin requested on behalf of the Trustees that, going forward, before Mr. Batoff prepares an update letter that he inform the Trustees as to the subject matter of the letter and obtain their approval before preparing the update letter.

There being no further business, the meeting was thereupon adjourned 11:12 p.m. with the next meeting scheduled for December 16, 2020, at 9:00 a.m.

Respectfully submitted,

Steven I. Batoff
Secretary of the Meeting

CARPENTERS LOCAL NO. 491 PENSION FUND
STATEMENT OF CHANGES IN FUND BALANCE - CASH BASIS
FOR THE THREE MONTHS ENDED SEPTEMBER 30, 2020

	Current Quarter	Year To Date
Additions		
Employer Contributions	$ 40,935.82	$ 40,935.82
Dividend Income	182,476.33	182,476.33
Interest Income	23.75	23.75
Rebates	-	-
Gain (Loss) on Sale of Investments	273,954.81	273,954.81
Securities Litigation Proceeds	-	-
Total Additions	497,390.71	497,390.71
Deductions		
Pension Benefits	353,191.41	353,191.41
Actuarial Fees	5,066.25	5,066.25
Administration	25,750.00	25,750.00
Audit Fees	-	-
Pensioner Verification Fees	-	-
Computer Expense	-	-
Conference Expense	-	-
Consulting Fees	-	-
Dues	532.50	532.50
Employer Audits	-	-
Fidelity Bond	-	-
Fiduciary Responsibility Insurance	-	-
Cyber Liability Insurance	-	-
Investment Performance Fees	3,375.00	3,375.00
Investment Manager Fees	500.00	500.00
IRS User Fee	-	-
Legal Fees	17,479.95	17,479.95
Medical Consulting Fees	-	-
Crime Policy	-	-
PBGC	-	-
Postage	841.80	841.80
Printing	2,988.61	2,988.61
Reciprocals Paid	114.52	114.52
Bank Service Charge	-	-
Settlement	-	-
Social Security Reports	-	-
Trustee Fees	-	-
Trustee Meeting Expense	-	-
Total Deductions	409,840.04	409,840.04
Net Increase (Decrease)	$ 87,550.67	$ 87,550.67
Fund Balance - June 30, 2020		44,091,797.76
Fund Balance - September 30, 2020		$ 44,179,348.43

CARPENTERS LOCAL NO. 491 PENSION FUND
STATEMENT OF FUND BALANCE
AS OF SEPTEMBER 30, 2020

	Cost Basis 09/30/20	Market Basis 09/30/20	Market Basis 06/30/20
Bank of America - Operating	$ 787,902.48	$ 787,902.48	$ 412,035.29
Bank of America - Pension Payment	180,654.01	180,654.01	174,925.42
	968,556.49	968,556.49	586,960.71
Amalgamated Bank of Chicago - Cash	-	-	-
Amalgamated Bank of Chicago - Money Marke	90,224.37	90,224.37	90,700.62
Amalgamated Bank of Chicago - Equities	24,102,070.60	32,041,901.26	30,170,360.04
Amalgamated Bank of Chicago - Fixed Income	19,018,491.37	20,454,941.14	20,146,998.59
	43,210,786.34	52,587,066.77	50,408,059.25
Due From/(To) Benefit Fund	-	-	-
Taxes Withheld	5.60	5.60	5.60
	$ 44,179,348.43	$ 53,555,628.86	$ 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 September 30, 2020	$ 2,560,603.30

Increase In Cash	87,550.67
Unrealized Gain on Investments	2,473,052.63
	$ 2,560,603.30

CARPENTERS LOCAL NO. 491 PENSION FUND
EMPLOYER CONTRIBUTIONS
FOR THE THREE MONTHS ENDED SEPTEMBER 30, 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	-
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	$ 40,935.82

CARPENTERS LOCAL NO. 491 PENSION FUND
MONTHLY PENSION PAYMENTS
AS OF SEPTEMBER 30, 2020

	July	August	September	Total
Jumah Abuikhdair	$ 805.20	$ 805.20	$ 805.20	$ 2,415.60
Alderman Richard Sr	920.47	920.47	920.47	2,761.41
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
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	872.25	896.60	896.60	2,665.45
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	2,400.00	600.00	600.00	3,600.00
Katrina Brownson	90.66	90.66	90.66	271.98
Eddie Bunn	912.00	912.00	912.00	2,736.00
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	4,341.60	1,085.40	1,085.40	6,512.40
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
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
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

CARPENTERS LOCAL NO. 491 PENSION FUND
MONTHLY PENSION PAYMENTS
AS OF SEPTEMBER 30, 2020

	July	August	September	Total
Edward Cobb	272.25	272.25	272.25	816.75
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	3,169.80	1,584.90	1,584.90	6,339.60
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	394.50	1,183.50
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	769.49	556.77	556.77	1,883.03
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

CARPENTERS LOCAL NO. 491 PENSION FUND
MONTHLY PENSION PAYMENTS
AS OF SEPTEMBER 30, 2020

	July	August	September	Total
John Glodeck	448.41	448.41	448.41	1,345.23
Charles Goldsborough	71.80	71.80	71.80	215.40
Stanford Gooden	(5,999.40)	-	-	(5,999.40)
Gilson Gott	792.00	792.00	792.00	2,376.00
Michael Grant	-	-	4,212.00	4,212.00
Grauer William	324.20	324.20	324.20	972.60
Franklin Gross	79.77	79.77	79.77	239.31
Charles Gunkel Jr.	-	579.60	193.20	772.80
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
Carola Hoffman	370.55	370.55	370.55	1,111.65
Steve Hoffman	751.30	751.30	751.30	2,253.90
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
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
Rosetta Jones	690.23	-	-	690.23

CARPENTERS LOCAL NO. 491 PENSION FUND
MONTHLY PENSION PAYMENTS
AS OF SEPTEMBER 30, 2020

	July	August	September	Total
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	3,579.69	-	421.14	4,000.83
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
Nelson Medina	705.60	705.60	705.60	2,116.80
Christina Mele-Impallaria	(80.00)	-	-	(80.00)
John Menager	1,280.45	1,280.45	1,280.45	3,841.35
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

CARPENTERS LOCAL NO. 491 PENSION FUND
MONTHLY PENSION PAYMENTS
AS OF SEPTEMBER 30, 2020

	July	August	September	Total
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
Robert Nikirk	483.47	483.47	-	966.94
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
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
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
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
Duane Roos	101.30	101.30	101.30	303.90
Lauralee Roos	100.76	100.76	100.76	302.28

CARPENTERS LOCAL NO. 491 PENSION FUND
MONTHLY PENSION PAYMENTS
AS OF SEPTEMBER 30, 2020

	July	August	September	Total
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	-	-	2,315.72	2,315.72
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
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

CARPENTERS LOCAL NO. 491 PENSION FUND
MONTHLY PENSION PAYMENTS
AS OF SEPTEMBER 30, 2020

	July	August	September	Total
Daniel Willhide	252.10	252.10	252.10	756.30
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
Walter Zigler	217.70	217.70	217.70	653.10
Chester Zukowski Jr	614.40	614.40	614.40	1,843.20
	$118,664.40	$114,224.01	$120,303.00	$353,191.41

CARPENTERS LOCAL NO. 491 PENSION FUND
BILLS TO BE APPROVED AND PAID
OPERATING ACCOUNT
December 16, 2020

Payee/Purpose	Period	Check #	Amount
1. Batoff Associates, P.A.			
Legal Fees	8/20	2688	3,746.85
2. Bolton Partners, Inc.			
Actuarial & Consulting Fees	8/20	2689	1,312.50
3. International Foundation			
Annual Dues - 2021		2690	532.50
4. New York District Council Pension Fund			
Reciprocal Hours - A. Pignatano	3/19	2691	41.40
5. Schmitz & Sons, Inc.			
Postage - SPD	6/20	2692	56.40
6. Bolton Partners, Inc.			
Investment Performance Fee		2693	3,375.00
7. Associated Administrators, LLC			
4th Qtr. Administration Fee - $25,750.00 - Accurint -$1.56	10/20 - 12/20	2694	25,751.56
8. Void			
		2695	-
9. Bolton Partners, Inc.			
Actuarial & Consulting Fees	9/20	2696	1,675.00
10. Batoff Associates, P.A.			
Legal Fees	9/20	2697	2,868.05
11. Schmitz & Sons, Inc.			
Postage - Annual Funding Notice		2698	727.00
12. Void			
		2699	-
13. Batoff Associates, P.A.			
Legal Fees	10/20	2700	2,035.65
14. Washington Area Carpenters' Fund			
Reciprocal Hours - V. Kakeu	9/18	2701	135.00
15. Schmitz & Sons, Inc.			
Printing - Annual Funding Notice		2702	832.18
16. AP Technology			
Secure Pro - Positive Pay	12/20 - 12/21	2703	110.00

CARPENTERS LOCAL NO. 491 PENSION FUND
BILLS TO BE APPROVED AND PAID
OPERATING ACCOUNT
December 16, 2020

Payee/Purpose	Period	Check #	Amount
17. Bolton Partners, Inc.			
Actuarial & Consulting Fees	10/20	2704	8,862.75
18. Associated Administrators, LLC			
Printing - Envelopes $17.68 - Accurint - 8/20-9/20 - $3.08		2705	20.76
19. Washington Street Insurance Group			
Cyber Liability Insurance	12/20-12/21	2706	1,566.56
			$ 53,649.16

Carpenters Local 491 Benefit Funds
Cash Management

		Pension
Yearly Deductions		$ 1,790,048
Loans per Year		
Total Yearly Deductions		
10% of Expenses		$ 179,005
Current Cash Balance	As of 10/31/20	$ 208,468
5% Floor		$ 89,502
Replenish		Not now
15% Ceiling		$ 268,507
Send to Amalgamated		**Not now**
Transfer Made:	Dec-8-20	$ -

CARPENTERS DELINQUENCY LIST
AS OF
DECEMBER 8, 2020

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

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

LOCAL 491 AUDIT UPDATE

EMPLOYER NAME	INITIAL AUDIT DATE(S)	AUDITOR	TOTAL DUE	COMMENTS 1	COMMENTS 2	AUDIT YEAR
4TH ROUND (2019)						
BRUNSWICK WOODWORKING	IN OFFICE	J DOBBS		AUDIT IS COMPLETE; GOOD AUDIT	FINAL REPORT FORWARDED ON 9/9/2020	1/1/2015-6/30/2019
5TH ROUND (2020)						
ARATA EXPOSITION SERVICES	IN OFFICE	A HOYT			AWAITING AUDIT RECORDS - REQUESTED 12/1	2015-2019
BREDE EXPOSITIONS SERVICES	8/4/2020	N WALKER		INFORMATION RECEIVED 8/4/2020	IN HOUSE AUDIT IN PROGRESS, COMPANY IS CLOSING DOWN, WE WILL AUDIT THROUGH THE END OF 2020 TO MAKE SURE EVERYTHING IS ACCOUNTED FOR. WAITING ON 2020 YEAR END RECORDS	2015-2019
COASTAL INTERNATIONAL, INC.	6/9/2020	A PATINO	$1,481.59	INFORMATION RECEIVED 6/9/2020	FINAL REPORT FORWARDED ON 9/9/2020, $21,812.22 BILLING. BILLING WAS UDPATED ON 12/08/2020. AND DECREASED SIGNIFICANTLY TO $1,481.59	2015-2019
CZARNOWSKI DISPLAY SERVICE	6/3/2020	A HOYT		INITIAL INFORMATION RECEIVED 6/3/2020	IN HOUSE AUDIT IN PROGRESS, WAITING ON ADDITIONAL INFORMATION	2015-2019
FREEMAN EXPOSITIONS INC	12/1/2020	A HOYT			AUDIT IN PROGRESS, ADDITIONAL RECORDS NEEDED	2015-2019
GES EXPOSITION SERVICES				SCHEDULING	AWAITING AUDIT RECORDS - REQUESTED 12/1	2018-2019
NTH DEGREE				SCHEDULING		
NEXXTSHOW EXPOSITION SERVICES, LLC	11/30/2020	R RANDLE		HAVE SOME PAYROLL, WAITING ON ADDITIONAL INFORMATION		2016-2019
RENAISSANCE MANAGEMENT, INC.				SCHEDULING		
SHEPARD CONVENTION SERV, INC.				SCHEDULING		

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.

ABERNETHY, DONALD, CHRISTOPHER [redacted] 8643 410-360-2564
Name (Last, First, Middle) | Social Security Number | Home Telephone Number

7725 WARSAW AVE. GLEN BURNIE MD 21060
Address | City | State | Zip Code

9 Mo / 1955 | 1/1/1987 | 9/10/2020
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

ABERNETHY, PEGGY, RAE [redacted] 7433 11/9/1957
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): US GOVERNMENT FORT MEADE, MD

9/26/2020
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: N/A

Nature of Disability: N/A

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 C Abernethy Date: 7/23/2020

DO NOT WRITE BELOW THIS LINE

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

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

OPTION CHOSEN: Joint & Survivor 75% CHAIRMAN: _____

MONTHLY BENEFIT AM: 373.20 SECRETARY: _____

Carpenters' Local No. 491
Pension Fund

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

AUG 04 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.

BARRETT BRENDA K.	[redacted]8810	(443)889-1001
Name (Last, First, Middle)	Social Security Number	Home Telephone Number
PO Box 96	Hillsboro	MD 21641
Address	City	State Zip Code
2/20/1954	OCT 1986	8/1/2020
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

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): _____ 03/12/2020 **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

60 hrs or Less

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: Brenda K Barrett Date: 7/15/2020

DO NOT WRITE BELOW THIS LINE

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

EFFECTIVE DATE: 9/1/20 APPROVAL DATE: _____

OPTION CHOSEN: Ten Year Certain CHAIRMAN: _____

MONTHLY BENEFIT AM: 1,076.74 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.

BURKE DENNIS JAMES	[redacted] 1994	
Name (Last, First, Middle)	Social Security Number	Home Telephone Number

6817 WESTLAWN DRIVE	FALLS CHURCH	VA	22042
Address	City	State	Zip Code

2/8/56		
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

BURKE KATHERINE LEE	[redacted] 2440	7/8/63
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? TRADE SHOW

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: Dennis James Burke Date: 5/19/20

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: Joint + Survivor 50% CHAIRMAN: _____

MONTHLY BENEFIT AM: 1,024.48 SECRETARY: _____

Carpenters' Local No. 491
Pension Fund

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

RECEIVED
JUL 29 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
GREGORY DONALD PATRICK	[redacted]1039	(301) 799-9467

Address	City	State	Zip Code
4315 MILLS RD.	SHARPSBURG	MD.	21782-1934

Date of Birth (Attach proof of age.)	Initiation Date	Date of Retirement
7/7/57	7/20/20	7/3/20

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
GREGORY, DIANA, LYNN	[redacted]4575	7/15/59

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

Name of present employer(s): ARATA EXPOSITIONS — 7/3/2020 Actual last day of work or to be worked (Mo./Day/Year)

Type of Industry of Present Employer? TRADE SHOWS

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: ~~RETIREMENT BENEFITS~~

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: Gregory Patrick — Date: 7/20/2020

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: Joint & Survivor 75% — CHAIRMAN: _____

MONTHLY BENEFIT AM: 1,191.90 — 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
Gregory, Jerry Allen	[redacted]-3452	301-323-3441

Address	City	State	Zip Code
2409 Ewing Ave.	Suitland	MD.	20746

Date of Birth (Attach proof of age.)	Initiation Date	Date of Retirement
12-16-1954	04-15-1990	8/26/2020

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
Lawanda A	[redacted]-6765	11/16/1952

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

Name of present employer(s): Carpenters Local 491

3/2020
Actual last day of work or to be worked (Mo./Day/Year)

Type of Industry of Present Employer? Tradeshows

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: N/A

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: Jerry A. Gregory Date: 8/26/2020

DO NOT WRITE BELOW THIS LINE

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

EFFECTIVE DATE: 9/1/20

OPTION CHOSEN: Single Life

MONTHLY BENEFIT AM: 1,425.60

RECEIVED
AUG 28 2020
AA, LLC

APPROVAL DATE: _____

CHAIRMAN: _____

SECRETARY: _____

Carpenters' Local No. 491
Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443
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JUN 03 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.

HEWITT ROGER CARVER JR	[redacted]5925	443 278-6921
Name (Last, First, Middle)	Social Security Number	Home Telephone Number

184 Bald Friar Rd.	Conowingo	Md.	21918-1000
Address	City	State	Zip Code

04/03/1957	10/1982	Aug. 1st 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

HEWITT GWENDA DEE		07/12/1960
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): _____

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: Roger Carver Hewitt Date: June 1st 2020

DO NOT WRITE BELOW THIS LINE

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

EFFECTIVE DATE: 7/1/20 APPROVAL DATE: _____

OPTION CHOSEN: Joint + Survivor 50% CHAIRMAN: _____

MONTHLY BENEFIT AM: 1,641.93 SECRETARY: _____

Carpenters' Local No. 491
Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
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APR 03 2020
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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.

THEODORE (TED) HOWARD HOFFMAN	[redacted] 4452	240 832 4408
Name (Last, First, Middle)	Social Security Number	Home Telephone Number

905 MONROE MANOR RD	STEVENSVILLE	MD	21666-2219
Address	City	State	Zip Code

6/20/52	11/5/1984	7/1/2020
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

HOFFMAN MARY JO	[redacted] 2357	10/4/1963
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): EASTERN ATLANTIC STATES REGIONAL COUNCIL

Type of Industry of Present Employer? CARPENTERS UNION

03/27/2020 ~~TH~~
~~6/30/2020~~
Actual last day of work or to be worked (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: Ted Hoffman Date: 3/1/2020

DO NOT WRITE BELOW THIS LINE

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

EFFECTIVE DATE: 8/1/17 APPROVAL DATE: _____

OPTION CHOSEN: Joint & Survivor 75% CHAIRMAN: _____

MONTHLY BENEFIT AM: 778.74 SECRETARY: _____

Carpenters' Local No. 491
Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Toll Free Telephone (888) 494-4443

SEP 08 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.

Menjivar, Jose L.	[redacted]-6194	571-221-6535
Name (Last, First, Middle)	Social Security Number	Home Telephone Number

5052 Lakeland Ct	Woodbridge	VA	22193
Address	City	State	Zip Code

08/19/1950	8/25/20	6/25/20
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

Menjivar, Georgina Leonor	[redacted]-7442	4/24/51
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): N/A

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

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: N/A

Nature of Disability: N/A

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: [signature] Date: 6/25/20

DO NOT WRITE BELOW THIS LINE

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

EFFECTIVE DATE: 9/1/20

OPTION CHOSEN: Joint + Survivor 50%

MONTHLY BENEFIT AM: 1,200.52

APPROVAL DATE:

CHAIRMAN:

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
Offutt 3rd, John, Bernard	[redacted]-1169	908-328-9516

Address	City	State	Zip Code
413 Lenape Lane	Phillipsburg	New Jersey	08865

Date of Birth (Attach proof of age.)	Initiation Date	Date of Retirement
December 16, 1955	Nov. 1992	May 2013

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
Offutt, Sharon, Leslie	[redacted]-1224	September 23, 1964

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: John Bernard Offutt 3rd Date: September 25, 2020

DO NOT WRITE BELOW THIS LINE

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

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

OPTION CHOSEN: Ten Year Certain CHAIRMAN: _____

MONTHLY BENEFIT AM: 217.91 SECRETARY: _____

Carpenters' Local No. 491
Pension Fund

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

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JUL 31 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
Petway Jimmy	[redacted] 1252	443 722 1239

Address	City	State	Zip Code
P.O. Box 6463	Baltimore	M.D.	21230

Date of Birth (Attach proof of age.)	Initiation Date	Date of Retirement
08/03/1954	January 1985	August 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

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

Name of present employer(s): _____

03/08/2020
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: Jimmy Petway Date: 7/28/2020

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: $1,314.90 SECRETARY: _____

Carpenters' Local No. 491
Pension Fund

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

RECEIVED
JUL 21 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.

ZAMBRANA ROBERTO	[redacted]3132	(703) 581-5448
Name (Last, First, Middle)	Social Security Number	Home Telephone Number

4105 MESA WAY	ALEXANDRIA	VA	22312
Address	City	State	Zip Code

03/15/1948	06/2001	
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): _____ 03/12/2020 **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: _____ Date: 07/21/2020

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: 414.40 SECRETARY: _____

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

APPLICATION PRE-RETIREMENT BENEFITS

(SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE YOU A BENEFIT)

NAME OF PARTICIPANT: John D Cash

SS# OF PARTICIPANT [redacted] 8877

PARTICIPANT'S DATE OF DEATH: 10-15-19

BENEFICIARY INFORMATION:

1. Name (Last, First, Middle): Cash, Melissa Anne
2. Social Security Number: [redacted] 0148
3. Home Telephone #: 571-643-5779
4. Home Address (# and Street): 712 Alabama Dr
5. City, Town or Post Office: Herndon [redacted]
6. State and 9-Digit Zip Code: Virginia 20170
7. Birth Date (Mo/Day/Yr): 01-16-80

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 may disqualify me for pension benefits, and that the Trustees have the right to recover payments made to me as a result of false statements.

Melissa Cash 6-20-20

Signature of Beneficiary Date

*Please be sure to notify the Fund Office in writing if you change your address.

DO NOT WRITE BELOW THIS LINE

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

EFFECTIVE DATE: 11/1/19 APPROVAL DATE:

OPTION CHOSEN: Single Life CHAIRMAN:

MONTHLY BENEFIT AMOUNT: $125.11 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 PRE-RETIREMENT BENEFITS

(SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE YOU A BENEFIT)

NAME OF PARTICIPANT: John Cash

SS# OF PARTICIPANT [redacted]-8877

PARTICIPANT'S DATE OF DEATH: 10/15/19

BENEFICIARY INFORMATION:

1. **Name (Last, First, Middle):** Williams, Grace Marie
2. **Social Security Number:** [redacted]-5479
3. **Home Telephone #:** 571 319 3603
4. **Home Address (# and Street):** 1850 Columbia Pike #313
5. **City, Town or Post Office:** Arlington
6. **State and 9-Digit Zip Code:** VA 22204-6225
7. **Birth Date (Mo/Day/Yr):** 11-16-1982

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 may disqualify me for pension benefits, and that the Trustees have the right to recover payments made to me as a result of false statements.

Grace Williams — **Signature of Beneficiary**

6/15/20 — **Date**

***Please be sure to notify the Fund Office in writing if you change your address.**

DO NOT WRITE BELOW THIS LINE

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

EFFECTIVE DATE: 11/1/19 APPROVAL DATE: _____

OPTION CHOSEN: Single Life CHAIRMAN: _____

MONTHLY BENEFIT AMOUNT: 124.40 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 SURVIVOR BENEFIT

(Your signature must be notarized or this form will be returned to you.)

I hereby apply for the survivor benefit, payable upon the death of Robert Nikirk **XXX-XX-3391**, a retired participant. The benefit should be sent to me at the address shown below.

PLEASE INCLUDE A COPY OF THE DEATH CERTIFICATE

PLEASE PRINT:

Name: Connie A. Nikirk

Full Address: 439 Carrollton Drive
Frederick, Maryland 21701

Social Security No.: [redacted] 1429

Date Of Birth: 10/4/56 Phone No.: 301 663 3486

Relation To Deceased Participant: wife

Connie A. Nikirk — Signature

9/10/20 — Date

Subscribed and sworn before me this 10 day of September 2020.

Britnie A Ehret
Notary Public Signature

My commission expires: 10/13/23.

BRITNIE A EHRET
Notary Public
Frederick County
Maryland
My Commission Expires Oct. 13, 2023

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: 8/1/20 APPROVAL DATE: _____

OPTION CHOSEN: Single Life CHAIRMAN: _____

MONTHLY BENEFIT AM: 241.74 SECRETARY: _____

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SEP 17 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

APPLICATION PRE-RETIREMENT BENEFITS

(SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE YOU A BENEFIT)

NAME OF PARTICIPANT: Thomas M. Rock

SS# OF PARTICIPANT [redacted]-5790

PARTICIPANT'S DATE OF DEATH: 07/06/2018

BENEFICIARY INFORMATION:

1. **Name (Last, First, Middle):** Valerie Cheryl Rock
2. **Social Security Number:** [redacted]5779
3. **Home Telephone #:** (443) 710-6864
4. **Home Address (# and Street):** 8808 Fearne Ave.
5. **City, Town or Post Office:** Baltimore
6. **State and 9-Digit Zip Code:** 21234-4206
7. **Birth Date (Mo/Day/Yr):** 05/14/1962

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 may disqualify me for pension benefits, and that the Trustees have the right to recover payments made to me as a result of false statements.

Valerie C Rock — **Signature of Beneficiary**

03/28/2019 — **Date**

***Please be sure to notify the Fund Office in writing if you change your address.**

DO NOT WRITE BELOW THIS LINE

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

EFFECTIVE DATE: 8/1/18 APPROVAL DATE: _____

OPTION CHOSEN: Single Life CHAIRMAN: _____

MONTHLY BENEFIT AMOUNT: 86.44 SECRETARY: _____

65548

BINDER OF INSURANCE

AJ Wayne

Named Insured: **Carpenters Local 491 Health & Welfare Pension Annuity and Apprenticeship Funds**

Mailing Address: **911 Ridgebrook Road**
Sparks, MD 21152

Term of this Binder: **December 01,2020** To **December 01,2021** ***or upon policy issuance***

Type of Coverage **Cyber Liability**

Limit of Liability: **$2,000,000 each claim / $2,000,000 aggregate**
$5,000 retention each claim

Premium and rate if applicable: **$4,574.00** **Plus $150 Broker Fee**

Special Conditions: **N/A**
Retrodate: Full Prior Acts

Insurer(s): **Beazley Insurance Company, Inc.** Policy No. **V2102F200401**

Acting on the instructions of the Producer shown below, Alexander J. Wayne Associates, Inc. has bound coverage as described above. This Binder is issued in accordance with confirmation from the Insurer(s) to evidence coverag until such time that policies are issued. Nothing contained hereinshall be construed to be an actual insurance policy. Coverage as evidenced here shall follow the terms of the policy to be issued by the Insurer(s).

Producer: **Washington Street Insurance Group**
Address: **PO Box 360**
Palos Park, IL 60464

Signed 

for **Alexander J. Wayne and Associates Inc.**

2551 N. Clark Street., Suite 601
Chicago, Illinois 60614
(773) 328-0500; Fax: (773) 328-0508

Dated: **November 19,2020**

FIFTH AMENDMENT TO THE
CARPENTERS LOCAL NO. 491 PENSION PLAN
RESTATED TRUST AGREEMENT

Pursuant to the Powers of Amendment reserved under Article IX of the Carpenters Local No. 491 Pension Plan Restated Trust Agreement (the "Trust"), as amended and restated, effective January 1, 2006, said Trust shall be and is hereby amended by the Trustees of the Carpenters Local No. 491 Pension Plan (the "Trustees"), effective as of September 1, 2020, as follows:

FIRST AND ONLY CHANGE

Article III, Section 3, Production of Records – Audit, shall be deleted in its entirety, effective as of September 1, 2020, and the following language is substituted in lieu thereof:

"**Section 3. Production of Records – Audit.** Each Employer shall promptly furnish to the Trustees, on demand, the names of its employees, their Social Security numbers, the hours worked by each employee, and such other information as the Trustees may reasonably require in the administration of the Trust Fund and the accomplishment of the purposes thereof. The Trustees or their authorized representatives shall be permitted to examine the pertinent records of each Employer, whether or not in connection with a formal audit, at the Employer's place of business whenever such examination is deemed necessary or advisable by the Trustees for the proper administration of the Trust. The Union shall comply with any reasonable request of the Trustees to examine those records of the Union which may indicate the employment record of any Employee whose status is in dispute.

Any dispute or disagreement arising between an Employer and the Trustees concerning any claim arising from delinquent contributions, including with regard to the production of records, may be resolved before an impartial arbitrator.

In the event that an Employer refuses to permit an examination of its records by the Trustees or their authorized representatives, the Trustees shall determine the estimated amount of the Employer's delinquent contributions based on the assumption that the Employer's weekly hours subject to contributions for each week of the requested audit period are the highest number of average hours reported per week for any period of four consecutive weeks during the audit period.

In the event that proceedings are instituted before an arbitrator under this Trust Agreement to collect delinquent contributions in favor of the Fund, such arbitrator shall be empowered to award such principal, interest, liquidated damages, and/or costs as may be applicable under this Trust Agreement."

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IN WITNESS WHEREOF, the Trustees have executed this Fifth Amendment to the Trust this ____ day of October 2020.

TRUSTEES:

_____
Sandra Forstner

_____
D. Michael Goodwin

_____
Bill Sproule

_____
Scott Staub

_____
Robert Tarby

_____
Todd Weitzman

CARPENTERS LOCAL NO. 491 PENSION PLAN

DELINQUENCY POLICY

WHEREAS, the Trustees of the Carpenters Local No. 491 Pension Plan (hereinafter referred to as the "Plan") recognize the importance of maintaining a firm policy of collecting payments due from contributing employers (hereinafter referred to as "Contractors") on a timely basis; and

WHEREAS, the Trustees desire to modify and restate existing policies for the collection of delinquent payments for the members of the Plan;

NOW, THEREFORE, BE IT RESOLVED: That the following policies be adopted:

I. UNPAID CONTRIBUTIONS

1. Contributions to the Plan are required by the 20th day of the month next following the month in which work is performed under applicable collective bargaining agreements. This date is hereinafter referred to as the "Due Date" and any contribution that has not been received by the Due Date will be considered delinquent. In any case where a collective bargaining, or other agreement requiring contributions to the Plan, specifies a date certain by which contributions are due the Plan other than the 20th day of the month following the month in which work is performed, such date certain shall be the "Due Date" with respect to the contributions due under such collective bargaining, or other agreement.

2. On or about the last day of the calendar month in the same month of the Due Date the Plan Administrator:

a. Will correspond with each delinquent Contractor advising the Contractor of its delinquency and that liquidated damages (if applicable) and interest in the amount or percentages specified in the Restated Trust Agreement of the Plan may be assessed if the

Contractor fails to immediately make payment in full of the delinquent contributions. The Administrator is authorized to waive Liquidated Damages in those cases where the Contractor has not failed to pay contributions due by the end of the month following a Due Date more frequently than twice in a twelve (12) consecutive-month period prior to the Due Date; and

b. May notify the United Brotherhood of Carpenters and Joiners of America Local No. 491 (hereinafter referred to as "Union") and any relevant Contractors association (hereinafter referred to as "Association") of each delinquency incurred by a Contractor signatory to a collective bargaining agreement with said Union.

3. On or about the 20th day after the Due Date the Administrator will forward to Plan Counsel the appropriate documents regarding each delinquency which will enable Plan Counsel to take appropriate legal action, which may include, but not be limited to, arbitration, suit in U.S. District Court or other appropriate jurisdiction, action on applicable bonds, the enforcement of mechanic's liens, and the assertion of claims in bankruptcy.

4. On or about the 25th day after the Due Date, at the direction of the Trustees, Counsel will notify the delinquent Contractor that unless the delinquencies, assessed interest, and liquidated damages (if applicable) are paid within ten (10) days after such notification, legal action will be taken to collect the delinquencies, liquidated damages (if applicable), and interest due. Unless the Trustees otherwise require, to the extent that the interest on the delinquent contributions is $500.00 or less, Plan Counsel is instructed not to notify the delinquent Contractor in writing. Further, to the extent that the known amount of the delinquencies is $500.00 or less, Plan Counsel is instructed not to notify the delinquent Contractor in writing.

5. The Administrator will prepare for the Trustees at each meeting of the Board of Trustees a delinquency list setting forth the delinquencies, if any, and indicating the status of legal action, if any, taken against each delinquent Contractor.

6. If the Trustees, based on the legal opinion of Counsel, determine that legal action would be inadvisable in a particular case, the name of the delinquent Contractor will be removed from the delinquent list. The Administrator, however, will, on an on-going basis, continue to advise the Union and the Association of all delinquent Contractors whether or not legal action has been undertaken.

7. The schedule outlined in Paragraphs 2 through 4 may be advanced when the circumstances (such as the amount of the delinquency or the impending departure of the delinquent Contractor from the geographical area of the Union) dictate such action.

8. The Administrator shall also report to the Board of Trustees on an ongoing basis information concerning Contractors who have been assessed interest and liquidated damages pursuant to Paragraph 2, including the amount of such damages and interest, who have made payment of delinquencies prior to legal action being taken but have not paid the assessed damages and interest. The Trustees shall determine, on a non-discriminatory basis, the action to be taken in each such case, which may include the procedures set forth below.

II. LATE-PAID CONTRIBUTIONS

1. In the event that any Contractor pays contributions more than five (5) days after the Due Date, the Administrator will, upon receipt of the untimely contributions, send a letter to the Contractor showing the liquidated damages (if applicable) and interest assessed, along with a statement requiring that interest be paid in full within five (5) days of the date of the

Administrator's letter, or appropriate legal action may be taken in accordance with Section I and the Restated Trust Agreement

2. If interest is paid within the designated five (5) days after the Due Date, the Trustees shall waive the liquidated damages (if applicable) for that period for which interest is paid. If payment of the interest is not received within the designated five (5) days after the Due Date, the Administrator will forward to Plan Counsel the appropriate documents regarding the assessment of liquidated damages (if applicable) and interest, which will enable Plan Counsel to take appropriate legal action, including but not limited to, arbitration, suit in U.S. District Court or other appropriate jurisdiction, action on applicable bonds, the enforcement of mechanics liens, and the assertion of claims in bankruptcy.

3. In the event that a Contractor's late-paid contributions become delinquent to the Plan pursuant to the Restated Trust Agreement, the Trustees may, in their sole and absolute discretion, demand reimbursement to the Plan of all costs incurred by the Plan in the recovery of the delinquent contributions, including attorney's fees.

4. If the Trustees, based on the legal opinion of Plan Counsel, determine that legal action would be inadvisable in a particular case of a Contractor who has made untimely payments, the name of the delinquent Contractor will be removed from the delinquent list. The Administrator, however, will, on an on-going basis, continue to advise the Union and the Association of all delinquent Contractors whether or not legal action has been undertaken. The Trustees shall determine, on a non-discriminatory basis, the action to be taken in each such case of late-paid contributions.

III. PRODUCTION OF RECORDS – AUDIT

1. The Trustees may, at any time, inspect the books and records of the Contractor consistent with the Restated Trust Agreement and the Employee Retirement Income Security Act of 1974, whether or not in connection with a formal audit of the Contractor. The Trustees shall have the right to designate an accountant, attorney, or other representative to perform such inspection on behalf of the Plan at the Contractor's place of business.

2. Upon receiving written notice from the Trustees, the Contractor shall promptly furnish all information including, but not limited to:

   a. A complete list of the names of its employees, their Social Security numbers, their personnel files, and the hours worked by each employee;

   b. General, production cost, and other ledgers; and

   c. Any other items concerning the Contractor's payroll(s) or contributions to the Plan deemed necessary by Trustees or designated representative of the Trustees to determine the accuracy, completeness, and timeliness of the Contractor's contributions and payments to the Plan.

3. If, after ten (10) days, a Contractor refuses to furnish its books and records upon written notice, or otherwise fails to comply with the Trustees' direction to provide information for inspection, including, but not limited to, ignoring communication attempts by or on behalf of the Trustees, the Administrator shall inform the Contractor that the Contractor is in violation of the Restated Agreement and Declaration of Trust.

4. If a Contractor with unpaid or late-paid contributions refuses to permit an examination of its books and records, the Trustees may initiate proceedings before an impartial arbitrator in accordance with the Restated Agreement and Declaration of Trust. The Trustees

shall determine the estimated amount of the Contractor's delinquent contributions based on the assumption that the Employer's weekly hours subject to contributions for each week of the specified period are the highest number of average hours reported per week for any period of four (4) consecutive weeks during the specified period.

ACCEPTED BY:

_____		_____	
Chairman	Date	Secretary	Date